

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) 00024940	2 Total pages filed: 137
3 COMMITTEE NAME Texas Society Of Anesthesiologists Political Action Committee		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/03/2024	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 401 W. 15th St. #990 Austin, TX 78701	Date Hand-delivered or Date Postmarked	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Dr. Kristyn B. NICKNAME LAST SUFFIX Ingram	Receipt #	Amount
		Date Processed	Date Imaged
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 401 West 15th Street, Suite 990 Austin, TX 78701		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 401 W. 15th St. #990 Austin, TX 78701		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 370-1659		
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)		
10 MONTHLY REPORT FILING DEADLINE	<input checked="" type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5		
11 PERIOD COVERED	Month Day Year 11/26/2023	THROUGH	Month Day Year 12/25/2023

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Texas Society Of Anesthesiologists Political Action Committee	13 Filer ID (Ethics Commission Filers) 00024940
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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)	\$ 86,976.89
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,356.34
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 408,432.77
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.

Dr. Kristyn B. Ingram

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

17 COMMITTEE NAME Texas Society Of Anesthesiologists Political Action Committee		18 Filer ID (Ethics Commission Filers) 00024940
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 86,976.89
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 8,356.34
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 21,000.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/127 Rpt: 4/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abanobi, Maryann <hr/> 6 Contributor address; City; State; Zip Code Grand Prairie, TX 75052	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abouleish, Amr <hr/> Contributor address; City; State; Zip Code Houston, TX 77059	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Crystal <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Thomas <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adcock, Christopher <hr/> Contributor address; City; State; Zip Code Allen, TX 75002	Amount of Contribution (\$) \$150.00
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: 2/127 Rpt: 5/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adcock, Jarrod	7 Amount of Contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code Arlington, TX 76017		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adcock, William	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code McKinney, TX 75070		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed, Mohammed	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Dallas, TX 75219		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alapati, Kalyan	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Prosper, TX 75078		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alcaraz, Daniel	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Antonio, TX 78229		
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: 3/127 Rpt: 6/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alcos, Stephen <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75204	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allanku, Sarat <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allred, Anna <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469	Amount of Contribution (\$) \$67.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alquicira-Macedo, Fernando <hr/> Contributor address; City; State; Zip Code Houston, TX 77085	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) An, Daniel <hr/> Contributor address; City; State; Zip Code Fulshear, TX 77441	Amount of Contribution (\$) \$67.00
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: 4/127 Rpt: 7/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Gregory <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75703	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrade, Emilio <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anton, James <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aramoonie, Anthony <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arce, Manuel <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
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: 5/127 Rpt: 8/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Artho, Brent	7 Amount of Contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code Amarillo, TX 79119	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashmore, Thaddeus	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Dallas, TX 75205	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ata, Monica	Amount of Contribution (\$) \$84.00
	Contributor address; City; State; Zip Code Allen, TX 75013	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Babbel, Lee	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Southlake, TX 76092	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bacak, Christina	Amount of Contribution (\$) \$84.00
	Contributor address; City; State; Zip Code Austin, TX 78704	
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: 6/127 Rpt: 9/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baek, Peter <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75251	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bajaj, Kathleen <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ball, Timothy <hr/> Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bannon, Michael <hr/> Contributor address; City; State; Zip Code Dallas, TX 75238	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barr, Bettina <hr/> Contributor address; City; State; Zip Code Parker, TX 75002	Amount of Contribution (\$) \$150.00
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: 7/127 Rpt: 10/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Scott	7 Amount of Contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code Plano, TX 75074		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bays, L. Jerald	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Frisco, TX 75034		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beck, Perry	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Allen, TX 75013		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beesley, Andrew	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Burleson, TX 76028		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beitzel, Michael	Amount of Contribution (\$) \$67.00
Contributor address; City; State; Zip Code Abilene, TX 79602		
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: 8/127 Rpt: 11/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Peter <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75251	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belmore, Danielle <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benson, Kenneth <hr/> Contributor address; City; State; Zip Code Houston, TX 77035	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benton, Susan <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernadette, Aaron <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$150.00
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: 9/127 Rpt: 12/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhalodia, Dhiren <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75034	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bian, Elva Baige <hr/> Contributor address; City; State; Zip Code Galveston, TX 77555	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billman, David <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bird, Stephen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blakeley, Katherine <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254	Amount of Contribution (\$) \$150.00
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: 10/127 Rpt: 13/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanchard, Neil <hr/> 6 Contributor address; City; State; Zip Code Whitehouse, TX 75791	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blaylock, David <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bledsoe, Christopher <hr/> Contributor address; City; State; Zip Code Westlake, TX 76262	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boehler, Lillian <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boland, Charles <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$150.00
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: 11/127 Rpt: 14/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolar, Sudhir <hr/> 6 Contributor address; City; State; Zip Code Trophy Club, TX 76262	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bond, Ninetta <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76126	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bormann, Brian <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boswell, David <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boudreaux, John <hr/> Contributor address; City; State; Zip Code Arlington, TX 76016	Amount of Contribution (\$) \$150.00
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: 12/127 Rpt: 15/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boulanger, Kristine <hr/> 6 Contributor address; City; State; Zip Code Allen, TX 75013	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley, Stephanie <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bramlett, Jason <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Briggs, Darrell <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brock, Lee <hr/> Contributor address; City; State; Zip Code Mc Kinney, TX 75070	Amount of Contribution (\$) \$150.00
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: 13/127 Rpt: 16/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jared <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75093	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Michelle <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan, Joseph <hr/> Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, David <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bunker, Matthew <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$150.00
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: 14/127 Rpt: 17/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burris, William <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76016	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bury, Dixie <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Busch, Lyndon John <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Brad <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602	Amount of Contribution (\$) \$67.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrne, David <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$150.00
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: 15/127 Rpt: 18/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 12/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Amber <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77030	7 Amount of Contribution (\$) \$125.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cancemi, Mark <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carpenter, Scott <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76120	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carpio, Miguel <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, Luke <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$85.00
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: 16/127 Rpt: 19/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 12/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cattano, Davide <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77030	7 Amount of Contribution (\$) \$42.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chae-Kim, Sang <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75056	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chao-Knize, Yuan-Jiun Nicole <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chappell, Eric <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76126	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chappetta, Frank <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208	Amount of Contribution (\$) \$150.00
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: 17/127 Rpt: 20/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chau, Bic <hr/> 6 Contributor address; City; State; Zip Code Carrollton, TX 75010	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chen, Jeffrey <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheng, David <hr/> Contributor address; City; State; Zip Code Dallas, TX 75252	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chennaiahgari, Shirish <hr/> Contributor address; City; State; Zip Code SOUTHLAKE, TX 76092	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheung, Conrad <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$150.00
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: 18/127 Rpt: 21/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chi, Lei <hr/> 6 Contributor address; City; State; Zip Code Lewisville, TX 75056	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chiang, Eric <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chien, Jason <hr/> Contributor address; City; State; Zip Code Dallas, TX 75207	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chokshi, Ripple <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chou, Jeff <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010	Amount of Contribution (\$) \$150.00
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: 19/127 Rpt: 22/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian, John <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75205	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clanton, David <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78256	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Shane <hr/> Contributor address; City; State; Zip Code Keller, TX 76262	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clarke, Christopher <hr/> Contributor address; City; State; Zip Code Dallas, TX 75287	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clifford, Lori <hr/> Contributor address; City; State; Zip Code Irving, TX 75062	Amount of Contribution (\$) \$150.00
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: 20/127 Rpt: 23/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cline, Mallorie <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75390	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cogswell, Max <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Seth <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colquitt, John <hr/> Contributor address; City; State; Zip Code Longview, TX 75604	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conner, William <hr/> Contributor address; City; State; Zip Code Murphy, TX 75094	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: 21/127 Rpt: 24/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conner, William	7 Amount of Contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code Murphy, TX 75094		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conroy, Martin	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Kennedale, TX 76060		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooke, Shanon	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Dallas, TX 75214		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copeland-Trahan, Kathy Lauren	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Tulsa, OK 74105		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornelius, Dena	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Amarillo, TX 79124		
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: 22/127 Rpt: 25/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotton, K. Voe <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75229	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Couch, Jason <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Couch, Michael <hr/> Contributor address; City; State; Zip Code Dallas, TX 75251	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Couch, Sharon <hr/> Contributor address; City; State; Zip Code Irving, TX 75038	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craft, Hadyne <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	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: 23/127 Rpt: 26/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crampton, William <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76116	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Sharon <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danley, Matthew <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Daniel <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Amy <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$150.00
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: 24/127 Rpt: 27/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 12/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davila-Perez, Ruben	7 Amount of Contribution (\$) \$21.00
6 Contributor address; City; State; Zip Code Houston, TX 77057		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, David	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Plano, TX 75093		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Fazio, David	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Southlake, TX 76092		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Lanzac, Kraig	Amount of Contribution (\$) \$41.67
Contributor address; City; State; Zip Code New Orleans, LA 70112		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Desai, Ronak	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Southlake, TX 76092		
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: 25/127 Rpt: 28/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DiGiovanni, David <hr/> 6 Contributor address; City; State; Zip Code Grapevine, TX 76092	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DiGiovanni, Ryan <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dilfer, Paul <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dinh, Neil <hr/> Contributor address; City; State; Zip Code Arlington, TX 76001	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobbs, Patrick <hr/> Contributor address; City; State; Zip Code Denison, TX 75020	Amount of Contribution (\$) \$150.00
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: 26/127 Rpt: 29/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 12/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drees, Jeffrey <hr/> 6 Contributor address; City; State; Zip Code Corsicana, TX 75110	7 Amount of Contribution (\$) \$85.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dudley, William <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dullye, Larry <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dupont, Cedric <hr/> Contributor address; City; State; Zip Code Rollingwood, TX 78746	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Echebelem-Washburn, Chinedu <hr/> Contributor address; City; State; Zip Code Dallas, TX 75249	Amount of Contribution (\$) \$150.00
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: 27/127 Rpt: 30/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Jason <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75240	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehlenbach, Colin <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ekstam, Christopher <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elkins, David <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Benton <hr/> Contributor address; City; State; Zip Code Frisco, TX 75033	Amount of Contribution (\$) \$150.00
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: 28/127 Rpt: 31/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Stephen	7 Amount of Contribution (\$) \$84.00
6 Contributor address; City; State; Zip Code Dallas, TX 75219		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elmore, Jeffrey	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Dallas, TX 75205		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elmore, Jennifer	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Aledo, TX 76008		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emmett, Joshua	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Dallas, TX 75287		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) End, Douglas	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Dallas, TX 75220		
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: 29/127 Rpt: 32/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engels, Matthew <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75034	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erdman, George <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erian, Ralph <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farley, Elizabeth <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farrar, Scott <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008	Amount of Contribution (\$) \$150.00
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: 30/127 Rpt: 33/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fierro, Randolph	7 Amount of Contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code Dallas, TX 75240		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzgerald, Bruce	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Dallas, TX 75240		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fontes, Michael	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Dallas, TX 75225		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foramiglio, Marco	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Plano, TX 75093		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, L. George	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Southlake, TX 76092		
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: 31/127 Rpt: 34/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fraga, Mark	7 Amount of Contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code Dallas, TX 75208		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeland, King	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Carrollton, TX 75007		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Froh, Robert	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Colleyville, TX 76034		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fubara, Deborah	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Dallas, TX 75204		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gannon, Adam	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Dallas, TX 75219		
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: 32/127 Rpt: 35/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garman, John <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75240	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, William <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75056	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gathe-Ghermay, Joy <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerard, Cameron <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giam, Patrick <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$42.00
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: 33/127 Rpt: 36/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibelyou, Richard <hr/> 6 Contributor address; City; State; Zip Code Flower Mound, TX 75028	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gierhart, Mickey <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilly, Michael <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glover, Chris <hr/> Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloyna, David <hr/> Contributor address; City; State; Zip Code Salado, TX 76571	Amount of Contribution (\$) \$118.00
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: 34/127 Rpt: 37/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloyna, David <hr/> 6 Contributor address; City; State; Zip Code Salado, TX 76571	7 Amount of Contribution (\$) \$67.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goettsche, Steven <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golian, Agnieszka <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gootos, Peter <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Kaela Jill <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$150.00
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: 35/127 Rpt: 38/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gracia, Carlos <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76116	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gravley, Daniel <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Shawn <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greyson, Barbara <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gromov, Dmitriy <hr/> Contributor address; City; State; Zip Code Arlington, TX 76005	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/127 Rpt: 39/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gruber, Amy <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75243	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Phillip <hr/> Contributor address; City; State; Zip Code Kennedale, TX 76060	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulden, Richard <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunn, Daniel <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunning, Thomas <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$150.00
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: 37/127 Rpt: 40/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guragain, Richesh <hr/> 6 Contributor address; City; State; Zip Code Dickinson, TX 77539	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gurkowski, Mary Ann <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haas, Christopher <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Habibi, Manu <hr/> Contributor address; City; State; Zip Code Dallas, TX 75251	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haddock, Gerald <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$150.00
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: 38/127 Rpt: 41/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haggard, Lloyd <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75248	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hairr, John <hr/> Contributor address; City; State; Zip Code Dallas, TX 75390	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hancher-Hodges, Shannon <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$67.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haney, Michael <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanley, Stacey <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$150.00
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: 39/127 Rpt: 42/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Ryan <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75229	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardman, Bailor <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Jeffry <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey, Benjamin <hr/> Contributor address; City; State; Zip Code Spring, TX 77379	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hastie, David <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
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: 40/127 Rpt: 43/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 12/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Havalda, Diane <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78258	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Matthew <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, W. Brendan <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heaberlin, James <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75007	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hedges, Patsy <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/127 Rpt: 44/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heflin, Daniel <hr/> 6 Contributor address; City; State; Zip Code Flower Mound, TX 75022	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hege, Katherine <hr/> Contributor address; City; State; Zip Code Argyle, TX 76226	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendrix, Joseph <hr/> Contributor address; City; State; Zip Code Irving, TX 75039	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hensel, Steven <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Jennifer <hr/> Contributor address; City; State; Zip Code Keller, TX 76262	Amount of Contribution (\$) \$150.00
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: 42/127 Rpt: 45/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Nadia <hr/> 6 Contributor address; City; State; Zip Code Pearland, TX 77584	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Raul <hr/> Contributor address; City; State; Zip Code Rio Grande City, TX 78582	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herndon, John <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herren, Jocelyn <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hesseltine, Bret <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070	Amount of Contribution (\$) \$150.00
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: 43/127 Rpt: 46/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heyne, Edward <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75208	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higgins, Jennifer <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Highfill, Erin <hr/> Contributor address; City; State; Zip Code Garland, TX 75044	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hiller, Michael <hr/> Contributor address; City; State; Zip Code Irving, TX 75038	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilliard, Duane <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208	Amount of Contribution (\$) \$150.00
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: 44/127 Rpt: 47/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 12/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hines, Clayton	7 Amount of Contribution (\$) \$45.00
6 Contributor address; City; State; Zip Code Beaumont, TX 77705		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinkle, Chelsea	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Fort Worth, TX 76103		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, William	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Dallas, TX 75230		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holden, Scott	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Southlake, TX 76092		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holder, David	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Plano, TX 75093		
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: 45/127 Rpt: 48/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, John <hr/> 6 Contributor address; City; State; Zip Code Coppell, TX 75019	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollenshead, Andy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holliday, J. Scott <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howe, Austin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75251	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoye, Douglas <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$150.00
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: 46/127 Rpt: 49/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hsu, Shen Te <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75251	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hsu, Timothy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huang, Chienyao <hr/> Contributor address; City; State; Zip Code Parker, TX 75002	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huss, Michael <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hussain, Asadullah <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75077	Amount of Contribution (\$) \$150.00
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: 47/127 Rpt: 50/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 12/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutson, Larry <hr/> 6 Contributor address; City; State; Zip Code Temple, TX 76502	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huynh, Dung <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hyatt, Brooke <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hybarger, Steven <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ighani, Jamshid <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$150.00
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: 48/127 Rpt: 51/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingram, Kristyn <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79912	7 Amount of Contribution (\$) \$83.34
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irizarry, Benito <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irwin, Conor <hr/> Contributor address; City; State; Zip Code Temple, TX 76502	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isa, Muhammad <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iya, Alice <hr/> Contributor address; City; State; Zip Code Dallas, TX 75251	Amount of Contribution (\$) \$150.00
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: 49/127 Rpt: 52/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, David	7 Amount of Contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code Dallas, TX 75230		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobe, Russell	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Dallas, TX 75209		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaffee, Jay	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Plano, TX 75093		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jahani, Minoo	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Dallas, TX 75251		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jahani, Nooshi	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Dallas, TX 75251		
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: 50/127 Rpt: 53/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jauregui, Michael <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Kalan <hr/> Contributor address; City; State; Zip Code Temple, TX 76502	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jensen, Krystal <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77345	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Eric <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Sean <hr/> Contributor address; City; State; Zip Code Dallas, TX 75251	Amount of Contribution (\$) \$150.00
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: 51/127 Rpt: 54/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Glen <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75063	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Ashley <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Christopher <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Douglas <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Zachary <hr/> Contributor address; City; State; Zip Code Frisco, TX 75036	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: 52/127 Rpt: 55/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 12/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose, Cherrie <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79410	7 Amount of Contribution (\$) \$42.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judd, Matthew <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kable, Timothy <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kahn, Andrew <hr/> Contributor address; City; State; Zip Code Addison, TX 75001	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kahn Vaughan, Anne <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220	Amount of Contribution (\$) \$150.00
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: 53/127 Rpt: 56/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kampine, John <hr/> 6 Contributor address; City; State; Zip Code Colleyville, TX 76034	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karnes, Paden <hr/> Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$67.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karthik, Swaminathan <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelton, Thomas <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kern, Dexter <hr/> Contributor address; City; State; Zip Code Dallas, TX 75251	Amount of Contribution (\$) \$150.00
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: 54/127 Rpt: 57/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khodaparast, Omeed	7 Amount of Contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code Dallas, TX 75205		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khorsand, Sarah	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code Dallas, TX 75229		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khoshroo, Sohiel	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Dallas, TX 75219		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kieta, Derek	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Dallas, TX 75208		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, Bryant	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Southlake, TX 76092		
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: 55/127 Rpt: 58/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, Min <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75240	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Andrea <hr/> Contributor address; City; State; Zip Code Keller, TX 76244	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirlangitis, Jeffery <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knighten, Chelsea <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolle, Bracken <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$84.00
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: 56/127 Rpt: 59/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Konvicka, James <hr/> 6 Contributor address; City; State; Zip Code Belton, TX 76513	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kretzer, Adam <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kroger, John <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krupp, Gerald <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ku, Andrea <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$150.00
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: 57/127 Rpt: 60/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurtz, Brian <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75230	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kwater, Andrzej <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kwon, Bobby <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lacour, Thomas <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laferney, Jimmy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
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: 58/127 Rpt: 61/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lam, Christopher <hr/> 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76310	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lance, Robert <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasseter, Adam <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lavender, Kimberly <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Layman, Richard <hr/> Contributor address; City; State; Zip Code University Park, TX 75225	Amount of Contribution (\$) \$150.00
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: 59/127 Rpt: 62/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeBlanc, Kirk <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75034	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Gong Wong <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Miriam <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, William <hr/> Contributor address; City; State; Zip Code Dallas, TX 75251	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leifeste, James <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008	Amount of Contribution (\$) \$150.00
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: 60/127 Rpt: 63/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leitch, Robert	7 Amount of Contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code Fort Worth, TX 76109		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leone, Nathan	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Dallas, TX 75251		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Robert	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Dallas, TX 75240		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liang, David	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code San Antonio, TX 78240		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lichliter, Gary	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Dallas, TX 75229		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/127 Rpt: 64/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lin, Peter	7 Amount of Contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code Dallas, TX 75240		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindberg, Scott	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Katy, TX 77494		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindmark, Joey	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Lewisville, TX 75056		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lodes, Kirk	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Dallas, TX 75230		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Alfredo	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Dallas, TX 75214		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/127 Rpt: 65/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Kevin <hr/> 6 Contributor address; City; State; Zip Code Corinth, TX 76210	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Mark <hr/> Contributor address; City; State; Zip Code Argyle, TX 76226	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luke, Steven <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lundell, John <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75032	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luo, Roy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/127 Rpt: 66/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luu, Kevin	7 Amount of Contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code San Antonio, TX 78229		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyman, Bradley	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Arlington, TX 76016		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch, Isaac	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Dallas, TX 75238		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Makanbhai, Hetendra	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Irving, TX 75063		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malkuch, Gerald	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Amarillo, TX 79109		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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SCHEDULE A1

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2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 12/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maloney, Kenneth <hr/> 6 Contributor address; City; State; Zip Code Cypress, TX 77429	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mankin, Lowell <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mao, Tanying <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcel, Randy <hr/> Contributor address; City; State; Zip Code Richardson, TX 75082	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marchal, Darren <hr/> Contributor address; City; State; Zip Code Murphy, TX 75094	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolis, Mark <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marino, Amy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markham, Travis <hr/> Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlow, Gary <hr/> Contributor address; City; State; Zip Code Sherman, TX 75090	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlow, George Scott <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/127 Rpt: 69/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlowe, Brannon	7 Amount of Contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code University Park, TX 75225		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marsden, Chad	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Fairview, TX 75069		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Randall	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Arlington, TX 76016		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Robert	Amount of Contribution (\$) \$67.00
Contributor address; City; State; Zip Code Karnes City, TX 78118		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marzbani, Kaveh	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Dallas, TX 75240		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/127 Rpt: 70/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marzbani, Keyvan <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75251	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marzolino, Phillip <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mascorro, Samuel <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masel, Brian <hr/> Contributor address; City; State; Zip Code Galveston, TX 77555	Amount of Contribution (\$) \$67.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massey, Richard <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/127 Rpt: 71/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mattern, Michelle <hr/> 6 Contributor address; City; State; Zip Code Belton, TX 76513	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAdams, Charles <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76126	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarter, Leo <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCord, Steven <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCord, Tucker <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/127 Rpt: 72/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCown, James <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79109	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGlynn, Nicholas <hr/> Contributor address; City; State; Zip Code Dallas, TX 75251	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGraw, Scott <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLean, Maranatha <hr/> Contributor address; City; State; Zip Code Dallas, TX 75215	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMurtry, Kelli <hr/> Contributor address; City; State; Zip Code Fairview, TX 75069	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/127 Rpt: 73/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McVay, Travis <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75240	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McWilliams, Sara <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medlin, John <hr/> Contributor address; City; State; Zip Code Granbury, TX 76049	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mehta, Jaideep <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mehta, Sagarika <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/127 Rpt: 74/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meller, Stephen	7 Amount of Contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code Arlington, TX 76016	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merchant, Akeel	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Dallas, TX 75235	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merchant, Munir	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Kennedale, TX 76060	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merchant, Zahid	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Dallas, TX 75235	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merchun, Christopher	Amount of Contribution (\$) \$41.67
	Contributor address; City; State; Zip Code Dallas, TX 75219	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/127 Rpt: 75/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mercier, David <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75231	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meril, Scott <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merutka, Nicholas <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Barry <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelsen, Luis <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
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: 73/127 Rpt: 76/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Christopher	7 Amount of Contribution (\$) \$84.00
6 Contributor address; City; State; Zip Code Arlington, TX 76015		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Gregory	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Richardson, TX 75080		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Ian	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Dallas, TX 75229		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, John	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Fort Worth, TX 76132		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Million, Clark	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Fort Worth, TX 76110		
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: 74/127 Rpt: 77/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 12/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moorman, Andrew <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreland, Jennie <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$67.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreland, Justin <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mori, Shailesh <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morkos, Michael <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76164	Amount of Contribution (\$) \$150.00
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: 75/127 Rpt: 78/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Joseph <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75265	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrow, Paul <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mouzi-Wofford, Lisa <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murillo, Sergio <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Gerald <hr/> Contributor address; City; State; Zip Code Rowlett, TX 75088	Amount of Contribution (\$) \$150.00
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: 76/127 Rpt: 79/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murrell, Matthew <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Musau, Patrick <hr/> Contributor address; City; State; Zip Code Dallas, TX 75251	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muse, Kenisha <hr/> Contributor address; City; State; Zip Code Temple, TX 76502	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nair, Lakshmi <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nassif, Alia <hr/> Contributor address; City; State; Zip Code Irving, TX 75063	Amount of Contribution (\$) \$150.00
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: 77/127 Rpt: 80/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neben, Michael	7 Amount of Contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code Fort Worth, TX 76116		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Geoffrey	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Dallas, TX 75206		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Vincent	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Houston, TX 77007		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Ethan	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Irving, TX 75063		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Hoang Duc	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Richardson, TX 75082		
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: 78/127 Rpt: 81/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Jamie <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75240	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Long <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Ngo <hr/> Contributor address; City; State; Zip Code Murphy, TX 75094	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Tammy <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Tho <hr/> Contributor address; City; State; Zip Code Dallas, TX 75251	Amount of Contribution (\$) \$150.00
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: 79/127 Rpt: 82/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nieto, David <hr/> 6 Contributor address; City; State; Zip Code Southlake, TX 76092	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noghrehkar Hohman, Dena <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Normand, Katherine <hr/> Contributor address; City; State; Zip Code Houston, TX 77079	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norvik, Laura <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Obanor, Osamudiamen <hr/> Contributor address; City; State; Zip Code Houston, TX 77054	Amount of Contribution (\$) \$67.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Odeh, Jaffer	7 Amount of Contribution (\$) \$67.00
6 Contributor address; City; State; Zip Code Dallas, TX 75390		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oetman, Bradley	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Colleyville, TX 76034		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ogbue, Patrick	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Southlake, TX 76092		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ok, John	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Dallas, TX 75251		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ombaba, Siang	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code San Antonio, TX 78260		
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: 81/127 Rpt: 84/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Alejandro <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75024	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Jaime <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$67.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Shayom <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osborn, Matthew <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osborn, Ronald <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$250.00
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: 82/127 Rpt: 85/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osorio, Federico <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75208	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padakandla, Udaya <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padakandla, Udaya <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010	Amount of Contribution (\$) \$67.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pakanati, Adarsh <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Panchbhaya, Shoyab <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205	Amount of Contribution (\$) \$150.00
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: 83/127 Rpt: 86/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paras, Dante <hr/> 6 Contributor address; City; State; Zip Code Colleyville, TX 76034	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parikh, Monali <hr/> Contributor address; City; State; Zip Code Irving, TX 75038	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Jason <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Robert <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parnell, Thomas <hr/> Contributor address; City; State; Zip Code Benbrook, TX 76132	Amount of Contribution (\$) \$150.00
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: 84/127 Rpt: 87/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Ankit <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75251	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Kaelan <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Kevin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Nayan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Sana <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
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: 85/127 Rpt: 88/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Suhas <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75240	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pawlowicz, Natalia <hr/> Contributor address; City; State; Zip Code Dallas, TX 75251	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkins, David <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkins, David <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Jeremie <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$84.00
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: 86/127 Rpt: 89/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pettibon, Michael <hr/> 6 Contributor address; City; State; Zip Code Colleyville, TX 76034	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham, Tiffany <hr/> Contributor address; City; State; Zip Code Dallas, TX 75251	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phan, Robert <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Cooper <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79430	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierce, Grace <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$9.00
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: 87/127 Rpt: 90/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pillow, Bradley <hr/> 6 Contributor address; City; State; Zip Code Sherman, TX 75090	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinson, William <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piper, Clinton <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plagenhoef, Jeffrey <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$67.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plemons, Ralph <hr/> Contributor address; City; State; Zip Code Arlington, TX 76016	Amount of Contribution (\$) \$150.00
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: 88/127 Rpt: 91/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pohar, Selvi <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75063	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Scott <hr/> Contributor address; City; State; Zip Code Dallas, TX 75287	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pucylowski, Austin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75234	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pyeatt, John <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Qian, Yuxiao <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$150.00
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: 89/127 Rpt: 92/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quintela, Heather <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78248	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raccasi, Mark <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rahlfs, Thomas <hr/> Contributor address; City; State; Zip Code Houston, TX 77079	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramamoorthy, Saravan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ranson, Brian <hr/> Contributor address; City; State; Zip Code Highland Village, TX 75077	Amount of Contribution (\$) \$150.00
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: 90/127 Rpt: 93/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rao, Krishna <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75240	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raphael, Alan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Read, JayThomas <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebal, Brett <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, LoriJean <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, LoriJean <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75230	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Scott <hr/> Contributor address; City; State; Zip Code Dallas, TX 75251	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Remster, Jeffrey <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renteria, Calvin <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reusche, Mark <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Nelson <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75220	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Justin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rezai, Kourosh <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Jeffrey <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Mark <hr/> Contributor address; City; State; Zip Code Dallas, TX 75251	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riggs, Haiqiong <hr/> 6 Contributor address; City; State; Zip Code Keller, TX 76248	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ritter, Eric <hr/> Contributor address; City; State; Zip Code Houston, TX 77018	Amount of Contribution (\$) \$20.83
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Courtney <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Elizabeth <hr/> Contributor address; City; State; Zip Code Arlington, TX 76001	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Kyle <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Laurence <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75230	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Tiffany Ann <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Jean <hr/> Contributor address; City; State; Zip Code Sherman, TX 75090	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romero, Alan <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rondeau, Bryan <hr/> Contributor address; City; State; Zip Code Temple, TX 76502	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronderos, Jaime <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75034	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubin, Stephen <hr/> Contributor address; City; State; Zip Code Frisco, TX 75033	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudak, Ronald <hr/> Contributor address; City; State; Zip Code Flint, TX 75762	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Rex <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutland, Lindsey <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rymell, Thomas <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76132	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rymell, Thomas <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Safo, Adelle <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salah, Hany <hr/> Contributor address; City; State; Zip Code Duncanville, TX 75137	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salcido, Paul <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saloum, Migdalia <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75240	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saluja, Vijay <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samples, Darren <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanga, Raghuram <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saraf, Manohar <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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SCHEDULE A1

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2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarmiento, Stephen <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75093	7 Amount of Contribution (\$) \$85.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scaffano, Gary <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schepel, Shawn <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlegel, Levi <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlegel, Levi <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 99/127 Rpt: 102/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuh, Jason <hr/> 6 Contributor address; City; State; Zip Code Paradise, TX 76073	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuman, Anastasia <hr/> Contributor address; City; State; Zip Code Keller, TX 76262	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Antoine <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Larry <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sefidrou, Darius <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 100/127 Rpt: 103/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selassie, Rahel <hr/> 6 Contributor address; City; State; Zip Code Manvel, TX 77578	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sen, Sudipta <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seng, David <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shabot, Sarah <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$67.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon, Michael <hr/> Contributor address; City; State; Zip Code Arlington, TX 76005	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 101/127 Rpt: 104/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shastri, Uttam <hr/> 6 Contributor address; City; State; Zip Code Hoover, AL 35244	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheffey, David <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherren, Edward <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shewchuk, Dwight <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shidham, Sushrut <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shih, Paul <hr/> 6 Contributor address; City; State; Zip Code Pittsburgh, PA 15203	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shu, Stephen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silver, Gregory <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simon, Stuart <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpson, Mark <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 103/127 Rpt: 106/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sims, Timothy <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75240	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singleton, Terrica <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slagle, Robert <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slaughter, Stephen <hr/> Contributor address; City; State; Zip Code Allen, TX 75002	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slywka, Shawn <hr/> Contributor address; City; State; Zip Code Richardson, TX 75082	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Jason <hr/> 6 Contributor address; City; State; Zip Code Coppell, TX 75019	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Scott <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Timothy <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smyth, Edward <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solby, Steven <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063	Amount of Contribution (\$) \$150.00
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: 105/127 Rpt: 108/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solomon, Deepika <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76132	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spann, David <hr/> Contributor address; City; State; Zip Code Dallas, TX 75251	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spann, Michael <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speers, Cynthia <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75022	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spence, Jerrod <hr/> Contributor address; City; State; Zip Code Northlake, TX 76247	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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SCHEDULE A1

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2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spikes, Christopher <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75225	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stamatakos, Todd <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starks, Marion <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stecher, Jack <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steele, Eldon <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steffey, Clinton <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75206	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stetler, Jacob <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Chris <hr/> Contributor address; City; State; Zip Code Parker, TX 75002	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Jeffrey <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Story, Herbert <hr/> Contributor address; City; State; Zip Code Dallas, TX 75251	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stout, Laura <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75201	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strambler, Jasmine <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Street, Austin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$67.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Struthers, William <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart, Anthony <hr/> Contributor address; City; State; Zip Code Canyon, TX 79015	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suarez, Thomas <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75225	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Juliet <hr/> Contributor address; City; State; Zip Code Frisco, TX 75033	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suresh, Keshava <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swygert, Thomas <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tang, Pheng <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tausiani, Jacob <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75062	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, James <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor-Jones, Ley <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teegarden, Beth <hr/> Contributor address; City; State; Zip Code Galveston, TX 77555	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tevosian, Michael <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thampi, Justin <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75208	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Theilken, Luke <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thirawatananond, Tarone <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Justin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75287	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Katherine <hr/> Contributor address; City; State; Zip Code Dallas, TX 75251	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Kevin <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75240	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Shawn <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tian, Lei <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tisdale, Lee <hr/> Contributor address; City; State; Zip Code Roanoke, TX 76262	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toker, Steven <hr/> Contributor address; City; State; Zip Code Waxahachie, TX 75167	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Topper, Stephen <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76006	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Laura <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$259.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trafton, Sue <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trahern, Lance <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79124	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tretter, Eric <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Truong, Thien	7 Amount of Contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code Richardson, TX 75082		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tsai, January	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code Houston, TX 77005		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tsang, Elvis	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Fort Worth, TX 76120		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tsui, Becky	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Frisco, TX 75033		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tunink, Bryan	Amount of Contribution (\$) \$62.50
Contributor address; City; State; Zip Code Southlake, TX 76092		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tunuguntla, Madhuri <hr/> 6 Contributor address; City; State; Zip Code Highland Village, TX 75077	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tverye, Elliot <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Twaddell, Timothy <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uddin, Nihat <hr/> Contributor address; City; State; Zip Code Dallas, TX 75251	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Unger, Douglas <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urich, Alissa <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77098	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vakharia, Akshay <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75056	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valek, Sara <hr/> Contributor address; City; State; Zip Code Dallas, TX 75251	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valek, Timothy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaughn, Stephen <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Mark <hr/> 6 Contributor address; City; State; Zip Code Denton, TX 76208	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virella, Cesar <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vories, Patricia <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76110	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vu, Giac <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vu, Phat <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vu-Boyer, Lisa <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade, Dean <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76087	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waheed, Gulam <hr/> Contributor address; City; State; Zip Code Wylie, TX 75098	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Steven <hr/> Contributor address; City; State; Zip Code University Park, TX 75205	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walsh, Michael <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wanamaker, Michael <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219	7 Amount of Contribution (\$) \$62.50
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Cecilia <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Jenny <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warmack, Kimberly <hr/> Contributor address; City; State; Zip Code Allen, TX 75002	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, Jerry <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028	Amount of Contribution (\$) \$150.00
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: 120/127 Rpt: 123/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wedgeworth, Richard <hr/> 6 Contributor address; City; State; Zip Code Lewisville, TX 75056	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiss, Lisa <hr/> Contributor address; City; State; Zip Code Houston, TX 77018	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Mary <hr/> Contributor address; City; State; Zip Code Irving, TX 75060	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westerheide, Christopher <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, Craig <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$150.00
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: 121/127 Rpt: 124/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeless, James <hr/> 6 Contributor address; City; State; Zip Code Coppell, TX 75019	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitaker, Phillip <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Lindsey <hr/> Contributor address; City; State; Zip Code Euless, TX 76039	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Lisa <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitman, Frances <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$200.00
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: 122/127 Rpt: 125/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitman, Frances <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75034	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiley, Casey <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilhelm, Kenneth <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkins, Stephen <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Jacob <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$150.00
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: 123/127 Rpt: 126/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Steve I.O. <hr/> 6 Contributor address; City; State; Zip Code Southlake, TX 76092	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winans, Robert <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wingo, Richard <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Ashley <hr/> Contributor address; City; State; Zip Code McKinney, TX 75072	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Daniel <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
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: 124/127 Rpt: 127/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Amy <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75390	7 Amount of Contribution (\$) \$67.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Crystal <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wu, Jennifer <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyrick, Christine <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yang, Diana <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
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: 125/127 Rpt: 128/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yelverton, Bryan <hr/> 6 Contributor address; City; State; Zip Code Colleyville, TX 76034	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yitta, Sushma <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Youn, Paul <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yusufali, Idriss <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaafran, Sherif <hr/> Contributor address; City; State; Zip Code Houston, TX 77055	Amount of Contribution (\$) \$75.00
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: 126/127 Rpt: 129/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zahn, Robert <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zak, Andrew <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zarr, Shawn <hr/> Contributor address; City; State; Zip Code Huntingtown, MD 20639	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zavala, Acsa <hr/> Contributor address; City; State; Zip Code Houston, TX 77004	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zietz, Danielle <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$150.00
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: 127/127 Rpt: 130/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zucker, Neil <hr/> 6 Contributor address; City; State; Zip Code Westlake, TX 76262	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) de Riese, Johannes <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79119	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 131/137

2 FILER NAME
Texas Society Of Anesthesiologists Political Action Committee

3 Filer ID (Ethics Commission Filers)
00024940

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 132/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 133/137	2 FILER NAME Texas Society Of Anesthesiologists Political Action	3 Filer ID (Ethics Commission Filers) 00024940
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4 Date 12/15/2023	5 Payee name Creighton, Brandon
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6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2257 N. Loop 336, Suite 140-336 Conroe, TX 77301
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
---------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/11/2023	Payee name Lalani, Suleman
--------------------	-------------------------------

Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P. O. Box 6514 Houston, TX 77265
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/04/2023	Payee name Patterson, Jared
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Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P. O. Box 5419 Frisco, TX 75035
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 134/137	2 FILER NAME Texas Society Of Anesthesiologists Political Action	3 Filer ID (Ethics Commission Filers) 00024940	
4 Date 12/25/2023	5 Payee name Stripe		
6 Amount (\$) \$356.34 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3180 18th Street Suite 100 San Francisco, CA 94110		
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 Credit card fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/3 Rpt: 135/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 12/05/2023	5 Name of person from whom amount is received Capriglione, Giovanni	8 Amount (\$) \$1,000.00
	6 Address of person from whom amount is received; City; State; Zip Code Southlake, TX 76092	
	7 Purpose for which amount is received Voided check <input type="checkbox"/> Check if political contribution returned to filer	
Date 12/05/2023	Name of person from whom amount is received Casper, Scott	Amount (\$) \$1,000.00
	Address of person from whom amount is received; City; State; Zip Code Killeen, TX 78542	
	Purpose for which amount is received Voided check <input type="checkbox"/> Check if political contribution returned to filer	
Date 12/05/2023	Name of person from whom amount is received Gates, Gary	Amount (\$) \$1,000.00
	Address of person from whom amount is received; City; State; Zip Code Rosenberg, TX 77471	
	Purpose for which amount is received Voided check <input type="checkbox"/> Check if political contribution returned to filer	
Date 12/05/2023	Name of person from whom amount is received Goldman, Craig	Amount (\$) \$2,500.00
	Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76185	
	Purpose for which amount is received Voided check <input type="checkbox"/> Check if political contribution returned to filer	
Date 12/05/2023	Name of person from whom amount is received Gonzalez, Mary	Amount (\$) \$1,000.00
	Address of person from whom amount is received; City; State; Zip Code Clint, TX 79836	
	Purpose for which amount is received Voided check <input type="checkbox"/> Check if political contribution returned to filer	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 2/3 Rpt: 136/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 12/05/2023	5 Name of person from whom amount is received Guerra, Bobby	8 Amount (\$) \$1,000.00
	6 Address of person from whom amount is received; City; State; Zip Code McAllen, TX 78504	
	7 Purpose for which amount is received Voided Check <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/30/2023	Name of person from whom amount is received Murr, Andrew	Amount (\$) \$1,500.00
	Address of person from whom amount is received; City; State; Zip Code Junction, TX 76849	
	Purpose for which amount is received Voided check <input type="checkbox"/> Check if political contribution returned to filer	
Date 12/05/2023	Name of person from whom amount is received Ramos, Jennifer	Amount (\$) \$1,000.00
	Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78210	
	Purpose for which amount is received Voided check <input type="checkbox"/> Check if political contribution returned to filer	
Date 12/05/2023	Name of person from whom amount is received Sheffield, J.D.	Amount (\$) \$9,000.00
	Address of person from whom amount is received; City; State; Zip Code Gatesville, TX 76528	
	Purpose for which amount is received Voided Check <input type="checkbox"/> Check if political contribution returned to filer	
Date 12/05/2023	Name of person from whom amount is received Walle, Armando	Amount (\$) \$1,000.00
	Address of person from whom amount is received; City; State; Zip Code Houston, TX 77039	
	Purpose for which amount is received Voided check <input type="checkbox"/> Check if political contribution returned to filer	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 3/3 Rpt: 137/137
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 12/05/2023	5 Name of person from whom amount is received Whitmire, John	8 Amount (\$) \$1,000.00
	6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77248	
	7 Purpose for which amount is received Voided check	<input type="checkbox"/> Check if political contribution returned to filer