

# CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

<b>1</b> Filer ID (Ethics Commission Filers) 00068176	<b>2</b> Total pages filed: 106	<b>OFFICE USE ONLY</b>	
<b>3</b> COMMITTEE NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee	Date Received ELECTRONICALLY FILED 02/05/2024		Date Hand-delivered or Date Postmarked
<b>4</b> TREASURER NAME Rosener, John (Dr.)	Receipt #		Amount
<b>5</b> ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		Date Processed
	<input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer resignation <input type="checkbox"/> Dissolution report <input type="checkbox"/> Other (specify) _____		Date Imaged
<b>6</b> ORIGINAL PERIOD COVERED	Month Day Year 07/01/2023	THROUGH	Month Day Year 12/31/2023

**7 EXPLANATION OF CORRECTION**

Please be advised that Metropolitan Anesthesia Consultants, LLP Political Action Committee is filing an amendment to the year-end report originally filed on 01/16/2024. The amendment is being filed to correct the total political contributions maintained as of the last day of the reporting period which was inadvertently reported as \$0 on the original filing. This was an administrative error; the original report was filed in good faith with no intent to mislead either the Texas Ethics Commission or the public.

**8 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

**Semiannual reports:** I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Dr. John Rosener  
\_\_\_\_\_  
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

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00068176	<b>2</b> Total pages filed: 106
<b>3</b> COMMITTEE NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 02/05/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3625 North Hall St Suite 800 Dallas, TX 75219		
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Dr. John <hr/> NICKNAME LAST SUFFIX Rosener		
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3625 North Hall Street Suite 800 Dallas, TX 75219		
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3625 North Hall Street Suite 800 Dallas, TX 75219		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 277-6096		
<b>9</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
<b>10</b> PERIOD COVERED	Month Day Year      THROUGH      Month Day Year 07/01/2023      12/31/2023		
<b>11</b> ELECTION	ELECTION DATE      ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Metropolitan Anesthesia Consultants, LLP Political Action Committee	<b>13 Filer ID</b> (Ethics Commission Filers) 00068176
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 25,585.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 890.12
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 38,899.07
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 63,879.78
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 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. John Rosener  
\_\_\_\_\_  
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 - GPAC

<b>17 COMMITTEE NAME</b> Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>18 Filer ID</b> (Ethics Commission Filers) 00068176
<b>19 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 25,585.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 38,899.07
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/95 Rpt: 5/106
2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Akaluso, Chinenye	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code  Dallas, TX 75219	
8 Principal occupation / Job title (See Instructions) Physician Anesthesiologist		9 Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Akaluso, Chinenye	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Dallas, TX 75219	
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Akaluso, Chinenye	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Dallas, TX 75219	
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Akaluso, Chinenye	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Dallas, TX 75219	
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	Contributor address; City; State; Zip Code  Dallas, TX 75219	
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

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**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/95 Rpt: 6/106
2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Akaluso, Chinenye	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code  Dallas, TX 75219	
8 Principal occupation / Job title (See Instructions) Physician Anesthesiologist		9 Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allison, Michael	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Dallas, TX 75219	
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allison, Michael	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Dallas, TX 75219	
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Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

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**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 3/95 Rpt: 7/106
2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allison, Michael	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code  Dallas, TX 75219	
8 Principal occupation / Job title (See Instructions) Physician Anesthesiologist		9 Employer (See Instructions) Metro Anesthesia
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allison, Michael	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Dallas, TX 75219	
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Andrade, Emilio	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Dallas, TX 75219	
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Andrade, Emilio	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Dallas, TX 75219	
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
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	Contributor address; City; State; Zip Code  Dallas, TX 75219	
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 4/95 Rpt: 8/106
2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Andrade, Emilio	7 Amount of Contribution (\$) \$50.00
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	Contributor address; City; State; Zip Code  Dallas, TX 75219	
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker, MacArthur	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Dallas, TX 75219	
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker, MacArthur	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Dallas, TX 75219	
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 09/29/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker, MacArthur ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
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Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker, MacArthur ..... Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bates, Jeremy ..... Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/95 Rpt: 10/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 08/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bates, Jeremy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bates, Jeremy <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
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Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bates, Jeremy <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
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Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bates, Jeremy <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/95 Rpt: 11/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 07/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brekke, Jeffrey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brekke, Jeffrey <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 12/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brekke, Jeffrey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Marc <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Marc <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$) \$50.00
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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/95 Rpt: 13/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Marc	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219		
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Marc	Amount of Contribution (\$) \$50.00
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Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bryant, Glen	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Dallas, TX 75219		
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bryant, Glen	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Dallas, TX 75219		
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bryant, Glen	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Dallas, TX 75219		
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/95 Rpt: 14/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bryant, Glen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bryant, Glen <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cameron, Andee <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cameron, Andee <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) Metro Anesthesia
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cameron, Andee <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/95 Rpt: 15/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cameron, Andee	<b>7</b> Amount of Contribution (\$) \$50.00
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<b>8</b> Principal occupation / Job title (See Instructions) COO		<b>9</b> Employer (See Instructions) Metro Anesthesia
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Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cameron, Andee	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Dallas, TX 75219		
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cardini, Tiffany	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Dallas, TX 75219		
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cardini, Tiffany	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Dallas, TX 75219		
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/95 Rpt: 16/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 09/29/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cardini, Tiffany	<b>7</b> Amount of Contribution (\$) \$50.00
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Contributor address; City; State; Zip Code  Dallas, TX 75219		
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Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chan, Calvin	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Dallas, TX 75219		
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 08/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chan, Calvin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
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<b>4</b> Date 07/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cirone, Anthony <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/95 Rpt: 19/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 12/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cirone, Anthony <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
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Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooper, Ryan <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
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Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/95 Rpt: 20/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooper, Ryan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooper, Ryan <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Courtney, Paul <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Courtney, Paul <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Courtney, Paul <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/95 Rpt: 21/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Courtney, Paul <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
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Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
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Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Culpepper, Donnie <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Culpepper, Donnie <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/95 Rpt: 22/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 09/29/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Culpepper, Donnie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Culpepper, Donnie <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Culpepper, Donnie <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
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Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Culpepper, Donnie <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeVaughn, Beverly <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/95 Rpt: 23/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 08/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeVaughn, Beverly <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
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Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeVaughn, Beverly <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/95 Rpt: 24/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 07/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Draghinas, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Draghinas, David <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$25.00
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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/95 Rpt: 25/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 12/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Draghinas, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$25.00
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Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ellis, Stephen <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
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Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/95 Rpt: 26/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ellis, Stephen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ellis, Stephen <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fleishman, Ari <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fleishman, Ari <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fleishman, Ari <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/95 Rpt: 27/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fleishman, Ari <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fleishman, Ari <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fleishman, Ari <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foss, Prisila <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foss, Prisila <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/95 Rpt: 28/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 09/29/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foss, Prisila <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foss, Prisila <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foss, Prisila <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foss, Prisila <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foster, Tabitha <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/95 Rpt: 29/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 08/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foster, Tabitha <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foster, Tabitha <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foster, Tabitha <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foster, Tabitha <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foster, Tabitha <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>4</b> Date 07/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Geiser, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$42.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Geiser, John <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
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Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/95 Rpt: 31/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 12/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Geiser, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$) \$42.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibson, Valentine <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibson, Valentine <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibson, Valentine <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$) \$100.00
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Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/95 Rpt: 32/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibson, Valentine <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibson, Valentine <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Glenesk, Niklas <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Glenesk, Niklas <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Glenesk, Niklas <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/95 Rpt: 33/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Glenesk, Niklas <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Glenesk, Niklas <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haldeman, Richard <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haldeman, Richard <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haldeman, Richard <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/95 Rpt: 34/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haldeman, Richard <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$42.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haldeman, Richard <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haldeman, Richard <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hale Wattiker, Brittani <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hale Wattiker, Brittani <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/95 Rpt: 35/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 09/29/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hale Wattiker, Brittani <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hale Wattiker, Brittani <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hale Wattiker, Brittani <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hale Wattiker, Brittani <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hayes, Christopher <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/95 Rpt: 36/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 08/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hayes, Christopher <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hayes, Christopher <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hayes, Christopher <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
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Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
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Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/95 Rpt: 37/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 07/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hein, H A Tillmann <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
<b>Date</b> 08/31/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hein, H A Tillmann <hr/> <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219	<b>Amount of Contribution (\$)</b>  \$50.00
<b>Principal occupation / Job title (See Instructions)</b> Physician Anesthesiologist		<b>Employer (See Instructions)</b> Metro Anesthesia
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<b>Principal occupation / Job title (See Instructions)</b> Physician Anesthesiologist		<b>Employer (See Instructions)</b> Metro Anesthesia
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<b>Principal occupation / Job title (See Instructions)</b> Physician Anesthesiologist		<b>Employer (See Instructions)</b> Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 34/95 Rpt: 38/106
2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hein, H A Tillmann	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code  Dallas, TX 75219	
8 Principal occupation / Job title (See Instructions) Physician Anesthesiologist		9 Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hemingway, Erik	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Dallas, TX 75219	
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hemingway, Erik	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Dallas, TX 75219	
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Metro Anesthesia
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hemingway, Erik	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Dallas, TX 75219	
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Metro Anesthesia
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hemingway, Erik	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Dallas, TX 75219	
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hemingway, Erik <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) CFO		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hemingway, Erik <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Highfill, Erin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Highfill, Erin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Highfill, Erin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/95 Rpt: 40/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Highfill, Erin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Highfill, Erin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Highfill, Erin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	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 (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	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 (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/95 Rpt: 41/106
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<b>4</b> Date 09/29/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hollenshead, Andy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 11/30/2023	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 (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 11/30/2023	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 (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 12/31/2023	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 (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jackson, Joe <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/95 Rpt: 42/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 08/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jackson, Joe <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
<b>Date</b> 09/29/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jackson, Joe <hr/> <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219	<b>Amount of Contribution (\$)</b>  \$50.00
<b>Principal occupation / Job title (See Instructions)</b> Physician Anesthesiologist		<b>Employer (See Instructions)</b> Metro Anesthesia
<b>Date</b> 11/30/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jackson, Joe <hr/> <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219	<b>Amount of Contribution (\$)</b>  \$50.00
<b>Principal occupation / Job title (See Instructions)</b> Physician Anesthesiologist		<b>Employer (See Instructions)</b> Metro Anesthesia
<b>Date</b> 11/30/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jackson, Joe <hr/> <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219	<b>Amount of Contribution (\$)</b>  \$50.00
<b>Principal occupation / Job title (See Instructions)</b> Physician Anesthesiologist		<b>Employer (See Instructions)</b> Metro Anesthesia
<b>Date</b> 12/31/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jackson, Joe <hr/> <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219	<b>Amount of Contribution (\$)</b>  \$50.00
<b>Principal occupation / Job title (See Instructions)</b> Physician Anesthesiologist		<b>Employer (See Instructions)</b> Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/95 Rpt: 43/106
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<b>4</b> Date 07/05/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Zachary <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Zachary <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 10/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Zachary <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Zachary <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Zachary <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>4</b> Date 07/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Karn, Jacquilin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Karn, Jacquilin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Karn, Jacquilin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Karn, Jacquilin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Karn, Jacquilin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>4</b> Date 12/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Karn, Jacquelin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
<b>Date</b> 07/31/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Khan, Harris <hr/> <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219	<b>Amount of Contribution (\$)</b>  \$25.00
<b>Principal occupation / Job title (See Instructions)</b> Physician Anesthesiologist		<b>Employer (See Instructions)</b> Metro Anesthesia
<b>Date</b> 08/31/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Khan, Harris <hr/> <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219	<b>Amount of Contribution (\$)</b>  \$25.00
<b>Principal occupation / Job title (See Instructions)</b> Physician Anesthesiologist		<b>Employer (See Instructions)</b> Metro Anesthesia
<b>Date</b> 09/29/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Khan, Harris <hr/> <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219	<b>Amount of Contribution (\$)</b>  \$25.00
<b>Principal occupation / Job title (See Instructions)</b> Physician Anesthesiologist		<b>Employer (See Instructions)</b> Metro Anesthesia
<b>Date</b> 11/30/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Khan, Harris <hr/> <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219	<b>Amount of Contribution (\$)</b>  \$25.00
<b>Principal occupation / Job title (See Instructions)</b> Physician Anesthesiologist		<b>Employer (See Instructions)</b> Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/95 Rpt: 46/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Khan, Harris <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Khan, Harris <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Koshy, Daniel <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Koshy, Daniel <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Koshy, Daniel <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 43/95 Rpt: 47/106
2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Koshy, Daniel	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code  Dallas, TX 75219	
8 Principal occupation / Job title (See Instructions) Physician Anesthesiologist		9 Employer (See Instructions) Metro Anesthesia
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Koshy, Daniel	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Dallas, TX 75219	
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Koshy, Daniel	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Dallas, TX 75219	
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lankford, Lawrence	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Dallas, TX 75219	
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lankford, Lawrence	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Dallas, TX 75219	
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/95 Rpt: 48/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 09/29/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lankford, Lawrence <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lankford, Lawrence <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lankford, Lawrence <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lankford, Lawrence <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mahowald, Matt <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/95 Rpt: 49/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 08/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mahowald, Matt <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
<b>Date</b> 09/29/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mahowald, Matt <hr/> <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219	<b>Amount of Contribution (\$)</b>  \$50.00
<b>Principal occupation / Job title (See Instructions)</b> Physician Anesthesiologist		<b>Employer (See Instructions)</b> Metro Anesthesia
<b>Date</b> 11/30/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mahowald, Matt <hr/> <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219	<b>Amount of Contribution (\$)</b>  \$50.00
<b>Principal occupation / Job title (See Instructions)</b> Physician Anesthesiologist		<b>Employer (See Instructions)</b> Metro Anesthesia
<b>Date</b> 11/30/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mahowald, Matt <hr/> <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219	<b>Amount of Contribution (\$)</b>  \$50.00
<b>Principal occupation / Job title (See Instructions)</b> Physician Anesthesiologist		<b>Employer (See Instructions)</b> Metro Anesthesia
<b>Date</b> 12/31/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mahowald, Matt <hr/> <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219	<b>Amount of Contribution (\$)</b>  \$50.00
<b>Principal occupation / Job title (See Instructions)</b> Physician Anesthesiologist		<b>Employer (See Instructions)</b> Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/95 Rpt: 50/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 07/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Margolis , Mark <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
<b>Date</b> 08/31/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Margolis , Mark <hr/> <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219	<b>Amount of Contribution (\$)</b>  \$50.00
<b>Principal occupation / Job title (See Instructions)</b> Physician Anesthesiologist		<b>Employer (See Instructions)</b> Metro Anesthesia
<b>Date</b> 09/29/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Margolis , Mark <hr/> <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219	<b>Amount of Contribution (\$)</b>  \$50.00
<b>Principal occupation / Job title (See Instructions)</b> Physician Anesthesiologist		<b>Employer (See Instructions)</b> Metro Anesthesia
<b>Date</b> 11/30/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Margolis, Mark <hr/> <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219	<b>Amount of Contribution (\$)</b>  \$50.00
<b>Principal occupation / Job title (See Instructions)</b> Physician Anesthesiologist		<b>Employer (See Instructions)</b> Metro Anesthesia
<b>Date</b> 11/30/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Margolis, Mark <hr/> <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219	<b>Amount of Contribution (\$)</b>  \$50.00
<b>Principal occupation / Job title (See Instructions)</b> Physician Anesthesiologist		<b>Employer (See Instructions)</b> Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>4</b> Date 12/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Margolis , Mark <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Matthews, Varghese <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Matthews, Varghese <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Matthews, Varghese <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Matthews, Varghese <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

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**SCHEDULE A1**

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<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Matthews, Varghese <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Matthews, Varghese <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Merchun, Chris <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Merchun, Chris <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
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Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/95 Rpt: 53/106
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<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Merchun, Chris <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
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Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Christopher <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
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Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>4</b> Date 09/29/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Christopher ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
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Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
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Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moorman, Andrew ..... Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<b>4</b> Date 08/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moorman, Andrew <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moorman, Andrew <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
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Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/95 Rpt: 56/106
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<b>4</b> Date 07/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morton, Stan	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219		
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morton, Stan	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Dallas, TX 75219		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Metro Anesthesia
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morton, Stan	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Dallas, TX 75219		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Metro Anesthesia
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morton, Stan	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Dallas, TX 75219		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Metro Anesthesia
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morton, Stan	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Dallas, TX 75219		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Metro Anesthesia



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**SCHEDULE A1**

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<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 12/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morton, Stan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Musick, Devin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Musick, Devin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Musick, Devin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Musick, Devin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/95 Rpt: 58/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Musick, Devin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Musick, Devin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pace, Justin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pace, Justin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pace, Justin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/95 Rpt: 59/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pace, Justin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$40.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pace, Justin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pace, Justin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pang, Don <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pang, Don <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/95 Rpt: 60/106
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<b>4</b> Date 09/29/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pang, Don <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pang, Don <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
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Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
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Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parikh, Monisha <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

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**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 57/95 Rpt: 61/106
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<b>4</b> Date 08/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parikh, Monisha <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
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Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/95 Rpt: 62/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 07/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patel, Muhammad <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patel, Muhammad <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
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Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 59/95 Rpt: 63/106
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<b>4</b> Date 12/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patel, Muhammad <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 07/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perry, Paul <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 08/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perry, Paul <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 09/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perry, Paul <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$100.00
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<b>4</b> Date 11/05/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perry, Paul <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$100.00
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Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Randhawa, Simrat <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rane, Clarissa <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rane, Clarissa <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$42.00
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<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
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Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rane, Mihir <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$42.00
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<b>4</b> Date 08/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rastogi, Akhil <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$25.00
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<b>4</b> Date 07/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Remster, Jeffrey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$25.00
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Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rew, Charles <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
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**SCHEDULE A1**

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<b>4</b> Date 07/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rock, Kerry n <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
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<b>4</b> Date 12/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rock, Kerry <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
<b>Date</b> 07/31/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rosener, John <hr/> <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219	<b>Amount of Contribution (\$)</b>  \$25.00
<b>Principal occupation / Job title (See Instructions)</b> Physician Anesthesiologist		<b>Employer (See Instructions)</b> Metro Anesthesia
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<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219		
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Contributor address; City; State; Zip Code  Dallas, TX 75219		
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salmon, Shelby	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Dallas, TX 75219		
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
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Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Santini, Mario	Amount of Contribution (\$) \$50.00
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<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 09/29/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Santini, Mario <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Santini, Mario <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
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Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sarmiento, Stephen <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 71/95 Rpt: 75/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 08/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sarmiento, Stephen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
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Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 72/95 Rpt: 76/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 07/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saunders, Clark <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saunders, Clark <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$25.00
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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 12/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saunders, Clark <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$25.00
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Date 07/31/2023	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 (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shu, Stephen ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
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Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shults, Justin ..... Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shults, Justin ..... Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shults, Justin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
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Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shults, Justin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Siskowski, Matt <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Siskowski, Matt <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$100.00
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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>4</b> Date 09/29/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Siskowski, Matt <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Siskowski, Matt <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
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Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Siskowski, Matt <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sistla, Aditya <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia



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**SCHEDULE A1**

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<b>4</b> Date 08/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sistla, Aditya <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
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Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
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Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 78/95 Rpt: 82/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 07/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sparkman, Caroline ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sparkman, Caroline ..... Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
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Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sparkman, Caroline ..... Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sparkman, Caroline ..... Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 79/95 Rpt: 83/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 12/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sparkman, Caroline	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219		
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stamatakos, Todd	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Dallas, TX 75219		
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stamatakos, Todd	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Dallas, TX 75219		
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stamatakos, Todd	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Dallas, TX 75219		
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
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Contributor address; City; State; Zip Code  Dallas, TX 75219		
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 80/95 Rpt: 84/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stamatakos, Todd <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
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Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Steffek, Haden <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Steffek, Haden <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
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Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 81/95 Rpt: 85/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Steffek, Haden <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$150.00
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Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sunny, Jamie <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 09/29/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sunny, Jamie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
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Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sunny, Jamie <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sunny, Jamie <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
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Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Syed, Sannoor <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 83/95 Rpt: 87/106
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<b>4</b> Date 12/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Syed, Sannoor <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
<b>Date</b> 07/31/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Taneja, Rishi <hr/> <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219	<b>Amount of Contribution (\$)</b>  \$50.00
<b>Principal occupation / Job title (See Instructions)</b> Physician Anesthesiologist		<b>Employer (See Instructions)</b> Metro Anesthesia
<b>Date</b> 08/31/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Taneja, Rishi <hr/> <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219	<b>Amount of Contribution (\$)</b>  \$50.00
<b>Principal occupation / Job title (See Instructions)</b> Physician Anesthesiologist		<b>Employer (See Instructions)</b> Metro Anesthesia
<b>Date</b> 09/29/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Taneja, Rishi <hr/> <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219	<b>Amount of Contribution (\$)</b>  \$50.00
<b>Principal occupation / Job title (See Instructions)</b> Physician Anesthesiologist		<b>Employer (See Instructions)</b> Metro Anesthesia
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**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 84/95 Rpt: 88/106
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<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Taneja, Rishi <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
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Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Turner, J Calvin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
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Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villegas, Melissa <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
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<b>4</b> Date 08/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villegas, Melissa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
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<b>4</b> Date 07/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vu, Lisa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia
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<b>Date</b> 07/31/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wanamaker, Michael <hr/> <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219	<b>Amount of Contribution (\$)</b>  \$35.00
<b>Principal occupation / Job title (See Instructions)</b> Physician Anesthesiologist		<b>Employer (See Instructions)</b> Metro Anesthesia
<b>Date</b> 08/31/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wanamaker, Michael <hr/> <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219	<b>Amount of Contribution (\$)</b>  \$35.00
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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 90/95 Rpt: 94/106
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<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wanamaker, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$35.00
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Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weaver, Robert <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 91/95 Rpt: 95/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weaver, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
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Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) West, Mary <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) West, Mary <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$42.00
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<b>4</b> Date 07/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zhang, Shan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
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Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zhang, Shan <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zhang, Shan <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zhang, Shan <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zhang, Shan <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metro Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 95/95 Rpt: 99/106
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 12/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zhang, Shan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician Anesthesiologist		<b>9</b> Employer (See Instructions) Metro Anesthesia

# 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.

<b>1</b> Total pages Schedule F1: Sch: 1/7 Rpt: 100/106	<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action	<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/10/2023	<b>5</b> Payee name American Airlines	
<b>6</b> Amount (\$) \$194.20  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1 Skyview Dr  Fort Worth, TX 76155	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel within Texas
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2023	Payee name Angie Chen Button Campaign	
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. BOX 832748  RICHARDSON, TX 75083	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/23/2023	Payee name Dade Phelan Campaign	
Amount (\$) \$5,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 848  Nederland, TX 77627	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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.

<b>1</b> Total pages Schedule F1: Sch: 2/7 Rpt: 101/106	<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action	<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 09/19/2023	<b>5</b> Payee name Friends of Donna Campbell	
<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1308 Common St Ste 2015 Box 713 New Braunfels, TX 78130	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2023	Payee name Giovanni Capriglione Campaign	
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 92007  Southlake, TX 76092	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/06/2023	Payee name Jared Patterson Campaign	
Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 5419  Frisco, TX 75035	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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.

<b>1</b> Total pages Schedule F1: Sch: 3/7 Rpt: 102/106	<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action	<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 10/17/2023	<b>5</b> Payee name Jeff Leach Campaign	
<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 866186  Plano, TX 75086	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/28/2023	Payee name Justin Holland Campaign	
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3021 Ridge Rd. Ste. A Box 79  Rockwall, TX 75032	
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 Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/24/2023	Payee name Krona Thimesch Campaign	
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 118978  Carollton, TX 75011	
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 Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
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.

<b>1</b> Total pages Schedule F1: Sch: 4/7 Rpt: 103/106	<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action	<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 10/11/2023	<b>5</b> Payee name Morgan Meyer for Texas	
<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 3838 Oak Lawn Avenue Ste 400 Dallas, TX 75219	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/06/2023	Payee name Party Time Texas	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 811 E. Plano Parkway Ste 103 Plano, TX 75074	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In-kind equipment rental: in benefit of Jared Patterson campaign.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/15/2023	Payee name Rafael Anchia Campaign	
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 2910  Austin, TX 78768	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
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.

<b>1</b> Total pages Schedule F1: Sch: 5/7 Rpt: 104/106	<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action	<b>3</b> Filer ID (Ethics Commission Filers) 00068176
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<b>4</b> Date 10/10/2023	<b>5</b> Payee name Richard Hayes Campaign
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<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 2818  Denton, TX 76202
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/03/2023	Payee name Tan Parker Campaign
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Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 271741  Flower Mound, TX 75027
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 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 09/19/2023	Payee name Texans for Greg Abbott
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Amount (\$) \$10,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 504 Lavaca St  Austin, TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 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.

<b>1</b> Total pages Schedule F1: Sch: 6/7 Rpt: 105/106	<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action	<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 09/20/2023	<b>5</b> Payee name Tom Oliverson Campaign	
<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1 Greenway Plaza, #225  Austin, TX 77046	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/14/2023	Payee name Total Wine	
Amount (\$) \$190.47  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6400 W. Plano Parkway  Plano, TX 75093	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gift basket supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/09/2023	Payee name Venton Jones For Texas	
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1075 Griffin Street W Suite 211 Dallas, TX 75215	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
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.

<b>1</b> Total pages Schedule F1: Sch: 7/7 Rpt: 106/106	<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action	<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 12/18/2023	<b>5</b> Payee name WB's Kitchen & Catering	
<b>6</b> Amount (\$) \$1,624.28  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 279 Main St  Frisco, TX 75036	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In-kind Catering: in benefit of Jared Patterson campaign.
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held