CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

	ics Commission Filers)	2 Total pages filed:			OFFICE (USE ONLY
00068176		106			Date Received	
COMMITTEE NAME	Metropolitan Anesthesia	a Consultants, LLP	Political Action Con	nmittee	ELECTRONIC/ 02/05/2024	ALLY FILED
TREASURER NAME	Rosener, John (Dr.)				Date Hand-delivered o	r Date Postmarked
ORIGINAL	X January 15	Run	off			
REPORT TYPE	July 15	=	day after campaign trea	surer resignation	Receipt #	Amount
	30th day before election	Diss	olution report			
	8th day before election	Othe	er (specify)		Date Processed	
ORIGINAL PERIOD COVERED	Month Day Yea	ar THROUGH	Month Day 12/31/2023	Year	Date Imaged	
EXPLANATION OF C			12/31/2023			
, ,	ed as \$0 on the original filin Ethics Commission or the	•	strative error; the origi	nai report was tii	ied in good faith wi	th no intent to
AFFIDAVIT			ear, or affirm, under p correct.	enalty of perjury	r, that this corrected	d report is true
AFFIDAVIT		and		, , , ,		d report is true
AFFIDAVIT		and	correct.	y and all applicat s: I swear or a	ble statements: affirm, that the orig an intent to mislea	inal report
AFFIDAVIT		and Che	correct. ck the box next to any Semiannual report was made in good f	y and all applicates: I swear or a aith and without ormation contains swear, or affirm, the 14th busines iginally filed is in tany error or or	ble statements: affirm, that the originan intent to misleate in the report. that I am filing this so day after the dataccurate or incomp	inal report d or to corrected te I learned olete. I
AFFIDAVIT		and Che	Semiannual report was made in good f misrepresent the inf Other reports: I report not later than that the report as or swear, or affirm, tha	y and all applicates: I swear or a aith and without ormation contains swear, or affirm, the 14th busines iginally filed is in tany error or or	affirm, that the orig an intent to mislea ned in the report. that I am filing this ss day after the da accurate or incomp nission in the repor	inal report d or to corrected te I learned olete. I
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Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Metropolitan Anesthe	sia Consultants, LLP Pol	itical Action Committee	00068176	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	25,585.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	890.12
	4. TOTAL POLITICA	L EXPENDITURES	\$	38,899.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	63,879.78
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			I	
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Dr. John	Rosener	
		Signature of Car	mpaign Treasu	rer
AFFIX NOTAI	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said _	, th	nis 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 office	cer administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

				4 of 106
17 COMMITTI	EE NAME	18 Filer ID	(Ethics Co	ommission Filers)
Metropolit	tan Anesthesia Consultants, LLP Political Action Committee	00068176		
	E SUBTOTALS SCHEDULE		SUB ⁻	TOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	25,585.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$	
5.	ATION OR	\$		
6.	\$			
7.	\$			
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (\$		
9.	SCHEDULE E: LOANS	\$		
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	38,899.07
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	MONEI	ARY POLITICAL (CONTRIBUTIO	VNS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/95 Rpt: 5/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	ittee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 07/31/2023	5 Full name of contributor Akaluso, Chinenye6 Contributor address; City; St	out-of-state PAC (ID#:_ cate; Zip Code)	7	Amount of Contribution (\$)	\$50.00
8		Dallas, TX 75219 pation / Job title (See Instructions	s)	Employer (See Instructions Metro Anesthesia	<u> </u> s)		
	Date 08/31/2023	Full name of contributor Akaluso, Chinenye Contributor address; City; Si Dallas, TX 75219	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions nesthesiologist	5)	Employer (See Instructions Metro Anesthesia	5)		
	Date 09/29/2023	Full name of contributor Akaluso, Chinenye Contributor address; City; St Dallas, TX 75219	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions	s)	Employer (See Instructions Metro Anesthesia	<u> </u> S)		
	Date 11/30/2023	Full name of contributor Akaluso, Chinenye Contributor address; City; Si Dallas, TX 75219	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions nesthesiologist	s)	Employer (See Instructions Metro Anesthesia	5)		
	Date 11/30/2023	Full name of contributor Akaluso, Chinenye Contributor address; City; Si Dallas, TX 75219	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions nesthesiologist	s)	Employer (See Instructions Metro Anesthesia	5)		

	IVIONEI	ARY POLITICAL (JON I KIBUTIC	CNIC		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/95 Rpt: 6/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	ittee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 12/31/2023	5 Full name of contributor Akaluso, Chinenye6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
8		pation / Job title (See Instructions nesthesiologist	5)	9 Employer (See Instructions Metro Anesthesia	5)		
	Date 07/31/2023	Full name of contributor Allison, Michael Contributor address; City; Si Dallas, TX 75219	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions	s)	Employer (See Instructions Metro Anesthesia	<u> </u> S)		
	Date 08/31/2023	Full name of contributor Allison, Michael Contributor address; City; Si	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions	s)	Employer (See Instructions Metro Anesthesia	<u> </u> s)		
	Date 09/29/2023	Full name of contributor Allison, Michael Contributor address; City; Si	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions nesthesiologist	s)	Employer (See Instructions Metro Anesthesia	<u>l</u> S)		
	Date 11/30/2023	Full name of contributor Allison, Michael Contributor address; City; Si Dallas, TX 75219	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions nesthesiologist	s)	Employer (See Instructions Metro Anesthesia	. S)		

	MONET	ARY POLITICAL CO	NIRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/95 Rpt: 7/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Poli	itical Action Commit	ttee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 11/30/2023	5 Full name of contributor Allison, Michael6 Contributor address; City; State; 2	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
8	•	pation / Job title (See Instructions) nesthesiologist	٤	Employer (See Instructions Metro Anesthesia	5)		
	Date 12/31/2023	Full name of contributor Allison, Michael Contributor address; City; State; Dallas, TX 75219	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occupation / Job title (See Instructions) Physician Anesthesiologist			Employer (See Instructions Metro Anesthesia	5)		
	Date 07/31/2023	Full name of contributor Andrade, Emilio Contributor address; City; State; Dallas, TX 75219	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
Physician Ane Date 08/31/2023		Full name of contributor		Metro Anesthesia		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	<u> </u> 5)		
	Date 09/29/2023	Andrade, Emilio	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	<u>,</u>						

ILER NAME Metropolitan rate 1/30/2023	Anesthesia Consultants, LLP 5 Full name of contributor Andrade, Emilio 6 Contributor address; City; St Dallas, TX 75219 pation / Job title (See Instructions nesthesiologist Full name of contributor Andrade, Emilio Contributor address; City; St	Political Action Commoutor out-of-state PAC (ID#:ate; Zip Code	9 Employer (See Instructions Metro Anesthesia	7	Total pages Schedule A1: Sch: 4/95 Rpt: 8/106 Filer ID (Ethics Commission 00068176 Amount of Contribution (\$)	Filers) \$50.00
Metropolitan Pate 1/30/2023 Principal occup Physician An	5 Full name of contributor Andrade, Emilio 6 Contributor address; City; St Dallas, TX 75219 pation / Job title (See Instructions esthesiologist Full name of contributor Andrade, Emilio	out-of-state PAC (ID#:	9 Employer (See Instructions Metro Anesthesia	7	00068176	
1/30/2023 rincipal occup Physician An	Andrade, Emilio 6 Contributor address; City; St Dallas, TX 75219 pation / Job title (See Instructions nesthesiologist Full name of contributor Andrade, Emilio	ate; Zip Code	Employer (See Instructions Metro Anesthesia	-	Amount of Contribution (\$)	\$50.00
hysician An	pation / Job title (See Instructions nesthesiologist Full name of contributor Andrade, Emilio	out-of-state PAC (ID#:	Metro Anesthesia	5) 		
hysician An	Full name of contributor Andrade, Emilio	out-of-state PAC (ID#:	Metro Anesthesia	§) 		
ate	Full name of contributor Andrade, Emilio					
	Andrade, Emilio)			
					Amount of Contribution (\$)	\$50.00
	Dallas, TX 75219					
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nysician An			Metro Anestnesia	_		
ate 2/31/2023	Andrade, Emilio Contributor address; City; St)		Amount of Contribution (\$)	\$50.00
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ate 7/31/2023	Contributor address; City; St				Amount of Contribution (\$)	\$50.00
rincinal occur)	Employer (See Instructions	;) 		
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ate 8/31/2023	Contributor address; City; St	_		•	Amount of Contribution (\$)	\$50.00
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	MONEI	ARY POLITICAL CONTRIB	3U I IOI	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complet	te this fo	m.	1	Total pages Schedule A1: Sch: 5/95 Rpt: 9/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Political Actio	on Commit	tee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 09/29/2023	 Full name of contributor out-of-state F Baker, MacArthur Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
8		Dallas, TX 75219 pation / Job title (See Instructions) nesthesiologist	9	Employer (See Instructions Metro Anesthesia	5)		
	Date 11/30/2023	Full name of contributor out-of-state F Baker, MacArthur Contributor address; City; State; Zip Code Dallas, TX 75219	PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	()		
	Date 11/30/2023	Full name of contributor out-of-state F Baker, MacArthur Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219 pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	<u>;</u>)		
	Date 12/31/2023	Full name of contributor out-of-state F Baker, MacArthur Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	•	Dallas, TX 75219 pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	<u>;</u>)		
	Date 07/31/2023	Full name of contributor out-of-state F Bates, Jeremy Contributor address; City; State; Zip Code Dallas, TX 75219	PAC (ID#:			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/95 Rpt: 10/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 08/31/2023	Full name of contributor Bates, JeremyContributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code		7	Amount of Contribution (\$)	\$50.00
8		Dallas, TX 75219 pation / Job title (See Instructions))	Employer (See Instructions Metro Anesthesia	5)		
	Date 09/29/2023	Full name of contributor Bates, Jeremy Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions nesthesiologist)	Employer (See Instructions Metro Anesthesia	5)		
	Date 11/30/2023	Full name of contributor Bates, Jeremy Contributor address; City; St Dallas, TX 75219	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions)	Employer (See Instructions Metro Anesthesia	<u> </u> S)		
	Date 11/30/2023	Full name of contributor Bates, Jeremy Contributor address; City; St				Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions nesthesiologist)	Employer (See Instructions Metro Anesthesia	<u>I</u> S)		
	Date 12/31/2023	Full name of contributor Bates, Jeremy Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions nesthesiologist)	Employer (See Instructions Metro Anesthesia	<u>. </u>		
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	MONEI	ARY POLITICAL CONTRI	BUTION	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to compl	ete this for	rm.	1	Total pages Schedule A1: Sch: 7/95 Rpt: 11/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Political Ac	tion Commit	tee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 07/31/2023	Brekke, Jeffrey	e PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
8		Dallas, TX 75219 pation / Job title (See Instructions) nesthesiologist	9	Employer (See Instructions Metro Anesthesia	5)		
	Date 08/31/2023	Full name of contributor out-of-state Brekke, Jeffrey Contributor address; City; State; Zip Code Dallas, TX 75219	e PAC (ID#:			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 09/29/2023	Brekke, Jeffrey Contributor address; City; State; Zip Code	e PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219 pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	<u> </u> 5)		
	Date 11/30/2023	Brekke, Jeffrey Contributor address; City; State; Zip Code	e PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	·	Dallas, TX 75219 pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	<u> </u> ;)		
	Date 11/30/2023	Full name of contributor out-of-stated brekke, Jeffrey Contributor address; City; State; Zip Coded Dallas, TX 75219	e PAC (ID#:			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	JNS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/95 Rpt: 12/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comn	nittee	3	Filer ID (Ethics Commission 00068176	ı Filers)
4	Date 12/31/2023	5 Full name of contributorBrekke, Jeffrey6 Contributor address; City; Si			7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
8		pation / Job title (See Instructions nesthesiologist	S)	9 Employer (See Instructions Metro Anesthesia	5)		
	Date 07/31/2023	Full name of contributor Brown, Marc Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu	Dallas, TX 75219 pation / Job title (See Instructions	5)	Employer (See Instructions	:) 		
		nesthesiologist	•	Metro Anesthesia	,		
	Date 08/31/2023	Full name of contributor Brown, Marc Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
		pation / Job title (See Instructions nesthesiologist	s)	Employer (See Instructions Metro Anesthesia	5)		
	Date 09/29/2023	Contributor address; City; S				Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219 pation / Job title (See Instructions nesthesiologist	5)	Employer (See Instructions Metro Anesthesia	<u> </u> ;)		
	Date 11/30/2023	Full name of contributor Brown, Marc Contributor address; City; S Dallas, TX 75219	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Physician Ar	nesthesiologist		Metro Anesthesia			

	MONEI	ARY POLITICAL C	CONTRIBUTIO	INS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/95 Rpt: 13/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	ittee	3	Filer ID (Ethics Commission 00068176	ı Filers)
4	Date 11/30/2023	5 Full name of contributor Brown, Marc6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Dallas, TX 75219)	9 Employer (See Instructions	 		
		nesthesiologist		Metro Anesthesia			
	Date 12/31/2023	Full name of contributor Brown, Marc Contributor address; City; St	out-of-state PAC (ID#:_)	-	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219			<u> </u>		
		pation / Job title (See Instructions nesthesiologist)	Employer (See Instructions Metro Anesthesia	s)		
					_		
	Date 08/31/2023	Full name of contributor Bryant, Glen Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code		•	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
	•	pation / Job title (See Instructions nesthesiologist)	Employer (See Instructions Metro Anesthesia	5)		
	Date 09/29/2023	Full name of contributor Bryant, Glen Contributor address; City; St Dallas, TX 75219			•	Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions nesthesiologist)	Employer (See Instructions Metro Anesthesia	5)		
	Date 11/30/2023	Full name of contributor Bryant, Glen Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
		pation / Job title (See Instructions nesthesiologist)	Employer (See Instructions Metro Anesthesia	5)		

	MONET	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULI	E A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 10/95 Rpt: 14/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP I	Political Action Committ	tee	3	Filer ID (Ethics Commission 00068176	ı Filers)
4	Date 11/30/2023	5 Full name of contributor [Bryant, Glen6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219	1				
8		pation / Job title (See Instructions) nesthesiologist	9	Employer (See Instruction Metro Anesthesia	ıs)		
	Date 12/31/2023	Full name of contributor Bryant, Glen Contributor address; City; Sta				Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219			Ļ		
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instruction Metro Anesthesia	าร)		
	Date 07/31/2023	Full name of contributor Cameron, Andee Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
	Principal occu COO	pation / Job title (See Instructions)		Employer (See Instruction Metro Anesthesia	ns)		
Date 08/31/2023		Full name of contributor out-of-state PAC (ID#:) Cameron, Andee Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00	
	Principal occu	Dallas, TX 75219 pation / Job title (See Instructions)		Employer (See Instruction Metro Anesthesia	l ns)		
	Date 09/29/2023	Full name of contributor Cameron, Andee Contributor address; City; Sta Dallas, TX 75219	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instruction Metro Anesthesia	ns)		
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	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 11/95 Rpt: 15/106	
2	FILER NAME	Anesthesia Consultants, LLP Po	litical Action Committe	10 A	3	Filer ID (Ethics Commission 00068176	ı Filers)
4	-	5 Full name of contributor		: C	_		
4	Date 11/30/2023	Cameron, Andee	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
	11/00/2020		Zip Code				400.00
		Dallas, TX 75219					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	COO			Metro Anesthesia			
_	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/30/2023	Cameron, Andee					\$50.00
		Contributor address; City; State;	Zip Code				
		Dallas, TX 75219					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	COO			Metro Anesthesia			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/31/2023	Cameron, Andee					\$50.00
		Contributor address; City; State;	Zip Code				
		Dallas, TX 75219					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	COO			Metro Anesthesia			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/31/2023	Cardini, Tiffany					\$50.00
		Contributor address; City; State;					
		Dallas, TX 75219					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician Ar	nesthesiologist		Metro Anesthesia			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/31/2023	Cardini, Tiffany					\$50.00
		Contributor address; City; State;					
		Dallas, TX 75219					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u>		
		nesthesiologist		Metro Anesthesia	,		
			L_				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 12/95 Rpt: 16/106	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		Anesthesia Consultants, LLP I		ittee		00068176	
4	Date 09/29/2023	5 Full name of contributor [Cardini, Tiffany6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Physician Ar	nesthesiologist		Metro Anesthesia			
	Date 11/30/2023	Full name of contributor [Cardini, Tiffany Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician Anesthesiologist			Metro Anesthesia			
	Date 11/30/2023	Full name of contributor [Cardini, Tiffany Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> ;)		
	Physician Ar	nesthesiologist		Metro Anesthesia			
	Date 12/31/2023	Full name of contributor Cardini, Tiffany Contributor address; City; Sta Dallas, TX 75219	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 07/31/2023	Full name of contributor [Chan, Calvin Contributor address; City; Sta Dallas, TX 75219	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician Ar	nesthesiologist		Metro Anesthesia			

	MONEI	ARY POLITICAL CO	ONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to	complete this fo	rm.	1	Total pages Schedule A1: Sch: 13/95 Rpt: 17/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Po	olitical Action Commit	ttee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 08/31/2023	Full name of contributor Chan, Calvin Contributor address; City; State	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Dallas, TX 75219 pation / Job title (See Instructions)	5	Employer (See Instructions	<u> </u>		
	Date 09/29/2023	Full name of contributor Chan, Calvin Contributor address; City; State	out-of-state PAC (ID#:	Metro Anesthesia		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219 pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	<u> </u>		
	Date 11/30/2023	Full name of contributor Chan, Calvin Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
	·	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia			
Date 11/30/2023		Full name of contributor Chan, Calvin Contributor address; City; State Dallas, TX 75219	out-of-state PAC (ID#:) /; State; Zip Code			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	<u> </u>		
	Date 12/31/2023	Full name of contributor Chan, Calvin Contributor address; City; State Dallas, TX 75219	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
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	MONET	ARY POLITICAL COI	NTRIBUTION	S		SCHEDULE	E A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 14/95 Rpt: 18/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Poli	itical Action Committe	ee	3	Filer ID (Ethics Commission 00068176	r Filers)
4	Date 07/31/2023	Cirone, Anthony	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219	+				
8		pation / Job title (See Instructions) nesthesiologist	9	Employer (See Instructions Metro Anesthesia	s) 		
	Date 08/31/2023	Full name of contributor				Amount of Contribution (\$)	\$50.00
	Principal occu	Dallas, TX 75219 pation / Job title (See Instructions)		Employer (See Instructions	;, 		
	-	nesthesiologist		Metro Anesthesia	·)		
	Date 09/29/2023	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 11/30/2023	Full name of contributor				Amount of Contribution (\$)	\$50.00
	-	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 11/30/2023	Cirone, Anthony)		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
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nesthesia Consultants, LLP Political Action Commit Full name of contributor	r m. tee	7	Total pages Schedule A1: Sch: 15/95 Rpt: 19/106 Filer ID (Ethics Commission 00068176 Amount of Contribution (\$)	
Full name of contributor	Employer (See Instructions Metro Anesthesia	7	00068176	\$50.00
Full name of contributor	Employer (See Instructions Metro Anesthesia			\$50.00
Cirone, Anthony Contributor address; City; State; Zip Code Dallas, TX 75219 ion / Job title (See Instructions) thesiologist Full name of contributor	Employer (See Instructions Metro Anesthesia		yunount of Containation (¢)	\$50.00
Contributor address; City; State; Zip Code Dallas, TX 75219 ion / Job title (See Instructions) thesiologist Full name of contributor out-of-state PAC (ID#: Cooper, Ryan	Employer (See Instructions Metro Anesthesia	5)		
ion / Job title (See Instructions) sthesiologist Full name of contributor out-of-state PAC (ID#: Cooper, Ryan	Metro Anesthesia	s)		
Full name of contributor out-of-state PAC (ID#: Cooper, Ryan	Metro Anesthesia	i) 		
Full name of contributor out-of-state PAC (ID#: Cooper, Ryan)	Г		
Cooper, Ryan)			
			Amount of Contribution (\$)	
Contributor address; City; State; Zip Code				\$50.00
Dallas, TX 75219				
ion / Job title (See Instructions)		5)		
thesiologist	Metro Anesthesia			
Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
Cooper, Ryan				\$50.00
Dallas, TX 75219				
ion / Job title (See Instructions)	Employer (See Instructions	5)		
thesiologist	Metro Anesthesia			
Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
Cooper, Ryan				\$50.00
Contributor address; City; State; Zip Code		İ		
Dollar TV 75210				
	Employer (See Instructions	:) 		
sthesiologist	Metro Anesthesia	,		
Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
Cooper, Ryan				\$50.00
Contributor address; City; State; Zip Code				
Dallas TX 75219				
ion / Job title (See Instructions)	Employer (See Instructions	<u>L</u> ;)		
sthesiologist	Metro Anesthesia	,		
ii it ii it ii it ii it ii ii it ii ii i	thesiologist Full name of contributor	con / Job title (See Instructions) thesiologist Full name of contributor	con / Job title (See Instructions) thesiologist Full name of contributor Cooper, Ryan Contributor address; City; State; Zip Code Dallas, TX 75219 on / Job title (See Instructions) thesiologist Full name of contributor Cooper, Ryan Contributor address; City; State; Zip Code Dallas, TX 75219 on / Job title (See Instructions) thesiologist Full name of contributor Cooper, Ryan Contributor address; City; State; Zip Code Dallas, TX 75219 on / Job title (See Instructions) thesiologist Full name of contributor Cooper, Ryan Contributor address; City; State; Zip Code Dallas, TX 75219 on / Job title (See Instructions) thesiologist Full name of contributor Cooper, Ryan Contributor address; City; State; Zip Code Dallas, TX 75219 on / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions)	Employer (See Instructions) Metro Anesthesia Full name of contributor

	MONEI	ARY POLITICAL CO	NIRIBUTIOI	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to	complete this fo	rm.	1	Total pages Schedule A1: Sch: 16/95 Rpt: 20/106	
2	FILER NAME	Asserthere's Consultanta III D. Da	likiaal Aakiaa Oassaal	4	3	Filer ID (Ethics Commission	r Filers)
	Metropolitan	Anesthesia Consultants, LLP Po	olitical Action Commit	tee		00068176	
4	Date 11/30/2023	5 Full name of contributor Cooper, Ryan6 Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Physician Ar	nesthesiologist		Metro Anesthesia			
	Date 12/31/2023	Full name of contributor Cooper, Ryan Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Physician Ar	nesthesiologist		Metro Anesthesia			
	Date 07/31/2023	Full name of contributor Courtney, Paul Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
		nesthesiologist		Metro Anesthesia			
	Date 08/31/2023	Full name of contributor Courtney, Paul Contributor address; City; State Dallas, TX 75219	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia)		
	Date 09/29/2023	Full name of contributor Courtney, Paul Contributor address; City; State Dallas, TX 75219	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Physician Ar	nesthesiologist		Metro Anesthesia			

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 17/95 Rpt: 21/106	
2	FILER NAME	Anasthasia Canaultanta III	Political Action Commit	too	3	Filer ID (Ethics Commission	r Filers)
	-	Anesthesia Consultants, LLF		iee		00068176	
4	Date 11/30/2023	5 Full name of contributorCourtney, Paul6 Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
8	Principal occu	pation / Job title (See Instructions	s) 9	Employer (See Instructions	()		
	Physician Ar	nesthesiologist		Metro Anesthesia			
	Date 11/30/2023	Full name of contributor Courtney, Paul Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	()		
	Physician Anesthesiologist			Metro Anesthesia			
_	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
12/31/202		Courtney, Paul	–	, , , , , , , , , , , , , , , , , , ,		• • • • • • • • • • • • • • • • • • • •	\$50.00
		Contributor address; City; S Dallas, TX 75219	tate; Zip Code				
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u>		
		nesthesiologist	´	Metro Anesthesia	,		
_		Full name of contributor	out-of-state PAC (ID#:	,		Amount of Contribution (\$)	
Date 07/31/2023		Culpepper, Donnie Contributor address; City; S				yunount of Contabution (c)	\$50.00
		Dallas, TX 75219					
		pation / Job title (See Instructions nesthesiologist	3)	Employer (See Instructions Metro Anesthesia)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/31/2023	Culpepper, Donnie					\$50.00
		Contributor address; City; State; Zip Code					
		Dallas, TX 75219	•				
		pation / Job title (See Instructions	5)	Employer (See Instructions	()		
	Physician Ar	nesthesiologist		Metro Anesthesia			

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 18/95 Rpt: 22/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP F	Political Action Committe	ee	3	Filer ID (Ethics Commission 00068176	ı Filers)
4	Date 09/29/2023	5 Full name of contributor [Culpepper, Donnie6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$50.00
_		Dallas, TX 75219	1-				
8		pation / Job title (See Instructions) nesthesiologist	9	Employer (See Instructions Metro Anesthesia	5)		
	Date 11/30/2023	Full name of contributor [Culpepper, Donnie Contributor address; City; Sta)		Amount of Contribution (\$)	\$50.00
	Delicalization	Dallas, TX 75219		Faralassa (Osas lastassatisas	<u></u>		
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 11/30/2023	Full name of contributor [Culpepper, Donnie Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code		•	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 12/31/2023	Full name of contributor [Culpepper, Donnie Contributor address; City; Sta Dallas, TX 75219	out-of-state PAC (ID#: te; Zip Code)	•	Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	<u>I</u> S)		
	Date 07/31/2023	Full name of contributor DeVaughn, Beverly Contributor address; City; Sta Dallas, TX 75219	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	, 6.6.6			232133333			

	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 19/95 Rpt: 23/106
PILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee	3 Filer ID (Ethics Commission Filers) 00068176
Date 08/31/2023 5 Full name of contributor out-of-state PAC (ID#:) DeVaughn, Beverly 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$50.00
Dallas, TX 75219	
Principal occupation / Job title (See Instructions) Physician Anesthesiologist 9 Employer (See Instructions Metro Anesthesia	
Date Full name of contributor out-of-state PAC (ID#:) 09/29/2023 DeVaughn, Beverly Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$50.00
Dallas, TX 75219	
Principal occupation / Job title (See Instructions) Physician Anesthesiologist Employer (See Instructions Metro Anesthesia	5)
Date Full name of contributor out-of-state PAC (ID#:) 11/30/2023 DeVaughn, Beverly Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$50.00
Dallas, TX 75219	
Principal occupation / Job title (See Instructions) Physician Anesthesiologist Employer (See Instructions) Metro Anesthesia	5)
Date Full name of contributor out-of-state PAC (ID#:) 11/30/2023 DeVaughn, Beverly Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$50.00
Dallas, TX 75219 Principal occupation / Job title (See Instructions) Employer (See Instructions	s)
Physician Anesthesiologist Metro Anesthesia	
Date Full name of contributor out-of-state PAC (ID#:) 12/31/2023 DeVaughn, Beverly Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$50.00
<u>_</u>	<u> </u>
Principal occupation / Job title (See Instructions) Employer (See Instructions Physician Anesthesiologist Metro Anesthesia	

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 20/95 Rpt: 24/106	
2	FILER NAME	Anasthasia Cancultante III.	Political Action Comm	ittoo	3	Filer ID (Ethics Commission 00068176	ı Filers)
	•	Anesthesia Consultants, LLP			L		
4	Date 07/31/2023	5 Full name of contributorDraghinas, David6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	7	Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician Ar	nesthesiologist		Metro Anesthesia			
	Date 08/31/2023	Full name of contributor Draghinas, David Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician Anesthesiologist			Metro Anesthesia			
	Date 09/29/2023	Full name of contributor Draghinas, David Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		nesthesiologist	,	Metro Anesthesia	,		
	Date	Full name of contributor	out-of-state PAC (ID#:		Amount of Contribution (\$)		
	11/30/2023	Draghinas, David Contributor address; City; St Dallas, TX 75219	_			y anount of Contabation (c)	\$25.00
		pation / Job title (See Instructions nesthesiologist)	Employer (See Instructions Metro Anesthesia	s)		
	Date 11/30/2023	Full name of contributor Draghinas, David Contributor address; City; St Dallas, TX 75219	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician Ar	nesthesiologist		Metro Anesthesia			

	MONET	ARY POLITICAL CONTRIBUT	TION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 21/95 Rpt: 25/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Political Action Co	mmitt	ee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 12/31/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$25.00
_		Dallas, TX 75219	- 1-		<u></u>		
8		pation / Job title (See Instructions) nesthesiologist	9	Employer (See Instructions Metro Anesthesia	5)		
	Date 07/31/2023	Full name of contributor out-of-state PAC (I Ellis, Stephen Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	s)		
	Date 08/31/2023	Full name of contributor out-of-state PAC (I Ellis, Stephen Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 09/29/2023	Full name of contributor out-of-state PAC (I Ellis, Stephen Contributor address; City; State; Zip Code Dallas, TX 75219)		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	<u>l</u> s)		
	Date 11/30/2023	Full name of contributor out-of-state PAC (I Ellis, Stephen Contributor address; City; State; Zip Code Dallas, TX 75219)		Amount of Contribution (\$)	\$50.00
	·	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	, 5.0.3.1.7.1			2.2.1.3.33.330.4			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 22/95 Rpt: 26/106	
2	FILER NAME Metropolitan	n Anesthesia Consultants, LLP	Political Action Commi	ittee	3	Filer ID (Ethics Commission 00068176	ı Filers)
4	Date 11/30/2023	5 Full name of contributor Ellis, Stephen6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
	Principal conu	Dallas, TX 75219		2 Family or /Coo Instructions			
8		upation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5) 		
	Date 12/31/2023	Full name of contributor Ellis, Stephen Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
_	Principal occu	Dallas, TX 75219 upation / Job title (See Instructions)	,	Employer (See Instructions	·)		
	Physician Anesthesiologist			Metro Anesthesia	P)		
			out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219					
		upation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	s)		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$25.00	
		upation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 09/29/2023	Full name of contributor Fleishman, Ari Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		upation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		

WONE I	ARY POLITICAL CON	NIKIBUTIONS		SCHEDUL	E A1
The Instruc	tion Guide explains how to c	complete this form.		tal pages Schedule A1: ch: 23/95 Rpt: 27/106	
FILER NAME Metropolitan A	Anesthesia Consultants, LLP Polit	ical Action Committee	1	er ID (Ethics Commission 0068176	n Filers)
11/30/2023	Fleishman, Ari	ut-of-state PAC (ID#:)	7 An	nount of Contribution (\$)	\$25.00
	Dallas, TX 75219	la 5 1 70 1 1 1			
Physician Ane		9 Employer (See Instruction Metro Anesthesia			
Date 11/30/2023	Full name of contributor on Fleishman, Ari Contributor address; City; State; Z	ut-of-state PAC (ID#:)ip Code	An	nount of Contribution (\$)	\$25.00
	Dallas, TX 75219				
Principal occupa Physician Ane	ation / Job title (See Instructions) esthesiologist	Employer (See Instruction Metro Anesthesia	ıs)		
Date 12/31/2023	Full name of contributor on the second of th	ut-of-state PAC (ID#:)		nount of Contribution (\$)	\$25.00
	Dallas, TX 75219				
Principal occupa Physician Ane	ation / Job title (See Instructions) esthesiologist	Employer (See Instruction Metro Anesthesia	ıs)		
Date 07/31/2023	Foss, Prisila Contributor address; City; State; Z	ut-of-state PAC (ID#:)		nount of Contribution (\$)	\$50.00
Principal occupa	Dallas, TX 75219 ation / Job title (See Instructions) esthesiologist	Employer (See Instruction Metro Anesthesia	ns)		
Date 08/31/2023	Full name of contributor on Foss, Prisila	ut-of-state PAC (ID#:) ip Code	An	nount of Contribution (\$)	\$50.00
	Dallas, TX 75219 ation / Job title (See Instructions)	Employer (Co.) Instruction			
Dringinal accura	ranout / JOD DIE LORE HISHHCHOUST	Employer (See Instruction	13 <i>)</i>		

	WONEI	ARY POLITICAL (SCHEDULE	E A1
	The Instru	ction Guide explains hov	to complete this f	orm.	1	Total pages Schedule A1: Sch: 24/95 Rpt: 28/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLF	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 09/29/2023	5 Full name of contributorFoss, Prisila6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
8		pation / Job title (See Instructions nesthesiologist	s)	Employer (See Instructions Metro Anesthesia	s) 		
	Date 11/30/2023	Full name of contributor Foss, Prisila Contributor address; City; S)	•	Amount of Contribution (\$)	\$50.00
	Principal occu	Dallas, TX 75219 pation / Job title (See Instructions	3)	Employer (See Instructions	<u> </u> S)		
Physician A		nesthesiologist		Metro Anesthesia			
	Date 11/30/2023	Full name of contributor Foss, Prisila Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219		<u> </u>	Ĺ		
		pation / Job title (See Instructions nesthesiologist	5)	Employer (See Instructions Metro Anesthesia	5)		
	Date 12/31/2023	Full name of contributor Foss, Prisila Contributor address; City; S Dallas, TX 75219	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions nesthesiologist	5)	Employer (See Instructions Metro Anesthesia	5)		
	Date 07/31/2023	Full name of contributor Foster, Tabitha Contributor address; City; S Dallas, TX 75219	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$75.00
		pation / Job title (See Instructions nesthesiologist	5)	Employer (See Instructions Metro Anesthesia	5)		
				ı			

MONEI	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULI	E A1
The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 25/95 Rpt: 29/106	
2 FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	ittee	3	Filer ID (Ethics Commission 00068176	ı Filers)
4 Date 08/31/2023	Full name of contributorFoster, TabithaContributor address; City; St	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$75.00
9 Principal occu	Dallas, TX 75219	., I	9 Employer (See Instructions			
	nesthesiologist	''	Metro Anesthesia	رد		
Date 09/29/2023	Full name of contributor Foster, Tabitha Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$75.00
	Dallas, TX 75219					
	pation / Job title (See Instructions nesthesiologist	5)	Employer (See Instructions Metro Anesthesia	s)		
				_	Λ	
Date 11/30/2023	Full name of contributor Foster, Tabitha Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code		•	Amount of Contribution (\$)	\$75.00
	Dallas, TX 75219					
·	pation / Job title (See Instructions nesthesiologist	s)	Employer (See Instructions Metro Anesthesia	5)		
Date 11/30/2023	Full name of contributor Foster, Tabitha Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$75.00
Principal occu	Dallas, TX 75219 upation / Job title (See Instructions	<u>.</u>	Employer (See Instructions	s) 		
•	nesthesiologist)	Metro Anesthesia	> <i>)</i>		
Date 12/31/2023	Full name of contributor Foster, Tabitha	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$75.00
	Contributor address; City; St Dallas, TX 75219	аіе;				
Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
Physician Ar	nesthesiologist		Metro Anesthesia			

	MONET	ARY POLITICAL CONT	IRIBUTIO	N5		SCHEDULE	A1
	The Instru	ction Guide explains how to co	mplete this fo	rm.	1	Total pages Schedule A1: Sch: 26/95 Rpt: 30/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Politica	al Action Commit	itee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 07/31/2023	Geiser, John)	7	Amount of Contribution (\$)	\$42.00
		Dallas, TX 75219					
8	•	pation / Job title (See Instructions) nesthesiologist	g	Employer (See Instructions Metro Anesthesia	i)		
	Date 08/31/2023	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$42.00
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 09/29/2023		of-state PAC (ID#:)		Amount of Contribution (\$)	\$42.00
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 11/30/2023	Full name of contributor out-o)		Amount of Contribution (\$)	\$42.00
	•	Dallas, TX 75219 pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 11/30/2023	Full name of contributor out-out-out-out-out-out-out-out-out-out-		Metro Anesthesia		Amount of Contribution (\$)	\$42.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	()		
	, :						

	MONEI	ARY POLITICAL CONT	RIBUTION	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to cor	mplete this for	m.	1	Total pages Schedule A1: Sch: 27/95 Rpt: 31/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Politica	al Action Committ	tee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 12/31/2023	 5 Full name of contributor out-of Geiser, John 6 Contributor address; City; State; Zip of Geiser, John 	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$42.00
8		Dallas, TX 75219 pation / Job title (See Instructions) nesthesiologist	9	Employer (See Instructions Metro Anesthesia)		
	Date 07/31/2023	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia)		
	Date 08/31/2023	Gibson, Valentine Contributor address; City; State; Zip (of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219 pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia)		
	Date 09/29/2023	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	•	Dallas, TX 75219 pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia)		
	Date 11/30/2023	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia)		

	MONET	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 28/95 Rpt: 32/106		
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP P	Political Action Committe	ee	3	Filer ID (Ethics Commission 00068176	n Filers)	
4	Date 11/30/2023	5 Full name of contributor Gibson, Valentine6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$100.00	
_		Dallas, TX 75219			Ĺ			
8		pation / Job title (See Instructions) nesthesiologist	9	Employer (See Instructions Metro Anesthesia	s)			
	Date 12/31/2023	Full name of contributor Gibson, Valentine Contributor address; City; State				Amount of Contribution (\$)	\$100.00	
	Principal occu	Dallas, TX 75219 pation / Job title (See Instructions)		Employer (See Instructions	 s)			
	Physician Anesthesiologist			Metro Anesthesia	-,			
	Date 08/31/2023	Full name of contributor				Amount of Contribution (\$)	\$50.00	
		Dallas, TX 75219						
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	s)			
	Date 09/29/2023	Full name of contributor Glenesk, Niklas Contributor address; City; State Dallas, TX 75219	out-of-state PAC (ID#:e; Zip Code		-	Amount of Contribution (\$)	\$50.00	
	-	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	s)			
	Date 11/30/2023	Full name of contributor Glenesk, Niklas Contributor address; City; State Dallas, TX 75219	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00	
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	s)			
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	MONEI	ARY POLITICAL (CONTRIBUTION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 29/95 Rpt: 33/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Committe	ee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 11/30/2023	Full name of contributor Glenesk, Niklas Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
8		pation / Job title (See Instructions nesthesiologist) 9	Employer (See Instructions Metro Anesthesia	s)		
	Date 12/31/2023	Full name of contributor Glenesk, Niklas Contributor address; City; St				Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
	Principal occupation / Job title (See Instructions) Physician Anesthesiologist)	Employer (See Instructions Metro Anesthesia	s)		
	Date 07/31/2023	Full name of contributor Haldeman, Richard Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$42.00
	Dringing Loggy	Dallas, TX 75219	\	Employer (Coo Instructions	<u></u>		
		pation / Job title (See Instructions nesthesiologist	,	Employer (See Instructions Metro Anesthesia	·)		
	Date Full name of contributor 08/31/2023 Haldeman, Richard Contributor address; City; State		out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$42.00
	Principal occur	Dallas, TX 75219 upation / Job title (See Instructions)	Employer (See Instructions	;) 		
		nesthesiologist	,	Metro Anesthesia	,,		
	Date 09/29/2023	Full name of contributor Haldeman, Richard Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$42.00
		Dallas, TX 75219 pation / Job title (See Instructions	, Γ	Employer (See Instructions	<u></u>		
	Daimain -!		1	Employer (See Instructions	٠١:		

	MONEI	ARY POLITICAL C	CONTRIBUTION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 30/95 Rpt: 34/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Committe	ee	3	Filer ID (Ethics Commission 00068176	Filers)
4		 5 Full name of contributor Haldeman, Richard 6 Contributor address; City; St 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$42.00
		Dallas, TX 75219					
8		pation / Job title (See Instructions resthesiologist	9	Employer (See Instructions Metro Anesthesia	5)		
	Date 11/30/2023	Full name of contributor Haldeman, Richard Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$42.00
		Dallas, TX 75219					
	Principal occupation / Job title (See Instructions) Physician Anesthesiologist)	Employer (See Instructions Metro Anesthesia	s)		
	Date 12/31/2023	Full name of contributor Haldeman, Richard Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$42.00
	Deinainal assur	Dallas, TX 75219	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Francis var (Caa Iratuvatiana	<u></u>		
		pation / Job title (See Instructions nesthesiologist)	Employer (See Instructions Metro Anesthesia)		
	Date 07/31/2023	Full name of contributor Hale Wattiker, Brittani Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occup	Dallas, TX 75219 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
_	Physician An	esthesiologist		Metro Anesthesia	_		
	Date 08/31/2023	Full name of contributor Hale Wattiker, Brittani Contributor address; City; St Dallas, TX 75219	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		

	MONEI	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 31/95 Rpt: 35/106		
2	FILER NAME				3	Filer ID (Ethics Commission	r Filers)	
	Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	ittee		00068176		
4	Date 09/29/2023	Full name of contributor Hale Wattiker, BrittaniContributor address; City; St.	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$25.00	
		Dallas, TX 75219						
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>. </u>			
	Physician Ar	nesthesiologist		Metro Anesthesia				
	Date 11/30/2023	Full name of contributor Hale Wattiker, Brittani Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00	
		Dallas, TX 75219						
		pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Physician Anesthesiologist			Metro Anesthesia				
Date 11/30/2023		Full name of contributor Hale Wattiker, Brittani Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$25.00	
		Dallas, TX 75219						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u> S)			
	Physician Ar	nesthesiologist		Metro Anesthesia				
	Physician Anesthesiologist Date Full name of contributor out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$25.00		
	•	pation / Job title (See Instructions nesthesiologist)	Employer (See Instructions Metro Anesthesia	5)			
	Date 07/31/2023	Full name of contributor Hayes, Christopher Contributor address; City; St	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$50.00	
		pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Physician Ar	nesthesiologist		Metro Anesthesia				

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 32/95 Rpt: 36/106	
2	FILER NAME	Anesthesia Consultants, LLP	Political Action Committe	26	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 08/31/2023	Full name of contributor [Hayes, Christopher Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
8		pation / Job title (See Instructions) nesthesiologist	9	Employer (See Instructions Metro Anesthesia	s)		
	Date 09/29/2023	Full name of contributor [Hayes, Christopher Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
	Principal occupation / Job title (See Instructions) Physician Anesthesiologist			Employer (See Instructions Metro Anesthesia	5)		
	Date 11/30/2023	Full name of contributor Hayes, Christopher Contributor address; City; Sta	out-of-state PAC (ID#: ite; Zip Code)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219			Ĺ		
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date Full name of contributor out-of-state PAC (ID#: 11/30/2023 Hayes, Christopher					Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions)		Employer (See Instructions Metro Anesthesia	<u> </u> s)		
	Date 12/31/2023	Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$50.00	
		Dallas, TX 75219					
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	s)		
					•)		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how t	to complete this for	n.	1	Total pages Schedule A1: Sch: 33/95 Rpt: 37/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP F	Political Action Committe	ee	3	Filer ID (Ethics Commission 00068176	ı Filers)
4	Date 07/31/2023	5 Full name of contributor [Hein, H A Tillmann6 Contributor address; City; State	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$50.00
_		Dallas, TX 75219			_		
8		pation / Job title (See Instructions) nesthesiologist	9	Employer (See Instructions Metro Anesthesia	5)		
	Date 08/31/2023	Full name of contributor Hein, H A Tillmann Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$50.00
	Delicalization	Dallas, TX 75219		For all 100 and 100 an			
	-	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 09/29/2023	Full name of contributor Hein, H A Tillmann Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 11/30/2023	Full name of contributor Hein, H A Tillmann Contributor address; City; Stat Dallas, TX 75219	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 11/30/2023	Full name of contributor Hein, H A Tillmann Contributor address; City; Stat Dallas, TX 75219	out-of-state PAC (ID#: te; Zip Code)	•	Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
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	MONET	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 34/95 Rpt: 38/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Committ	ee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 12/31/2023	5 Full name of contributor Hein, H A Tillmann6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		7	Amount of Contribution (\$)	\$50.00
_		Dallas, TX 75219	- 10				
8		pation / Job title (See Instructions nesthesiologist	9	Employer (See Ins Metro Anesthesia			
	Date 07/31/2023	Full name of contributor Hemingway, Erik Contributor address; City; St				Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
	Principal occur	pation / Job title (See Instructions	'	Employer (See Inst Metro Anesthesia			
	Date 08/31/2023	Full name of contributor Hemingway, Erik Contributor address; City; St	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
	Principal occu CFO	pation / Job title (See Instructions		Employer (See Ins Metro Anesthesia			
	Date 09/29/2023	Full name of contributor Hemingway, Erik Contributor address; City; St. Dallas, TX 75219				Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions		Employer (See Ins			
	Date 11/30/2023	Full name of contributor Hemingway, Erik Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu CFO	pation / Job title (See Instructions	į.	Employer (See Ins Metro Anesthesia			

IN	MONEI	ARY POLITICAL C	CONTRIBUTION	S		SCHEDULE	■ A1
Т	he Instruc	ction Guide explains how	to complete this form	m.	1	Total pages Schedule A1: Sch: 35/95 Rpt: 39/106	
	ILER NAME	Anesthesia Consultants, LLP	Political Action Committee	ee	3	Filer ID (Ethics Commission 00068176	Filers)
4 D	Pate 1/30/2023	 5 Full name of contributor Hemingway, Erik 6 Contributor address; City; States 	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
	rincipal occu CFO	pation / Job title (See Instructions	9	Employer (See Instructions Metro Anesthesia	s)		
	Pate 2/31/2023	Full name of contributor Hemingway, Erik Contributor address; City; St)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
	rincipal occu CFO	pation / Job title (See Instructions)	Employer (See Instructions Metro Anesthesia	5)		
	Pate 17/31/2023	Full name of contributor Highfill, Erin Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
	•	pation / Job title (See Instructions nesthesiologist)	Employer (See Instructions Metro Anesthesia	s)		
	Pate 8/31/2023	Full name of contributor Highfill, Erin Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219 pation / Job title (See Instructions nesthesiologist		Employer (See Instructions Metro Anesthesia	<u> </u> ;)		
	Pate 19/29/2023	Full name of contributor Highfill, Erin Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	rincipal occu	Dallas, TX 75219 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
г		nesthesiologist		Metro Anesthesia			

	MONEI	ARY POLITICAL CO	ONTRIBUTIO	INS		SCHEDULE	■ A1
	The Instru	ction Guide explains how t	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 36/95 Rpt: 40/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP F	Political Action Comm	ittee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 11/30/2023	5 Full name of contributor Highfill, Erin6 Contributor address; City; State	out-of-state PAC (ID#:_ e; Zip Code)	7	Amount of Contribution (\$)	\$50.00
8		Dallas, TX 75219 pation / Job title (See Instructions)		9 Employer (See Instructions	<u> </u> s)		
	Physician Ar Date 11/30/2023	Full name of contributor Highfill, Erin Contributor address; City; Stat		Metro Anesthesia		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 12/31/2023	Full name of contributor Highfill, Erin Contributor address; City; Stat Dallas, TX 75219	out-of-state PAC (ID#:_ e; Zip Code			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	<u> </u> s)		
	Date 07/31/2023	Full name of contributor Hollenshead, Andy Contributor address; City; Stat Dallas, TX 75219	out-of-state PAC (ID#:_ e; Zip Code)	•	Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 08/31/2023	Full name of contributor Hollenshead, Andy Contributor address; City; Stat Dallas, TX 75219	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
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	MONET	ARY POLITICAL C	CONTRIBUTION	N	S 		SCHEDULI	■ A1
	The Instru	ction Guide explains how	to complete this for	rn	1.	1	Total pages Schedule A1: Sch: 37/95 Rpt: 41/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	te	e	3	Filer ID (Ethics Commission 00068176	ı Filers)
4	Date 09/29/2023	5 Full name of contributor Hollenshead, Andy6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219						
8		pation / Job title (See Instructions nesthesiologist) 9		Employer (See Instructions Metro Anesthesia	s) 		
	Date 11/30/2023	Full name of contributor Hollenshead, Andy Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$50.00
	Dringinal occu	Dallas, TX 75219 pation / Job title (See Instructions			Employer (See Instructions	·/		
		nesthesiologist	,		Metro Anesthesia	·)		
	Date 11/30/2023	Full name of contributor Hollenshead, Andy Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219	<u>, </u>					
		pation / Job title (See Instructions nesthesiologist)		Employer (See Instructions Metro Anesthesia	5)		
	Date 12/31/2023	Full name of contributor Hollenshead, Andy Contributor address; City; St Dallas, TX 75219	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions nesthesiologist			Employer (See Instructions Metro Anesthesia	5)		
	Date 07/31/2023	Full name of contributor Jackson, Joe Contributor address; City; St Dallas, TX 75219	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions nesthesiologist)		Employer (See Instructions Metro Anesthesia	s)		
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	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 38/95 Rpt: 42/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	ı Filers)
4	Date 08/31/2023	5 Full name of contributor Jackson, Joe6 Contributor address; City; St	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
8		pation / Job title (See Instructions nesthesiologist	s)	9 Employer (See Instructions Metro Anesthesia	S)		
	Date 09/29/2023	Full name of contributor Jackson, Joe Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219 pation / Job title (See Instructions nesthesiologist	s)	Employer (See Instructions Metro Anesthesia	<u> </u> S)		
	Date 11/30/2023	Full name of contributor Jackson, Joe Contributor address; City; S Dallas, TX 75219	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions	s)	Employer (See Instructions Metro Anesthesia	<u> </u> s)		
	Date 11/30/2023	Full name of contributor Jackson, Joe Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219 pation / Job title (See Instructions nesthesiologist	s)	Employer (See Instructions Metro Anesthesia	<u> </u> s)		
	Date 12/31/2023	Full name of contributor Jackson, Joe Contributor address; City; S Dallas, TX 75219	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions nesthesiologist	s)	Employer (See Instructions Metro Anesthesia	5)		

	MONET	ARY POLITICAL C	SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 39/95 Rpt: 43/106	
2	FILER NAME	Anesthesia Consultants, LLP I	Political Action Committe	ee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 07/05/2023	Full name of contributor Jones, Zachary Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$200.00
		Dallas, TX 75219					
8		pation / Job title (See Instructions) nesthesiologist	9	Employer (See Instructions Metro Anesthesia	5)		
	Date 08/16/2023	Full name of contributor Jones, Zachary Contributor address; City; Sta				Amount of Contribution (\$)	\$200.00
	<u> </u>	Dallas, TX 75219		5 1 (2 1 : "	<u></u>		
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 10/19/2023	Full name of contributor Jones, Zachary Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$200.00
		Dallas, TX 75219					
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	s)		
	Date 11/17/2023	Full name of contributor Jones, Zachary Contributor address; City; Sta Dallas, TX 75219)		Amount of Contribution (\$)	\$200.00
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 12/19/2023	Full name of contributor Jones, Zachary Contributor address; City; Sta Dallas, TX 75219	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$200.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Pnysician Ar	nesthesiologist		Metro Anesthesia			

	MONET	ARY POLITICAL CONTR	RIBUTION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to comp	olete this form	n.	1	Total pages Schedule A1: Sch: 40/95 Rpt: 44/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Political A	Action Committe	ee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 07/31/2023	 5 Full name of contributor out-of-si)	7	Amount of Contribution (\$)	\$50.00
_		Dallas, TX 75219			_		
8		pation / Job title (See Instructions) nesthesiologist	9	Employer (See Instructions Metro Anesthesia	5)		
	Date 08/31/2023	Full name of contributor out-of-si Karn, Jacqulin Contributor address; City; State; Zip Co)	•	Amount of Contribution (\$)	\$50.00
	Principal occur	Dallas, TX 75219 pation / Job title (See Instructions)		Employer (See Instructions	-, 		
		nesthesiologist		Metro Anesthesia	>)		
	Date 09/29/2023	Full name of contributor out-of-si Karn, Jacqulin Contributor address; City; State; Zip Co	tate PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 11/30/2023	Karn, Jacqulin)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	<u>l</u> S)		
	Date 11/30/2023	Karn, Jacqulin)		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
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	MONEI	ARY POLITICAL C	ONTRIBUTIO	JNS		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 41/95 Rpt: 45/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comn	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 12/31/2023	Full name of contributor Karn, JacqulinContributor address; City; St)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
8		pation / Job title (See Instructions nesthesiologist)	9 Employer (See Instructions Metro Anesthesia	5)		
	Date 07/31/2023	Full name of contributor Khan, Harris Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
	Principal occu	Dallas, TX 75219 pation / Job title (See Instructions)	Employer (See Instructions	;) 		
		nesthesiologist	,	Metro Anesthesia	·)		
	Date 08/31/2023	Full name of contributor Khan, Harris Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219					
		pation / Job title (See Instructions nesthesiologist)	Employer (See Instructions Metro Anesthesia	5)		
	Date 09/29/2023	Contributor address; City; St)		Amount of Contribution (\$)	\$25.00
	•	Dallas, TX 75219 pation / Job title (See Instructions nesthesiologist)	Employer (See Instructions Metro Anesthesia	<u> </u> s)		
	Date 11/30/2023	Full name of contributor Khan, Harris Contributor address; City; St Dallas, TX 75219	out-of-state PAC (ID#:_ ate; Zip Code		-	Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician Ar	nesthesiologist		Metro Anesthesia			
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	MONEI	ARY POLITICAL CO	DNTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how t	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 42/95 Rpt: 46/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP P	olitical Action Commi	ttee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 11/30/2023	5 Full name of contributor	out-of-state PAC (ID#: e; Zip Code)	7	Amount of Contribution (\$)	\$25.00
8	Physician Ar	Dallas, TX 75219 pation / Job title (See Instructions) nesthesiologist		9 Employer (See Instructions Metro Anesthesia	<u> </u> ;)		
	Date 12/31/2023	Full name of contributor Khan, Harris Contributor address; City; State	out-of-state PAC (ID#: ::::::::::::::::::::::::::::::::::			Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219 pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	<u> </u> 5)		
	Date 07/31/2023	Full name of contributor Koshy, Daniel Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	Dallas, TX 75219 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
		nesthesiologist		Metro Anesthesia	,,		
	Date 08/31/2023	Full name of contributor Koshy, Daniel Contributor address; City; State Dallas, TX 75219	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 09/29/2023	Full name of contributor Koshy, Daniel Contributor address; City; State Dallas, TX 75219	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 43/95 Rpt: 47/106	
2	FILER NAME Metropolitan	n Anesthesia Consultants, LLP	Political Action Commi	ittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 11/30/2023	Full name of contributor Koshy, DanielContributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$50.00
_	Duinning Langu	Dallas, TX 75219		O Franksian (Can katusatian			
8		upation / Job title (See Instructions) nesthesiologist		9 Employer (See Instructions Metro Anesthesia	5)		
	Date 11/30/2023	Full name of contributor Koshy, Daniel Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$50.00
	Principal occu	Dallas, TX 75219 upation / Job title (See Instructions))	Employer (See Instructions	 s)		
	Physician Ar	nesthesiologist		Metro Anesthesia			
	Date 12/31/2023	Full name of contributor Koshy, Daniel Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
		upation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 07/31/2023	Full name of contributor Lankford, Lawrence Contributor address; City; Sta)	•	Amount of Contribution (\$)	\$100.00
	•	upation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 08/31/2023	Full name of contributor Lankford, Lawrence Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$100.00
		upation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	s)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	N5		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 44/95 Rpt: 48/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	ittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 09/29/2023	5 Full name of contributor Lankford, Lawrence6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Dallas, TX 75219 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
		nesthesiologist	,	Metro Anesthesia	-,		
	Date 11/30/2023	Full name of contributor Lankford, Lawrence Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219			Ĺ		
		pation / Job title (See Instructions nesthesiologist)	Employer (See Instructions Metro Anesthesia	s)		
	Date	Full name of contributor	D and of other DAC (ID)	Wetto / Westitesia	Т	Amount of Contribution (\$)	
	11/30/2023	Lankford, Lawrence	out-of-state PAC (ID#:			Amount of Continuation (4)	\$100.00
		Contributor address; City; St Dallas, TX 75219	ate; Zip Code				
		pation / Job title (See Instructions nesthesiologist)	Employer (See Instructions Metro Anesthesia	5)		
	Date 12/31/2023	Full name of contributor Lankford, Lawrence Contributor address; City; St Dallas, TX 75219	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions nesthesiologist)	Employer (See Instructions Metro Anesthesia	5)		
	Date 07/31/2023	Full name of contributor Mahowald, Matt Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Pnysician Ar	nesthesiologist		Metro Anesthesia			

	MONEI	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 45/95 Rpt: 49/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	ittee	3	Filer ID (Ethics Commission 00068176	ı Filers)
4	Date 08/31/2023	5 Full name of contributor Mahowald, Matt6 Contributor address; City; St	out-of-state PAC (ID#:_ cate; Zip Code		7	Amount of Contribution (\$)	\$50.00
8		Dallas, TX 75219 pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
	Date 09/29/2023	Full name of contributor Mahowald, Matt Contributor address; City; St	out-of-state PAC (ID#:_	Metro Anesthesia		Amount of Contribution (\$)	\$50.00
		I pation / Job title (See Instructions nesthesiologist	s)	Employer (See Instructions Metro Anesthesia	s)		
	Date 11/30/2023	Full name of contributor Mahowald, Matt Contributor address; City; St Dallas, TX 75219	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions	s)	Employer (See Instructions Metro Anesthesia	<u> </u> s)		
	Date 11/30/2023	Full name of contributor Mahowald, Matt Contributor address; City; Si Dallas, TX 75219	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions nesthesiologist	s)	Employer (See Instructions Metro Anesthesia	<u>l</u> s)		
	Date 12/31/2023	Full name of contributor Mahowald, Matt Contributor address; City; Si Dallas, TX 75219	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$50.00
		nation / Job title (See Instructions nesthesiologist	s)	Employer (See Instructions Metro Anesthesia	s)		
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	MONET	ARY POLITICAL CONTRI	BUTION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to compl	ete this forr	n.	1	Total pages Schedule A1: Sch: 46/95 Rpt: 50/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Political Ac	tion Committe	ee	3	Filer ID (Ethics Commission 00068176	r Filers)
4	Date 07/31/2023	 Full name of contributor out-of-state Margolis , Mark Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$50.00
_		Dallas, TX 75219	1-				
8		pation / Job title (See Instructions) nesthesiologist	9	Employer (See Instructions Metro Anesthesia	5)		
	Date 08/31/2023	Margolis , Mark)	•	Amount of Contribution (\$)	\$50.00
	Principal occu	Dallas, TX 75219 pation / Job title (See Instructions)		Employer (See Instructions	<u>s)</u>		
	•	nesthesiologist		Metro Anesthesia	۶)		
	Date 09/29/2023	Full name of contributor out-of-state Margolis , Mark Contributor address; City; State; Zip Code	e PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 11/30/2023	Margolis, Mark)	•	Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 11/30/2023	Margolis, Mark)	•	Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
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	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 47/95 Rpt: 51/106	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	ittee		00068176	
4	Date 12/31/2023	5 Full name of contributor Margolis , Mark6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code		7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
8	Principal occu	pation / Job title (See Instructions	·)	9 Employer (See Instructions	<u>. </u>		
	Physician Ar	nesthesiologist		Metro Anesthesia			
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Т	Amount of Contribution (\$)	
	07/31/2023	Matthews, Varghese	out of state 1710 (IBM	<i></i>		7 61	\$50.00
	0170272020	Contributor address; City; St	ate: Zin Code		ł		400.00
		Continuation addresse, City, Ct	ato, <u>Lip</u> 0000				
		Dallas, TX 75219					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u> 3)		
		nesthesiologist	,	Metro Anesthesia	,		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Т	Amount of Contribution (\$)	
	08/31/2023	Matthews, Varghese	` -			`,	\$50.00
		Contributor address; City; St	ate; Zip Code				
		Dallas, TX 75219					
	Principal occu	pation / Job title (See Instructions	·)	Employer (See Instructions	<u>. </u>		
	Physician Ar	nesthesiologist		Metro Anesthesia			
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Π	Amount of Contribution (\$)	
	09/29/2023	Matthews, Varghese	` -			`,	\$50.00
		Contributor address; City; St	ate; Zip Code		1		
		Dalla - TV 75010					
	Dringing Lagou	Dallas, TX 75219	<u>, </u>	Francis von (Coo Instructions	<u></u>		
	•	pation / Job title (See Instructions nesthesiologist)	Employer (See Instructions Metro Anesthesia	>)		
				- IVICTIO ATICSTICSIA	_		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	ታ ርስ ስዕ
	11/30/2023	Matthews, Varghese					\$50.00
		Contributor address; City; St	ate; Zip Code				
		Dallas, TX 75219					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician Ar	nesthesiologist		Metro Anesthesia			

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 48/95 Rpt: 52/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Po	litical Action Committe	ee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 11/30/2023	Matthews, Varghese	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
_	Deire sin al access	Dallas, TX 75219	la la	Frankrije (Cookstantiis an	<u></u>		
8		pation / Job title (See Instructions) nesthesiologist	9	Employer (See Instructions Metro Anesthesia	5)		
	Date 12/31/2023	Full name of contributor Matthews, Varghese Contributor address; City; State;				Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	s)		
	Date 07/31/2023	Full name of contributor Merchun, Chris Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 08/31/2023	Full name of contributor Merchun, Chris Contributor address; City; State; Dallas, TX 75219	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 09/29/2023	Full name of contributor Merchun, Chris Contributor address; City; State; Dallas, TX 75219	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
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	MONEI	ARY POLITICAL CONTI	RIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to com	plete this for	m.	1	Total pages Schedule A1: Sch: 49/95 Rpt: 53/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Political	Action Committ	ee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 11/30/2023	 5 Full name of contributor out-of-Merchun, Chris 6 Contributor address; City; State; Zip Contributor 	state PAC (ID#: ode)	7	Amount of Contribution (\$)	\$50.00
8		Dallas, TX 75219 pation / Job title (See Instructions) nesthesiologist	9	Employer (See Instructions Metro Anesthesia)		
	Date 11/30/2023	Full name of contributor out-of- Merchun, Chris Contributor address; City; State; Zip Contributor address; City; City; State; Zip Contributor address; City; City; State; Zip Contributor address; City; C	state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia)		
	Date 12/31/2023	Full name of contributor out-of- Merchun, Chris Contributor address; City; State; Zip Co	state PAC (ID#: ode			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia)		
	Date 07/31/2023	Full name of contributor out-of-Miller, Christopher Contributor address; City; State; Zip Contributor address; City; City; State; Zip Contributor address; City;	state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia)		
	Date 08/31/2023	Full name of contributor out-of-Miller, Christopher Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia)		

	MONET	ARY POLITICAL C	ONTRIBUTION	1	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	'n	1.	1	Total pages Schedule A1: Sch: 50/95 Rpt: 54/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Committ	te	e	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 09/29/2023	5 Full name of contributor Miller, Christopher6 Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$100.00
_	Deire sin al access	Dallas, TX 75219	lo.		Faralana (Garalantan)			
8		pation / Job title (See Instructions) nesthesiologist	9		Employer (See Instructions Metro Anesthesia	5)		
	Date 11/30/2023	Full name of contributor Miller, Christopher Contributor address; City; Sta)		Amount of Contribution (\$)	\$100.00
	Deire sin al access	Dallas, TX 75219			Faralana (Garalantan)			
	•	pation / Job title (See Instructions) nesthesiologist			Employer (See Instructions Metro Anesthesia	5)		
	Date 11/30/2023	Full name of contributor Miller, Christopher Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219						
		pation / Job title (See Instructions) nesthesiologist			Employer (See Instructions Metro Anesthesia	s)		
	Date 12/31/2023	Full name of contributor Miller, Christopher Contributor address; City; Sta Dallas, TX 75219	out-of-state PAC (ID#:atte; Zip Code)		Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions) nesthesiologist			Employer (See Instructions Metro Anesthesia	5)		
	Date 07/31/2023	Full name of contributor Moorman, Andrew Contributor address; City; Sta	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) nesthesiologist			Employer (See Instructions Metro Anesthesia	5)		
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	MONEI	ARY POLITICAL CONTRIBU	JIIOI	NS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete t	this fo	rm.	1	Total pages Schedule A1: Sch: 51/95 Rpt: 55/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Political Action	Commit	tee	3	Filer ID (Ethics Commission 00068176	ı Filers)
4	Date 08/31/2023	 Full name of contributor out-of-state PAC Moorman, Andrew Contributor address; City; State; Zip Code 	C (ID#:		7	Amount of Contribution (\$)	\$50.00
8		Dallas, TX 75219 pation / Job title (See Instructions) nesthesiologist	g	Employer (See Instructions Metro Anesthesia) 5)		
	Date 09/29/2023	Full name of contributor out-of-state PAG Moorman, Andrew Contributor address; City; State; Zip Code Dallas, TX 75219	C (ID#:)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	s)		
	Date 11/30/2023	Full name of contributor out-of-state PAC Moorman, Andrew Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219 pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	<u> </u> ;)		
Date 11/30/2023		Full name of contributor out-of-state PAG Moorman, Andrew Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$50.00
	•	Dallas, TX 75219 pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	<u> </u> s)		
	Date 12/31/2023	Full name of contributor out-of-state PAG Moorman, Andrew Contributor address; City; State; Zip Code Dallas, TX 75219	C (ID#:)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to com	plete this form	m.	1	Total pages Schedule A1: Sch: 52/95 Rpt: 56/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Political	Action Committe	ee	3	Filer ID (Ethics Commission 00068176	ı Filers)
4	Date 07/31/2023	 Full name of contributor out-of-Morton, Stan Contributor address; City; State; Zip C 			7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
8	Principal occu CEO	pation / Job title (See Instructions)	9	Employer (See Instructions Metro Anesthesia	s)		
	Date 08/31/2023	Full name of contributor out-of- Morton, Stan Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	Dallas, TX 75219 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	CEO	pation / Job title (See Instituctions)		Metro Anesthesia	')		
	Date 09/29/2023	Full name of contributor out-of- Morton, Stan Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Metro Anesthesia	5)		
	Date 11/30/2023	Morton, Stan Contributor address; City; State; Zip C)		Amount of Contribution (\$)	\$50.00
	Principal occu CEO	Dallas, TX 75219 pation / Job title (See Instructions)		Employer (See Instructions Metro Anesthesia	<u> </u> 5)		
	Date 11/30/2023	Morton, Stan	-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Metro Anesthesia	5)		
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	MONEI	ARY POLITICAL CON	VIRIBUTION	15		SCHEDULE	A1
	The Instru	ction Guide explains how to o	complete this for	m.	1	Total pages Schedule A1: Sch: 53/95 Rpt: 57/106	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Metropolitan	Anesthesia Consultants, LLP Polit	tical Action Committe	ee		00068176	
4	Date	—	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	ΦΕΩ ΩΩ
	12/31/2023	Morton, Stan					\$50.00
		6 Contributor address; City; State; Z	cip Code				
_	Driverine Lease	Dallas, TX 75219	lo.	Francis von (Coo Instructions			
8	CEO	pation / Job title (See Instructions)	9	Employer (See Instructions Metro Anesthesia)		
_	Date	Full name of contributor 0	out-of-state PAC (ID#:	,		Amount of Contribution (\$)	
	07/31/2023	Musick, Devin	101-01-3tate 1 AC (1D#			randant of Contribution (4)	\$50.00
		Contributor address; City; State; Z	 Zip Code				
		, , ,					
		Dallas, TX 75219					
		pation / Job title (See Instructions) sesthesiologist		Employer (See Instructions Metro Anesthesia)		
				Metro Ariestriesia			
	Date 08/31/2023	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	00/31/2023	Contributor address; City; State; Z	 in Code				Ψ30.00
		Contributor address, City, State, 2	ip Code				
		Dallas, TX 75219					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Physician Ar	esthesiologist		Metro Anesthesia			
	Date	1	out-of-state PAC (ID#:)		Amount of Contribution (\$)	# 50.00
	09/29/2023	Musick, Devin					\$50.00
		Contributor address; City; State; Z	zip Code				
		Dallas, TX 75219					
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	Physician Ar	esthesiologist		Metro Anesthesia			
	Date	1	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/30/2023	Musick, Devin					\$50.00
		Contributor address; City; State; Z	Zip Code				
		Dallas, TX 75219					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Physician Ar	esthesiologist		Metro Anesthesia			
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	MONEI	ARY POLITICAL CO	NIRIBUTIO	NS		SCHEDULE	E A1
	The Instru	ction Guide explains how to	complete this for	rm.	1	Total pages Schedule A1: Sch: 54/95 Rpt: 58/106	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Metropolitan	Anesthesia Consultants, LLP Po	litical Action Commit	tee		00068176	
4	Date 11/30/2023	 5 Full name of contributor	out-of-state PAC (ID#: Zip Code)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Physician Ar	nesthesiologist		Metro Anesthesia			
	Date 12/31/2023	Full name of contributor Musick, Devin Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Physician Ar	nesthesiologist		Metro Anesthesia			
	Date 07/31/2023	Full name of contributor Pace, Justin Contributor address; City; State;	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$40.00
		Dallas, TX 75219					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Physician Ar	nesthesiologist		Metro Anesthesia			
	Date 08/31/2023	Full name of contributor Pace, Justin Contributor address; City; State; Dallas, TX 75219	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$40.00
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia)		
	Date 09/29/2023	Full name of contributor Pace, Justin Contributor address; City; State; Dallas, TX 75219	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$40.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Physician Ar	nesthesiologist		Metro Anesthesia			

MONETAF	RY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	€ A1
The Instructio	on Guide explains how t	to complete this for	rm.	1	Total pages Schedule A1: Sch: 55/95 Rpt: 59/106	
2 FILER NAME Metropolitan Ane	esthesia Consultants, LLP F	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	Filers)
11/30/2023	Pace, Justin	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$40.00
	Dallas, TX 75219	i_				
Physician Anesth			Employer (See Instructions Metro Anesthesia	S) T		
11/30/2023	Full name of contributor Pace, Justin Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code)	•	Amount of Contribution (\$)	\$40.00
<u> </u>	Dallas, TX 75219			Ĺ		
Principal occupation Physician Anesth	on / Job title (See Instructions) hesiologist		Employer (See Instructions Metro Anesthesia	s)		
12/31/2023	Full name of contributor Pace, Justin Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code		•	Amount of Contribution (\$)	\$40.00
l l	Dallas, TX 75219					
Principal occupatio Physician Anesth	on / Job title (See Instructions) hesiologist		Employer (See Instructions Metro Anesthesia	5)		
07/31/2023	Full name of contributor [Pang, Don Contributor address; City; Stat)	•	Amount of Contribution (\$)	\$50.00
l l	Dallas, TX 75219 on / Job title (See Instructions)		Employer (See Instructions	 s)		
Physician Anesth	,		Metro Anesthesia			
08/31/2023	Full name of contributor [Pang, Don Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code		•	Amount of Contribution (\$)	\$50.00
1	Dallas, TX 75219 on / Job title (See Instructions)		Employer (See Instructions	<u> </u> 		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to con	nplete this form	n.	1	Total pages Schedule A1: Sch: 56/95 Rpt: 60/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Political	Action Committe	ee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 09/29/2023	 5 Full name of contributor out-of Pang, Don 6 Contributor address; City; State; Zip C)	7	Amount of Contribution (\$)	\$50.00
_		Dallas, TX 75219			L		
8		pation / Job title (See Instructions) nesthesiologist	9	Employer (See Instructions Metro Anesthesia	S)		
	Date 11/30/2023	Full name of contributor out-of Pang, Don Contributor address; City; State; Zip C)	•	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219			<u> </u>		
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	s)		
	Date 11/30/2023	Full name of contributor out-of Pang, Don Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 12/31/2023	Pang, Don	-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	<u>l</u> s)		
	Date 07/31/2023	Parikh, Monisha	-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
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	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 57/95 Rpt: 61/106	
2	FILER NAME	Amonthonia Compultanto III D	Delitical Action Comm	itta	3	Filer ID (Ethics Commission	r Filers)
		Anesthesia Consultants, LLP		ee	L	00068176	
4	Date 08/31/2023	5 Full name of contributor Parikh, Monisha6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
•	Dringing aggr	Dallas, TX 75219		O Employer (Con Instructions			
ð		pation / Job title (See Instructions)		9 Employer (See Instructions Metro Anesthesia	5)		
	Physician Ai	nesthesiologist 		Metro Ariestriesia			
	Date 09/29/2023	Full name of contributor Parikh, Monisha Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	Physician Ar	nesthesiologist		Metro Anesthesia			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	11/30/2023	Parikh, Monisha		,			\$50.00
		Contributor address; City; Sta	ate; Zip Code				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u></u> 5)		
		nesthesiologist		Metro Anesthesia			
	Date	Full name of contributor	out-of-state PAC (ID#:	1	Г	Amount of Contribution (\$)	
	11/30/2023	Parikh, Monisha Contributor address; City; Sta Dallas, TX 75219				(,,	\$50.00
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	5)		
	Physician Ar	nesthesiologist		Metro Anesthesia			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/31/2023	Parikh, Monisha	<u> </u>				\$50.00
		Contributor address; City; Sta	ate; Zip Code				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician Ar	nesthesiologist		Metro Anesthesia			

	MONET	ARY POLITICAL CO	MIRIBUTIO	INS		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this fo	rm.	1	Total pages Schedule A1: Sch: 58/95 Rpt: 62/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Po	litical Action Commi	ttee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 07/31/2023	Full name of contributor Patel, MuhammadContributor address; City; State;	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
8	•	pation / Job title (See Instructions) nesthesiologist		9 Employer (See Instructions Metro Anesthesia	5)		
	Date 08/31/2023	Full name of contributor Patel, Muhammad Contributor address; City; State; Dallas, TX 75219	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 09/29/2023	Full name of contributor Patel, Muhammad Contributor address; City; State; Dallas, TX 75219	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	<u> </u> ;)		
	Date 11/30/2023	Full name of contributor out-of-state PAC (ID#:) Patel, Muhammad Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00
	•	Dallas, TX 75219 pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	<u> </u> ;)		
	Date 11/30/2023	Full name of contributor Patel, Muhammad	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	;)		
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	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comp	lete this forr	n.	1	Total pages Schedule A1: Sch: 59/95 Rpt: 63/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Political Ad	ction Committe	ee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 12/31/2023	 Full name of contributor out-of-star Patel, Muhammad Contributor address; City; State; Zip Cod)	7	Amount of Contribution (\$)	\$50.00
_	Dringing! aggs	Dallas, TX 75219 pation / Job title (See Instructions)	lo.	Employer (See Instructions	<u></u>		
8		nesthesiologist	9	Employer (See Instructions Metro Anesthesia	»)		
	Date 07/05/2023	Perry, Paul)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219					
	Principal occupation / Job title (See Instructions) Physician Anesthesiologist			Employer (See Instructions Metro Anesthesia	5)		
	Date 08/05/2023	Perry, Paul	ate PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219					
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	s)		
	Date 09/05/2023	Perry, Paul)		Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	s)		
	Date 10/05/2023	Perry, Paul)		Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
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	MONEI	ARY POLITICAL CON	IRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to co	mplete this for	m.	1	Total pages Schedule A1: Sch: 60/95 Rpt: 64/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Politica	al Action Committ	ee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 11/05/2023	Perry, Paul	of-state PAC (ID#: Code		7	Amount of Contribution (\$)	\$100.00
8		Dallas, TX 75219 pation / Job title (See Instructions) nesthesiologist	9	Employer (See Instructions Metro Anesthesia)		
	Date 12/05/2023	Perry, Paul Contributor address; City; State; Zip Dallas, TX 75219	of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia)		
	Date 07/31/2023	Randhawa, Simrat Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia)		
	Date 07/31/2023	Rane, Clarissa Contributor address; City; State; Zip	of-state PAC (ID#:		Amount of Contribution (\$)		\$42.00
	·	Dallas, TX 75219 pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia)		
	Date 08/31/2023	Full name of contributor out- Rane, Clarissa Contributor address; City; State; Zip Dallas, TX 75219	of-state PAC (ID#:			Amount of Contribution (\$)	\$42.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia)		
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	MONEI	ARY POLITICAL CC	MIRIBUIIO	N5		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 61/95 Rpt: 65/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Po	olitical Action Comm	ittee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 09/29/2023	Full name of contributorRane, ClarissaContributor address; City; State	out-of-state PAC (ID#: ; Zip Code		7	Amount of Contribution (\$)	\$42.00
		Dallas, TX 75219					
8	•	pation / Job title (See Instructions) nesthesiologist		9 Employer (See Instructions Metro Anesthesia	5)		
	Date 11/30/2023	Full name of contributor Rane, Clarissa Contributor address; City; State Dallas, TX 75219	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$42.00
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 11/30/2023	Full name of contributor Rane, Clarissa Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$42.00
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	<u> </u> ;)		
	Date 12/31/2023	Full name of contributor Rane, Clarissa)		Amount of Contribution (\$)	\$42.00
	•	Dallas, TX 75219 pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia) ;)		
	Date 07/31/2023	Full name of contributor Rane, Mihir	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$42.00
		pation / Job title (See Instructions)		Employer (See Instructions Metro Anesthesia	5)		
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	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to comp	olete this form	n.	1	Total pages Schedule A1: Sch: 62/95 Rpt: 66/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Political A	action Committe	ee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 08/31/2023	 5 Full name of contributor out-of-st)	7	Amount of Contribution (\$)	\$42.00
_		Dallas, TX 75219			<u></u>		
8		pation / Job title (See Instructions) nesthesiologist	9	Employer (See Instructions Metro Anesthesia	S)		
	Date 09/29/2023	Rane, Mihir)		Amount of Contribution (\$)	\$42.00
		Dallas, TX 75219					
	-	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	s)		
	Date 11/30/2023	Full name of contributor out-of-st Rane, Mihir Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$42.00
		Dallas, TX 75219					
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	s)		
	Date 11/30/2023	Rane, Mihir)		Amount of Contribution (\$)	\$42.00
	-	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 12/31/2023	Rane, Mihir)	•	Amount of Contribution (\$)	\$42.00
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
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	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 63/95 Rpt: 67/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	ittee	3	Filer ID (Ethics Commission 00068176	ı Filers)
4	Date 08/31/2023	5 Full name of contributor [Rastogi, Akhil6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$25.00
8		Dallas, TX 75219 pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	<u> </u> s)		
	Date 09/29/2023	Full name of contributor Rastogi, Akhil Contributor address; City; Sta Dallas, TX 75219	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	<u> </u>		
	Date 11/30/2023	Full name of contributor Rastogi, Akhil Contributor address; City; Sta	out-of-state PAC (ID#:_ te; Zip Code)		Amount of Contribution (\$)	\$25.00
	B	Dallas, TX 75219		5 1 (0 1 1 1	_		
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 11/30/2023	Full name of contributor Rastogi, Akhil Contributor address; City; Sta Dallas, TX 75219	out-of-state PAC (ID#:_ te; Zip Code)		Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	<u>l</u> S)		
	Date 12/31/2023	Full name of contributor Rastogi, Akhil Contributor address; City; Sta Dallas, TX 75219	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	s)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	JNS		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 64/95 Rpt: 68/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 07/31/2023	5 Full name of contributor Remster, Jeffrey6 Contributor address; City; St)	7	Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219					
8		pation / Job title (See Instructions nesthesiologist)	9 Employer (See Instructions Metro Anesthesia	s)		
	Date 08/31/2023	Full name of contributor Remster, Jeffrey Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
	Data disal access	Dallas, TX 75219			<u></u>		
		pation / Job title (See Instructions nesthesiologist)	Employer (See Instructions Metro Anesthesia	5)		
	Date 09/29/2023	Full name of contributor Remster, Jeffrey Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	•	Amount of Contribution (\$)	\$25.00
	Dringing occur	Dallas, TX 75219 pation / Job title (See Instructions	<u>, </u>	Employer (See Instructions	', 		
		nesthesiologist)	Metro Anesthesia	·)		
	Date 11/30/2023	Full name of contributor Remster, Jeffrey Contributor address; City; St)		Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219		.			
	•	pation / Job title (See Instructions nesthesiologist)	Employer (See Instructions Metro Anesthesia	5)		
	Date 11/30/2023	Full name of contributor Remster, Jeffrey Contributor address; City; St Dallas, TX 75219	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician Ar	nesthesiologist		Metro Anesthesia			

	MONEI	ARY POLITICAL CO	NIRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to	complete this for	rm.	1	Total pages Schedule A1: Sch: 65/95 Rpt: 69/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Poli	itical Action Commit	tee	3	Filer ID (Ethics Commission 00068176	ı Filers)
4	Date 12/31/2023	Remster, Jeffrey 6 Contributor address; City; State;	out-of-state PAC (ID#: Zip Code)	7	Amount of Contribution (\$)	\$25.00
8		Dallas, TX 75219 pation / Job title (See Instructions) nesthesiologist	9	Employer (See Instructions Metro Anesthesia)		
	Date 09/29/2023	Rew, Charles Contributor address; City; State;	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219 pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia)		
	Date 11/30/2023	Full name of contributor Rew, Charles Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	Dallas, TX 75219 pation / Job title (See Instructions)		Employer (See Instructions)		
		nesthesiologist		Metro Anesthesia	_		
	Date 11/30/2023	Full name of contributor Rew, Charles Contributor address; City; State; Dallas, TX 75219	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia)		
	Date 12/31/2023	Full name of contributor Rew, Charles Contributor address; City; State; Dallas, TX 75219	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia)		

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to compl	lete this form	n.	1	Total pages Schedule A1: Sch: 66/95 Rpt: 70/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Political Ad	ction Committe	ee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 07/31/2023	 5 Full name of contributor out-of-star out-of-)	7	Amount of Contribution (\$)	\$50.00
_		Dallas, TX 75219					
8		pation / Job title (See Instructions) nesthesiologist	9	Employer (See Instructions Metro Anesthesia	5)		
	Date 08/31/2023	Rock, Kerryn)		Amount of Contribution (\$)	\$50.00
	Dringing aggr	Dallas, TX 75219		Employer (See Instructions	<u>''</u>		
	-	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	s)		
	Date 09/29/2023	Full name of contributor out-of-sta	tte PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 11/30/2023	Rock, Kerryn)	•	Amount of Contribution (\$)	\$50.00
	-	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 11/30/2023	Rock, Kerryn)		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
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	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 67/95 Rpt: 71/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 12/31/2023	Full name of contributor Rock, KerrynContributor address; City; St)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Physician Ar	nesthesiologist		Metro Anesthesia			
	Date 07/31/2023	Full name of contributor Rosener, John Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	•	Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219					
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician Ar	nesthesiologist		Metro Anesthesia			
	Date 08/31/2023	Full name of contributor Rosener, John Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219					
	•	pation / Job title (See Instructions nesthesiologist)	Employer (See Instructions Metro Anesthesia	5)		
	Date 09/29/2023	Full name of contributor Rosener, John Contributor address; City; St Dallas, TX 75219			•	Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions)	Employer (See Instructions Metro Anesthesia	<u> </u>		
	Date 11/30/2023	Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219		-	L		
		pation / Job title (See Instructions nesthesiologist)	Employer (See Instructions Metro Anesthesia	5)		

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 68/95 Rpt: 72/106	
2	FILER NAME	Anesthesia Consultants, LLP	Political Action Commit	too	3	Filer ID (Ethics Commission 00068176	Filers)
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4	Date 11/30/2023	Full name of contributor Rosener, John Contributor address; City; Si	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219					
8	Principal occu	pation / Job title (See Instructions	s) 9	Employer (See Instructions	<u>L</u> 5)		
		nesthesiologist	,	Metro Anesthesia	,		
_		Full name of contributor			_	Amount of Contribution (\$)	
	Date 12/31/2023	Rosener, John	out-of-state PAC (ID#:)		Amount of Continuution (\$)	\$25.00
	12/31/2023						Φ25.00
		Contributor address; City; Si	tate; Zip Code				
		Dollag TV 75210					
	Delegaleration	Dallas, TX 75219		Faralana (O. a. kastanatiana	<u>Γ</u>		
		pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Pnysician Ar	nesthesiologist		Metro Anesthesia			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/31/2023	Salmon, Shelby					\$50.00
		Contributor address; City; Si	tate; Zip Code				
		Dallas, TX 75219					
	•	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Physician Ar	nesthesiologist		Metro Anesthesia			
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	08/31/2023	Salmon, Shelby					\$50.00
		Contributor address; City; Si	tate; Zip Code		1		
		Dallas, TX 75219					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Physician Ar	nesthesiologist		Metro Anesthesia			
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	09/29/2023	Salmon, Shelby					\$50.00
		Contributor address; City; Si	tate; Zip Code		1		
		Dallas, TX 75219					
		pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Physician Ar	nesthesiologist		Metro Anesthesia			

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	E A1
	The Instruc	ction Guide explains how to co	omplete this forr	n.	1	Total pages Schedule A1: Sch: 69/95 Rpt: 73/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Politic	cal Action Committe	ee	3	Filer ID (Ethics Commission 00068176	ı Filers)
4	Date 11/30/2023	5 Full name of contributor ou Salmon, Shelby	t-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
_		Dallas, TX 75219					
8		pation / Job title (See Instructions) nesthesiologist	9	Employer (See Instructions Metro Anesthesia	5)		
	Date 11/30/2023	Full name of contributor ou Salmon, Shelby Contributor address; City; State; Zi)		Amount of Contribution (\$)	\$50.00
	Delicalization	Dallas, TX 75219		Frankrije (Cooks trockie ro	<u></u>		
	-	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 12/31/2023	Full name of contributor ou Salmon, Shelby Contributor address; City; State; Zip	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 07/31/2023	Santini, Mario	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	-	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 08/31/2023	Full name of contributor ou Santini, Mario Contributor address; City; State; Zip Dallas, TX 75219	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
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	MONET	ARY POLITICAL CONTRIB	BUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complet	e this for	n.	1	Total pages Schedule A1: Sch: 70/95 Rpt: 74/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Political Actio	on Committe	ee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 09/29/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
8		pation / Job title (See Instructions) nesthesiologist	9	Employer (See Instructions Metro Anesthesia	s)		
	Date 11/30/2023	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$50.00
	Principal occu	Dallas, TX 75219 pation / Job title (See Instructions)		Employer (See Instructions	<u>;)</u>		
	-	nesthesiologist		Metro Anesthesia	-,		
	Date 11/30/2023	Full name of contributor out-of-state F Santini, Mario Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 12/31/2023	Full name of contributor out-of-state F Santini, Mario Contributor address; City; State; Zip Code Dallas, TX 75219)	•	Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 07/31/2023	Full name of contributor out-of-state F Sarmiento, Stephen Contributor address; City; State; Zip Code Dallas, TX 75219	PAC (ID#:)	•	Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
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	MONET	ARY POLITICAL C	CONTRIBUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 71/95 Rpt: 75/106	
2	FILER NAME	Anesthesia Consultants, LLP	Political Action Committee	20	3	Filer ID (Ethics Commission 00068176	n Filers)
4	· · · · · · · · · · · · · · · · · · ·	5 Full name of contributor	out-of-state PAC (ID#:	ee)	7	Amount of Contribution (\$)	
	08/31/2023	Sarmiento, Stephen		·		(,)	\$100.00
		6 Contributor address; City; Sta	ate; Zip Code				
		Dallas, TX 75219					
8		pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
_	Physician An	nesthesiologist		Metro Anesthesia			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/29/2023	Sarmiento, Stephen					\$100.00
		Contributor address; City; Sta	ate; Zip Code				
		Dallas, TX 75219					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Physician An	nesthesiologist		Metro Anesthesia			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/30/2023	Sarmiento, Stephen					\$100.00
		Contributor address; City; Sta	ate; zip Code				
		Dallas, TX 75219					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Physician An	nesthesiologist		Metro Anesthesia			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/30/2023	Sarmiento, Stephen					\$100.00
		Contributor address; City; Sta					
		Dallas, TX 75219					
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u> S)		
		nesthesiologist		Metro Anesthesia	•		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	12/31/2023	Sarmiento, Stephen	—				\$100.00
		Contributor address; City; Sta	ate; Zip Code		1		
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		Containsator address, Only, on					
		Dallas, TX 75219					
	Principal occu			Employer (See Instructions) S)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	INS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 72/95 Rpt: 76/106	
2	FILER NAME	Anesthesia Consultants, LLP	Political Action Comm	ittee	3	Filer ID (Ethics Commission 00068176	Filers)
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4	Date 07/31/2023	5 Full name of contributor Saunders, Clark 6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	7	Amount of Contribution (\$)	\$25.00
•	Dringing again	Dallas, TX 75219		O Employer (Coo Instructionary			
8		pation / Job title (See Instructions)	9 Employer (See Instructions Metro Anesthesia	5)		
	Physician Ai	nesthesiologist 		Metro Ariestriesia	_		
	Date 08/31/2023	Full name of contributor Saunders, Clark Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician Ar	nesthesiologist		Metro Anesthesia			
	Date 09/29/2023	Full name of contributor Saunders, Clark Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician Ar	nesthesiologist		Metro Anesthesia			
	Date 11/30/2023	Full name of contributor Saunders, Clark Contributor address; City; St Dallas, TX 75219	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions nesthesiologist		Employer (See Instructions Metro Anesthesia	s)		
	Date 11/30/2023	Full name of contributor Saunders, Clark Contributor address; City; St Dallas, TX 75219	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician Ar	nesthesiologist		Metro Anesthesia			

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 73/95 Rpt: 77/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Political Action Co	ommitt	ee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 12/31/2023	 Full name of contributor	ID#:)	7	Amount of Contribution (\$)	\$25.00
_		Dallas, TX 75219	- 1-		Ĺ		
8		pation / Job title (See Instructions) nesthesiologist	9	Employer (See Instructions Metro Anesthesia	5)		
	Date 07/31/2023	Full name of contributor out-of-state PAC (I Shu, Stephen Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	S)		
	Date 08/31/2023	Full name of contributor out-of-state PAC (I Shu, Stephen Contributor address; City; State; Zip Code	ID#:			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 09/29/2023	Full name of contributor out-of-state PAC (I Shu, Stephen Contributor address; City; State; Zip Code Dallas, TX 75219)		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	<u>l</u> S)		
	Date 11/30/2023	Full name of contributor out-of-state PAC (I Shu, Stephen Contributor address; City; State; Zip Code Dallas, TX 75219)		Amount of Contribution (\$)	\$50.00
	·	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
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	MONET	ARY POLITICAL CONTRI	BUTION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to comple	ete this for	m.	1	Total pages Schedule A1: Sch: 74/95 Rpt: 78/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Political Acti	ion Committe	ee	3	Filer ID (Ethics Commission 00068176	ı Filers)
4	Date 11/30/2023	 5 Full name of contributor out-of-state Shu, Stephen 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$50.00
_		Dallas, TX 75219	1-				
8		pation / Job title (See Instructions) nesthesiologist	9	Employer (See Instructions Metro Anesthesia	5)		
	Date 12/31/2023	Shu, Stephen			•	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	s)		
	Date 07/31/2023	Full name of contributor out-of-state Shults, Justin Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 08/31/2023	Shults, Justin)		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	<u>l</u> s)		
	Date 09/29/2023	Full name of contributor out-of-state Shults, Justin Contributor address; City; State; Zip Code Dallas, TX 75219)		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
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	MONEI	ARY POLITICAL CO	MIRIBUTIO	N5		SCHEDUL	E A1
	The Instru	ction Guide explains how to	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 75/95 Rpt: 79/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP P	olitical Action Comm	ittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 11/30/2023	5 Full name of contributor Shults, Justin6 Contributor address; City; State	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
8		pation / Job title (See Instructions) nesthesiologist		9 Employer (See Instructions Metro Anesthesia	i)		
	Date 11/30/2023	Full name of contributor Shults, Justin Contributor address; City; State Dallas, TX 75219	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$50.00
	·	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 12/31/2023	Full name of contributor Shults, Justin Contributor address; City; State Dallas, TX 75219	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	<u> </u>		
	Date 07/31/2023	Full name of contributor Siskowski, Matt Contributor address; City; State)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219 pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	<u> </u>		
	Date 08/31/2023	Full name of contributor Siskowski, Matt Contributor address; City; State Dallas, TX 75219	out-of-state PAC (ID#: ; Zip Code)		Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia)		
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MONE	TARY POLITICAL CONTRIBUTION)NS		SCHEDUL	E A1
The Insti	ruction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 76/95 Rpt: 80/106	
2 FILER NAM		sittaa	3	Filer ID (Ethics Commission	n Filers)
	an Anesthesia Consultants, LLP Political Action Comm		L	00068176	
4 Date 09/29/202	_)	7	Amount of Contribution (\$)	\$100.00
	6 Contributor address; City; State; Zip Code				
	Dallas, TX 75219				
8 Principal oc	cupation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Physician	Anesthesiologist	Metro Anesthesia			
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
11/30/202	3 Siskowski, Matt				\$100.00
	Contributor address; City; State; Zip Code		1		
	Dallas, TX 75219				
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	s)		
Physician	Anesthesiologist	Metro Anesthesia			
Date	Full name of contributor out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)	
11/30/202	<u> </u>				\$100.00
	Contributor address; City; State; Zip Code				
	Dallas, TX 75219				
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	s)		
Physician	Anesthesiologist	Metro Anesthesia			
Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
12/31/202	<u> </u>			.,	\$100.00
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	Communication address, City, Citato, Esp Codo				
	Dallas, TX 75219				
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
Physician	Anesthesiologist	Metro Anesthesia			
Date	Full name of contributor out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)	
07/31/202	<u> </u>				\$50.00
	Contributor address; City; State; Zip Code		1		
	Continuator address, Sity, State, 21p Code				
	Dallas, TX 75219				
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	s)		
Physician	Anesthesiologist	Metro Anesthesia			
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	MONEI	ARY POLITICAL CO	NIKIBUTIO	INS		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this fo	rm.	1	Total pages Schedule A1: Sch: 77/95 Rpt: 81/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Poli	itical Action Commi	ttee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 08/31/2023	Sistla, Aditya	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
8	•	pation / Job title (See Instructions) nesthesiologist	9	9 Employer (See Instructions Metro Anesthesia	i)		
	Date 09/29/2023	Full name of contributor Sistla, Aditya Contributor address; City; State; Dallas, TX 75219	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 11/30/2023	Full name of contributor Sistla, Aditya Contributor address; City; State; Dallas, TX 75219	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 11/30/2023	Full name of contributor				Amount of Contribution (\$)	\$50.00
	•	Dallas, TX 75219 pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	i)		
	Date 12/31/2023	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia)		
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	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 78/95 Rpt: 82/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP I	Political Action Committe	ee	3	Filer ID (Ethics Commission 00068176	r Filers)
4	Date 07/31/2023	5 Full name of contributor [Sparkman, Caroline6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
_		Dallas, TX 75219	1-		Ĺ		
8		pation / Job title (See Instructions) nesthesiologist	9	Employer (See Instructions Metro Anesthesia	S)		
	Date 08/31/2023	Full name of contributor Sparkman, Caroline Contributor address; City; Sta)		Amount of Contribution (\$)	\$50.00
	<u> </u>	Dallas, TX 75219		5 1 (0 1 1 1	Ĺ		
	-	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 09/29/2023	Full name of contributor Sparkman, Caroline Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 11/30/2023	Full name of contributor Sparkman, Caroline Contributor address; City; Sta Dallas, TX 75219	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$50.00
	-	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 11/30/2023	Full name of contributor Sparkman, Caroline Contributor address; City; Sta Dallas, TX 75219	out-of-state PAC (ID#: te; Zip Code		•	Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
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	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 79/95 Rpt: 83/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Po	olitical Action Committe	e	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 12/31/2023	5 Full name of contributor Sparkman, Caroline6 Contributor address; City; State	out-of-state PAC (ID#:; Zip Code		7	Amount of Contribution (\$)	\$50.00
_	Detection	Dallas, TX 75219	T _a	Facilities (Carabastian)	<u></u>		
8		pation / Job title (See Instructions) nesthesiologist	9	Employer (See Instructions Metro Anesthesia	5)		
	Date 07/31/2023	Full name of contributor Stamatakos, Todd Contributor address; City; State				Amount of Contribution (\$)	\$100.00
	Deinainal assu	Dallas, TX 75219		Frankrian (Can Instructions	_		
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia)		
	Date 08/31/2023	Full name of contributor Stamatakos, Todd Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219					
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	i)		
	Date 09/29/2023	Full name of contributor Stamatakos, Todd Contributor address; City; State Dallas, TX 75219	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia)		
	Date 11/30/2023	Full name of contributor Stamatakos, Todd Contributor address; City; State Dallas, TX 75219	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		_

	MONEI	ARY POLITICAL CONTRIBU	JIIOI	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	this fo	rm.	1	Total pages Schedule A1: Sch: 80/95 Rpt: 84/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Political Action	Commit	tee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 11/30/2023	 Full name of contributor	.C (ID#:)	7	Amount of Contribution (\$)	\$100.00
8		Dallas, TX 75219 pation / Job title (See Instructions) nesthesiologist	9	Employer (See Instructions Metro Anesthesia	<u> </u> s)		
	Date 12/31/2023	Full name of contributor out-of-state PA Stamatakos, Todd Contributor address; City; State; Zip Code Dallas, TX 75219	.C (ID#:)	•	Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	s)		
	Date 07/31/2023	Full name of contributor out-of-state PA Steffek, Haden Contributor address; City; State; Zip Code Dallas, TX 75219	.C (ID#:)	•	Amount of Contribution (\$)	\$150.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	<u> </u> s)		
	Date 08/31/2023	Full name of contributor	.C (ID#:		•	Amount of Contribution (\$)	\$150.00
	•	Dallas, TX 75219 pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	<u> </u> s)		
	Date 09/29/2023	Full name of contributor out-of-state PA Steffek, Haden Contributor address; City; State; Zip Code Dallas, TX 75219	C (ID#:)		Amount of Contribution (\$)	\$150.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
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	101121	ARY POLITICAL C	ONTRIBUTION	13		SCHEDUL	E A1
TI	he Instruc	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 81/95 Rpt: 85/106	
	LER NAME	Anesthesia Consultants, LLP	Political Action Committee	20	3	Filer ID (Ethics Commission 00068176	n Filers)
4 Da		 5 Full name of contributor Steffek, Haden 6 Contributor address; City; St 	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$150.00
		Dallas, TX 75219					
		pation / Job title (See Instructions resthesiologist	9	Employer (See Instructions Metro Anesthesia	i)		
	ate L/30/2023	Full name of contributor Steffek, Haden Contributor address; City; St				Amount of Contribution (\$)	\$150.00
		Dallas, TX 75219					
		pation / Job title (See Instructions resthesiologist)	Employer (See Instructions Metro Anesthesia	i)		
	ate 2/31/2023	Full name of contributor Steffek, Haden Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$150.00
	in sin al assur	Dallas, TX 75219	\	Franks var (Caa kastrustiana	_		
		pation / Job title (See Instructions nesthesiologist)	Employer (See Instructions Metro Anesthesia)		
	ate 7/31/2023	Full name of contributor Sunny, Jamie Contributor address; City; St				Amount of Contribution (\$)	\$50.00
Dr	incinal occur	Dallas, TX 75219 pation / Job title (See Instructions)	Employer (See Instructions			
		esthesiologist	,	Metro Anesthesia	')		
	ate 3/31/2023	Full name of contributor Sunny, Jamie Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219			L		
Dr		pation / Job title (See Instructions resthesiologist)	Employer (See Instructions Metro Anesthesia	()		

	MONET	ARY POLITICAL (CONTRIBUTIO	JNS		SCHEDULE	E A1
	The Instru	ction Guide explains hov	to complete this f	orm.	1	Total pages Schedule A1: Sch: 82/95 Rpt: 86/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLF	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	ı Filers)
4	Date 09/29/2023	5 Full name of contributor Sunny, Jamie6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
8		pation / Job title (See Instructions nesthesiologist	5)	Employer (See Instructions Metro Anesthesia	s)		
	Date 11/30/2023	Full name of contributor Sunny, Jamie Contributor address; City; S)	•	Amount of Contribution (\$)	\$50.00
_		Dallas, TX 75219 pation / Job title (See Instructions	5)	Employer (See Instructions Metro Anesthesia	<u> </u> s)		
	Date 11/30/2023	Full name of contributor Sunny, Jamie Contributor address; City; S Dallas, TX 75219	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$50.00
		L pation / Job title (See Instructions nesthesiologist	5)	Employer (See Instructions Metro Anesthesia	<u>l</u> S)		
	Date 12/31/2023	Full name of contributor Sunny, Jamie Contributor address; City; S Dallas, TX 75219	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions	5)	Employer (See Instructions Metro Anesthesia	<u> </u> S)		
	Date 11/30/2023	Full name of contributor Syed, Sannoor Contributor address; City; S Dallas, TX 75219	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions nesthesiologist	5)	Employer (See Instructions Metro Anesthesia	5)		

	MONEI	ARY POLITICAL COI	NTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to	complete this fo	rm.	1	Total pages Schedule A1: Sch: 83/95 Rpt: 87/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Poli	tical Action Commit	tee	3	Filer ID (Ethics Commission 00068176	ı Filers)
4	Date 12/31/2023	Syed, Sannoor 6 Contributor address; City; State; 2	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
8		Dallas, TX 75219 pation / Job title (See Instructions) nesthesiologist	g	Employer (See Instructions Metro Anesthesia	(
	Date 07/31/2023	Full name of contributor	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 08/31/2023	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$50.00
	Dringing Loon	Dallas, TX 75219		Employer (Coo Instructions	_		
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	')		
	Date 09/29/2023	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	()		
	Date 11/30/2023	Full name of contributor Caneja, Rishi Contributor address; City; State; 2 Dallas, TX 75219	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	()		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to comp	olete this forr	m.	1	Total pages Schedule A1: Sch: 84/95 Rpt: 88/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Political A	action Committe	ee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 11/30/2023	 5 Full name of contributor out-of-st Taneja, Rishi 6 Contributor address; City; State; Zip Cod)	7	Amount of Contribution (\$)	\$50.00
_		Dallas, TX 75219					
8		pation / Job title (See Instructions) nesthesiologist	9	Employer (See Instructions Metro Anesthesia	5)		
	Date 12/31/2023	Taneja, Rishi)		Amount of Contribution (\$)	\$50.00
	Delicalization	Dallas, TX 75219		Fourtheast (October American			
	-	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 07/31/2023	Full name of contributor out-of-st Turner, J Calvin Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 08/31/2023	Turner, J Calvin)	•	Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 09/29/2023	Turner, J Calvin)		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
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Tł	he Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 85/95 Rpt: 89/106	
	LER NAME etropolitan	Anesthesia Consultants, LLP	Political Action Comm	ittee	3	Filer ID (Ethics Commission 00068176	ı Filers)
4 Da	ate L/30/2023	Full name of contributor Turner, J CalvinContributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
0 D::	inning!	Dallas, TX 75219		O. Faralouse (Con Instructional			
		pation / Job title (See Instructions nesthesiologist)	9 Employer (See Instructions Metro Anesthesia	5)		
Da		Full name of contributor Turner, J Calvin Contributor address; City; St	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
		pation / Job title (See Instructions)	Employer (See Instructions Metro Anesthesia	s)		
		nesthesiologist			_		
	ate 2/31/2023	Full name of contributor Turner, J Calvin Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	•	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
		pation / Job title (See Instructions nesthesiologist)	Employer (See Instructions Metro Anesthesia	5)		
Da 07	ate 7/31/2023	Full name of contributor Underhill, Jenni Contributor address; City; St	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$50.00
	•	Dallas, TX 75219 Ipation / Job title (See Instructions nesthesiologist)	Employer (See Instructions Metro Anesthesia	<u> </u> s)		
	ate 3/31/2023	Full name of contributor Underhill, Jenni Contributor address; City; St	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219	, ,	Further (0)			
		pation / Job title (See Instructions nesthesiologist)	Employer (See Instructions Metro Anesthesia	S)		
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The Instr	uction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 86/95 Rpt: 90/106	
2 FILER NAM Metropolita	E n Anesthesia Consultants, LLP	Political Action Comn	nittee	3	Filer ID (Ethics Commission 00068176	Filers)
4 Date 09/29/2023	5 Full name of contributor Underhill, Jenni 6 Contributor address; City; St.	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$50.00
	Dallas, TX 75219					
•	cupation / Job title (See Instructions		9 Employer (See Instructions	s)		
Physician <i>I</i>	Anesthesiologist		Metro Anesthesia			
Date 11/30/2023	Full name of contributor Underhill, Jenni Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Dallas, TX 75219					
Principal occ	cupation / Job title (See Instructions		Employer (See Instructions	s)		
Physician A	Anesthesiologist		Metro Anesthesia			
Date 11/30/2023	•	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$50.00
	Dallas, TX 75219					
Principal occ	cupation / Job title (See Instructions	<u> </u>	Employer (See Instructions	<u> </u>		
•	Anesthesiologist		Metro Anesthesia			
Date 12/31/2023)		Amount of Contribution (\$)	\$50.00
				l		
	Dallas, TX 75219					
•	Dallas, TX 75219 cupation / Job title (See Instructions Anesthesiologist	1	Employer (See Instructions Metro Anesthesia	5)		
•	cupation / Job title (See Instructions Anesthesiologist Full name of contributor Villegas, Melissa	out-of-state PAC (ID#:_	Metro Anesthesia	SS)	Amount of Contribution (\$)	\$50.00
Physician A	Anesthesiologist Full name of contributor Villegas, Melissa	out-of-state PAC (ID#:_	Metro Anesthesia	55)	Amount of Contribution (\$)	\$50.00
Physician A Date 07/31/2023	cupation / Job title (See Instructions) Anesthesiologist Full name of contributor Villegas, Melissa Contributor address; City; St.	out-of-state PAC (ID#:_atte; Zip Code	Metro Anesthesia		Amount of Contribution (\$)	\$50.00

	MONET	ARY POLITICAL C	CONTRIBUTION	N	S 		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	rn	n.	1	Total pages Schedule A1: Sch: 87/95 Rpt: 91/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	te	e	3	Filer ID (Ethics Commission 00068176	r Filers)
4	Date 08/31/2023	5 Full name of contributor Villegas, Melissa6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219	. 1-					
8		pation / Job title (See Instructions nesthesiologist) 9		Employer (See Instructions Metro Anesthesia	S) 		
	Date 09/29/2023	Full name of contributor Villegas, Melissa Contributor address; City; St					Amount of Contribution (\$)	\$50.00
	Principal occu	Dallas, TX 75219 pation / Job title (See Instructions	<u> </u>		Employer (See Instructions	;) 		
		nesthesiologist	,		Metro Anesthesia)		
	Date 11/30/2023	Full name of contributor Villegas, Melissa Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219						
		pation / Job title (See Instructions nesthesiologist)		Employer (See Instructions Metro Anesthesia	s)		
	Date 11/30/2023	Full name of contributor Villegas, Melissa Contributor address; City; St Dallas, TX 75219	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions nesthesiologist			Employer (See Instructions Metro Anesthesia	5)		
	Date 12/31/2023	Full name of contributor Villegas, Melissa Contributor address; City; St Dallas, TX 75219	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions nesthesiologist)		Employer (See Instructions Metro Anesthesia	S)		
	-	<u>-</u>	L					

	WONEI	ARY POLITICAL (JON I KIBUTIC	CVIV		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 88/95 Rpt: 92/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	ı Filers)
4	Date 07/31/2023	5 Full name of contributorVu, Lisa6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
8		pation / Job title (See Instructions nesthesiologist	s)	9 Employer (See Instructions Metro Anesthesia	5)		
	Date 08/31/2023	Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219 pation / Job title (See Instructions nesthesiologist	s)	Employer (See Instructions Metro Anesthesia	<u> </u> s)		
	Date 09/29/2023	Full name of contributor Vu, Lisa Contributor address; City; S Dallas, TX 75219	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions	s)	Employer (See Instructions Metro Anesthesia	<u> </u> S)		
	Date 11/30/2023	Full name of contributor Vu, Lisa Contributor address; City; S Dallas, TX 75219	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions	5)	Employer (See Instructions Metro Anesthesia	<u> </u> S)		
	Date 11/30/2023	Full name of contributor Vu, Lisa Contributor address; City; S Dallas, TX 75219	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions nesthesiologist	s)	Employer (See Instructions Metro Anesthesia	5)		

	MONEI	ARY POLITICAL CONTRIBU	HO	NS		SCHEDULI	A1
	The Instruc	ction Guide explains how to complete th	nis fo	rm.	1	Total pages Schedule A1: Sch: 89/95 Rpt: 93/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Political Action Co	ommi	ttee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 12/31/2023	 Full name of contributor out-of-state PAC (Vu, Lisa Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$50.00
8		Dallas, TX 75219 pation / Job title (See Instructions) nesthesiologist	9	B Employer (See Instructions Metro Anesthesia	<u> </u> s)		
	Date 07/31/2023	Full name of contributor out-of-state PAC (Wanamaker, Michael Contributor address; City; State; Zip Code Dallas, TX 75219	(ID#:)	•	Amount of Contribution (\$)	\$35.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	s)		
	Date 08/31/2023	Full name of contributor out-of-state PAC (Wanamaker, Michael Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$35.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	<u> </u> s)		
	Date 09/29/2023	Full name of contributor out-of-state PAC (Wanamaker, Michael Contributor address; City; State; Zip Code	(ID#:		•	Amount of Contribution (\$)	\$35.00
	•	Dallas, TX 75219 pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	<u> </u> s)		
	Date 11/30/2023	Full name of contributor out-of-state PAC (Wanamaker, Michael Contributor address; City; State; Zip Code Dallas, TX 75219	(ID#:			Amount of Contribution (\$)	\$35.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		

	MONEI	ARY POLITICAL CONTR	RIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to comp	plete this for	m.	1	Total pages Schedule A1: Sch: 90/95 Rpt: 94/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Political A	Action Committ	ree	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 11/30/2023	 Full name of contributor out-of-s Wanamaker, Michael Contributor address; City; State; Zip Co 	tate PAC (ID#:)	7	Amount of Contribution (\$)	\$35.00
8		Dallas, TX 75219 pation / Job title (See Instructions) nesthesiologist	9	Employer (See Instructions Metro Anesthesia	<u> </u>		
	Date 12/31/2023	Wanamaker, Michael Contributor address; City; State; Zip Co Dallas, TX 75219	tate PAC (ID#:)		Amount of Contribution (\$)	\$35.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	i)		
	Date 07/31/2023	Weaver, Robert Contributor address; City; State; Zip Co	tate PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 08/31/2023	Full name of contributor out-of-s Weaver, Robert Contributor address; City; State; Zip Co	tate PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	•	Dallas, TX 75219 pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 09/29/2023	Full name of contributor out-of-s Weaver, Robert Contributor address; City; State; Zip Co	tate PAC (ID#:			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	()		
	-						

		ONTRIBUTIO	110		SCHEDULE	A1
The Instru	ection Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 91/95 Rpt: 95/106	
2 FILER NAME Metropolitan	: n Anesthesia Consultants, LLP	Political Action Comm		3	Filer ID (Ethics Commission 00068176	Filers)
4 Date 11/30/2023	Full name of contributor Weaver, Robert Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
	Dallas, TX 75219					
•	upation / Job title (See Instructions nesthesiologist)	9 Employer (See Instructions) Metro Anesthesia)		
Date 11/30/2023	Full name of contributor Weaver, Robert Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Dallas, TX 75219					
	upation / Job title (See Instructions nesthesiologist)	Employer (See Instructions) Metro Anesthesia)		
Date 12/31/2023	Full name of contributor Weaver, Robert Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Dallas, TX 75219					
•	upation / Job title (See Instructions nesthesiologist)	Employer (See Instructions) Metro Anesthesia)		
Date 07/31/2023	Full name of contributor West, Mary Contributor address; City; St)		Amount of Contribution (\$)	\$42.00
	Dallas, TX 75219					
•	upation / Job title (See Instructions nesthesiologist		Employer (See Instructions) Metro Anesthesia)		
Date 08/31/2023	Full name of contributor West, Mary Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$42.00
	Dallas, TX 75219					
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))		

	IVIONEI	ARY POLITICAL (JON I KIBU I IC	ONO.		SCHEDULE	■ A1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 92/95 Rpt: 96/106	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLF	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 09/29/2023	5 Full name of contributorWest, Mary6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$42.00
		Dallas, TX 75219					
8		pation / Job title (See Instruction: nesthesiologist	5)	9 Employer (See Instructions Metro Anesthesia	S)		
	Date 11/30/2023	Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$42.00
	Principal occu	Dallas, TX 75219 pation / Job title (See Instructions	s)	Employer (See Instructions	 s)		
	Physician Ar	nesthesiologist		Metro Anesthesia			
	Date 11/30/2023	Full name of contributor West, Mary Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$42.00
	Drincinal occu	Dallas, TX 75219 pation / Job title (See Instructions	2)	Employer (See Instructions	·)		
		nesthesiologist	<i>.</i> ,	Metro Anesthesia	,		
	Date 12/31/2023	Full name of contributor West, Mary Contributor address; City; S)		Amount of Contribution (\$)	\$42.00
	<u> </u>	Dallas, TX 75219			Ĺ		
		pation / Job title (See Instruction: nesthesiologist	5)	Employer (See Instructions Metro Anesthesia	5)		
	Date 07/31/2023	Full name of contributor Yan, Dawn Contributor address; City; S Dallas, TX 75219	out-of-state PAC (ID#:_ tate; Zip Code)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions	5)	Employer (See Instructions Metro Anesthesia	5)		
	,						

	WONEI	ARY POLITICAL (JON I KIBUTIC			SCHEDULE	E A1
	The Instruction Guide explains how to complete this form.			orm.	1	Total pages Schedule A1: Sch: 93/95 Rpt: 97/106	
2	FILER NAME Metropolitan	LER NAME etropolitan Anesthesia Consultants, LLP Political Action Committee			3	Filer ID (Ethics Commission 00068176	ı Filers)
4	Date 08/31/2023			7	Amount of Contribution (\$)	\$50.00	
		Dallas, TX 75219					
8		pation / Job title (See Instructions nesthesiologist	s)	9 Employer (See Instructions Metro Anesthesia	s)		
	Date Full name of contributor out-of-state PAC (ID#:) O9/29/2023 Yan, Dawn Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$50.00		
				Employer (See Instructions Metro Anesthesia	<u> </u> s)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/30/2023 Yan, Dawn Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00		
		Dallas, TX 75219 pation / Job title (See Instructions nesthesiologist	s)	Employer (See Instructions Metro Anesthesia	<u> </u> S)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/30/2023 Yan, Dawn Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00	
Dallas, TX 75219 Principal occupation / Job title (See Instructions) Physician Anesthesiologist Employer (See Instructions) Metro Anesthesia			Employer (See Instructions Metro Anesthesia	<u> </u> s)			
	Date Full name of contributor out-of-state PAC (ID#:) Yan, Dawn Contributor address; City; State; Zip Code Dallas, TX 75219			Amount of Contribution (\$)	\$50.00		
		pation / Job title (See Instructions nesthesiologist	s)	Employer (See Instructions Metro Anesthesia	5)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 94/95 Rpt: 98/106		
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Political Action	Commit	tee	3	Filer ID (Ethics Commission 00068176	ı Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 7/31/2023 Zhang, Shan 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00		
8		Dallas, TX 75219 pation / Job title (See Instructions) nesthesiologist	9	Employer (See Instructions Metro Anesthesia) 5)		
	Date 08/31/2023	Full name of contributor out-of-state PAG Zhang, Shan Contributor address; City; State; Zip Code Dallas, TX 75219	C (ID#:)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	s)		
Date Full name of contributor out-of-state PAC (ID#:) 09/29/2023 Zhang, Shan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00			
		Dallas, TX 75219 pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	<u> </u> 5)		
Date Full name of contributor out-of-state PAC (ID#:) 11/30/2023 Zhang, Shan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00			
	Dallas, TX 75219 Principal occupation / Job title (See Instructions) Physician Anesthesiologist Employer (See Instructions) Metro Anesthesia		<u> </u> s)				
	Date Full name of contributor out-of-state PAC (ID#:) Zhang, Shan Contributor address; City; State; Zip Code Dallas, TX 75219			Amount of Contribution (\$)	\$50.00		
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	;)		

	MONET	ARY POLITICAL CONTRIBUTION	AC	IS		SCHEDULE A1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 95/95 Rpt: 99/106
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Political Action Com	mitt	ee	3	Filer ID (Ethics Commission Filers) 00068176
4	Date 12/31/2023 5 Full name of contributor out-of-state PAC (ID#:) Zhang, Shan 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$50.00		
8		Dallas, TX 75219 upation / Job title (See Instructions) nesthesiologist	9	Employer (See Instructions Metro Anesthesia	5)	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outer a extraory not listed above)

Candidate/Officenolder/Political	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/7 Rpt: 100/106	Metropolitan Anesthesia Consultants, LLP Political Action 00068176
4 Date	5 Payee name
11/10/2023	American Airlines
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$194.20	1 Skyview Dr
Expenditure from corporate funds	Fort Worth, TX 76155
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Transportation Equipment & Related
	Expense
	The state of the s
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/10/2023	Angie Chen Button Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. BOX 832748
Expenditure from corporate funds	RICHARDSON, TX 75083
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Contribution Candidate/Officeholder living expense Contribution
	Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date 10/23/2023	Payee name Dada Phalan Compaign
	Dade Phelan Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	P.O. Box 848
Expenditure from	
corporate funds	Nederland, TX 77627
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Contribution
Commission ONII V if diment	Condidate/Office helder no rec
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal marian Calcadida F1.	
1 Total pages Schedule F1: Sch: 2/7 Rpt: 101/106	2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action 3 Filer ID (Ethics Commission Filers) 00068176
4 Date	5 Payee name
09/19/2023	Friends of Donna Campbell
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	1308 Common St Ste 2015
- "	Box 713
Expenditure from corporate funds	New Braunfels, TX 78130
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/30/2023	Giovanni Capriglione Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 92007
+2,000.00	
Expenditure from corporate funds	Southlake, TX 76092
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/06/2023	Jared Patterson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	PO Box 5419
Ψ2,500.00	1 O BOX 3413
Expenditure from corporate funds	Frisco, TX 75035
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/7 Rpt: 102/106	Metropolitan Anesthesia Consultants, LLP Political Action 00068176
4	Date	5 Payee name
	10/17/2023	Jeff Leach Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	P.O. Box 866186
	Expenditure from corporate funds	Plano, TX 75086
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Contribution
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/28/2023	Justin Holland Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	3021 Ridge Rd. Ste. A Box 79
	Ψ1,000.00	GOZI Mago Mai Glo. / CBOX FO
	Expenditure from corporate funds	Rockwall, TX 75032
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee Contribution Contribution
		Contribution
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/24/2023	Kronda Thimesch Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 118978
	Expenditure from corporate funds	Carollton, TX 75011
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Contribution
L		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	Experiencie to beliefit C/Of	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/7 Rpt: 106/106	Metropolitan Anesthesia Consultants, LLP Political Action 00068176
4 Date	5 Payee name
12/18/2023	WB's Kitchen & Catering
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,624.28	279 Main St
Expenditure from corporate funds	Frisco, TX 75036
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAI ENDITORE	Candidate/Officeholder/Political Committee
	In-kind Catering: in benefit of Jared Patterson campaign.
	Campaign.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H