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) 00068176 3 COMMITTEE NAME **OFFICE USE ONLY** Metropolitan Anesthesia Consultants, LLP Political Action Committee Date Received **ELECTRONICALLY FILED** 02/23/2024 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** 01/26/2024 02/24/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Metropolitan Anesthe	esia Consultants, LLP Pol	tical Action Committee	00068176	<u> </u>
4 COMMITTEE	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location)	A. Supported		
	of election and nature of issue.)			
		B. Opposed		
	3. Officeholders	Rep. Justin Holland State Rep	resentative	
	Assisted (Identify by name or, if applicable, classify by party.)			
5 CONTRIBUTION TOTALS	PLEDGES, LOANS,	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY)	\$	0.00
	1	qualifies for the higher itemization threshold		
	2. TOTAL POLITICA	L CONTRIBUTIONS	\$	4,260.00
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)	·	4,200.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	9,924.98
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	64,891.38
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
6 AFFIDAVIT	l		l	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
			Rosener	
		Signature of Ca	mpaign i reasi	ırer
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	oed before me, by the said	, tl	his the	day
		which, witness my hand and seal of office.	•	· · · · · · · · · · · · · · · · · · ·
Signature of officer	administering oath	Printed name of officer administering oath	Title of offi	cer administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 3 of 24

						1 age 6 61 2 1
12 CC	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Me	Metropolitan Anesthesia	a Consultants, LLP P	olitical Action	Committee	00068176	
14 CC	COMMITTEE CCTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
pa	Attach lists on plain paper to complete this eport if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		,	B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Lynn Stucky DVM State R	epresentative	
	COMMITTEE	Candidates	A. Supported			
	CTIVITY	(Identify by name or, if applicable, classify by party.)				
pa	Attach lists on plain paper to complete this eport if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Angie Chen Button State F	Representative	
	COMMITTEE	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
pa	Attach lists on plain aper to complete this eport if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Ben Bumgarner State Rep	resentative	
pa	aper to complete this	(Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	A. Supported B. Opposed	Rep. Ben Bumgarner State Rep	resentative	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

				Page 4 of 24
			13 Filer ID	(Ethics Commission Filers)
a Consultants, LLP P	olitical Action (Committee	00068176	
Candidates (Identify by name or, if applicable, classify by party.)				
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Dade Phelan State Repres	sentative	
1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Morgan Meyer State Repr	esentative	
	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed 3. Officeholders Assisted B. Opposed	(Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported A. Supported B. Opposed A. Supported Company of the	a Consultants, LLP Political Action Committee 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Rep. Dade Phelan State Representative Supported A. Supported B. Opposed A. Supported Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

				5 of 24		
17 COMMITTI		18 Filer ID	(Ethics Com	nmission Filers)		
-	tan Anesthesia Consultants, LLP Political Action Committee	00068176	,			
	E SUBTOTALS SCHEDULE		SUBTO	OTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	4,260.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	\$					
4.	DR	\$				
5.	\$					
6.	\$					
7.	7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION					
8.	\$					
9.	\$					
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	9,924.98		
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 TO FILER	RETURNED	\$			

=							
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/16 Rpt: 6/24	
	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm		3	Filer ID (Ethics Commission 00068176	Filers)
	Date 01/31/2024	5 Full name of contributor Akaluso, Chinenye6 Contributor address; City; St			7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
		pation / Job title (See Instructions nesthesiologist)	9 Employer (See Instructions) Metro Anesthesia)		
	Date 01/31/2024	Full name of contributor Allison, Michael Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occur	Dallas, TX 75219)	Employer (See Instructions)			
	Principal occupation / Job title (See Instructions) Physician Anesthesiologist			Metro Anesthesia	,		
	Date 01/31/2024	Full name of contributor Andrade, Emilio 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)		
	Date 01/31/2024	Full name of contributor Baker, MacArthur Contributor address; City; St				Amount of Contribution (\$)	\$50.00
	Dringinal again	Dallas, TX 75219 pation / Job title (See Instructions	\	Employer (See Instructions)			
	•	nesthesiologist)	Metro Anesthesia)		
	Date 01/31/2024	Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Dallas, TX 75219 pation / Job title (See Instructions)	Employer (See Instructions))		
		nesthesiologist		Metro Anesthesia	-		

	IARY POLITICAL (CONTRIBUTIO	NO		SCHEDULE	A1
The Instru	uction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/16 Rpt: 7/24	
2 FILER NAME Metropolitar	E n Anesthesia Consultants, LLP	Political Action Comm	ittee	3	Filer ID (Ethics Commission 00068176	Filers)
4 Date 01/31/2024	5 Full name of contributor Brekke, Jeffrey 6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
	Dallas, TX 75219					
•	upation / Job title (See Instructions Anesthesiologist	5)	9 Employer (See Instructions Metro Anesthesia	s)		
Date 01/31/2024	Full name of contributor Brown, Marc Contributor address; City; St)		Amount of Contribution (\$)	\$50.00
- Duinning Land	Dallas, TX 75219	<u>.</u>	Frankrija (Caa kastrijstia ra			
	Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
Date 01/31/2024		out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Dallas, TX 75219					
	upation / Job title (See Instructions anesthesiologist	5)	Employer (See Instructions Metro Anesthesia	5)		
Date 01/31/2024	ate Full name of contributor out-of-state PAC (ID#:)				Amount of Contribution (\$)	\$50.00
	Dallas, TX 75219					
Principal occi	upation / Job title (See Instructions	5)	Employer (See Instructions Metro Anesthesia	5)		
Date 01/31/2024		out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Dallas, TX 75219					
	upation / Job title (See Instructions	, 1	Employer (See Instructions	.,		

	MONEI	ARY POLITICAL CONTRIB	BUTIO	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete	e this fo	rm.	1	Total pages Schedule A1: Sch: 3/16 Rpt: 8/24	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Political Actio	n Commit	tee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 01/31/2024	1/2024 Chan, Calvin 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	j 5)		
	Date 01/31/2024	Full name of contributor out-of-state F Cirone, Anthony Contributor address; City; State; Zip Code Dallas, TX 75219	PAC (ID#:)		Amount of Contribution (\$)	\$50.00
				Employer (See Instructions Metro Anesthesia	5)		
	Date 01/31/2024	Full name of contributor out-of-state F Courtney, Paul 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> 5)		
Date 01/31/2024		Full name of contributor out-of-state F Culpepper, Donnie 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 01/31/2024	Full name of contributor out-of-state F Draghinas, David Contributor address; City; State; Zip Code Dallas, TX 75219	PAC (ID#:			Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
			1				

	TARY POLITICAL C	ONTRIBUTIO	INS		SCHEDULE	A1
The Instru	ıction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/16 Rpt: 9/24	
2 FILER NAME Metropolitar	: n Anesthesia Consultants, LLP	Political Action Comm	ittee	3	Filer ID (Ethics Commission 00068176	Filers)
4 Date 01/31/2024		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	5)		
Date 01/31/2024	Full name of contributor Fleishman, Ari Contributor address; City; St				Amount of Contribution (\$)	\$25.00
Dringing con	Dallas, TX 75219	<u>, </u>	Employer (Coo Instructions	<u></u>		
	Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
Date 01/31/2024	Full name of contributor Foss, Prisila 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	5)		
Date 01/31/2024	Full name of contributor Foster, Tabitha Contributor address; City; St)		Amount of Contribution (\$)	\$75.00
	Dallas, TX 75219					
•	upation / Job title (See Instructions nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
Date 01/31/2024	•	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$42.00
	Dallas, TX 75219					
	upation / Job title (See Instructions	١	Employer (See Instructions	3)		

	MONET	ARY POLITICAL CO	MIRIBUIIO	N5		SCHEDUL	E A1
	The Instru	ction Guide explains how to	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/16 Rpt: 10/24	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Po	olitical Action Comm	ittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 01/31/2024			7	Amount of Contribution (\$)	\$100.00	
		Dallas, TX 75219					
8	•	pation / Job title (See Instructions) nesthesiologist		9 Employer (See Instructions Metro Anesthesia	5)		
	Date 01/31/2024	Full name of contributor Glenesk, Niklas Contributor address; City; State Dallas, TX 75219	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$50.00
	·	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician Anesthesiologist			Metro Anesthesia	_		
	Date 01/31/2024	Full name of contributor Haldeman, Richard Contributor address; City; State Dallas, TX 75219	out-of-state PAC (ID#: ; Zip Code)		Amount of Contribution (\$)	\$42.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
		nesthesiologist		Metro Anesthesia			
Date 01/31/2024		Full name of contributor Hale Wattiker, Brittani Contributor address; City; State				Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219					
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 01/31/2024	Full name of contributor Hayes, Christopher Contributor address; City; State Dallas, TX 75219	out-of-state PAC (ID#: ;; Zip Code			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Pnysician 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: 6/16 Rpt: 11/24	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	ittee	3	Filer ID (Ethics Commission 00068176	ı Filers)
4	Date 01/31/2024			7	Amount of Contribution (\$)	\$50.00	
8	Principal occu	Dallas, TX 75219)	9 Employer (See Instructions	 		
	Physician Ar	nesthesiologist		Metro Anesthesia			
	Date 01/31/2024	Full name of contributor Hemingway, Erik Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	•	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
	Principal occupation / Job title (See Instructions) CFO			Employer (See Instructions Metro Anesthesia	S)		
	Date 01/31/2024	Full name of contributor Highfill, Erin Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$50.00
_	Drincinal occu	Dallas, TX 75219 upation / Job title (See Instructions) Employer (See Instructions			-, 		
	•	nesthesiologist)	Metro Anesthesia			
	01/31/2024 Hollenshead, Andy Contributor address; City; State; Zip Code		out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	•	Dallas, TX 75219 pation / Job title (See Instructions nesthesiologist)	Employer (See Instructions Metro Anesthesia	<u>l</u> S)		
	Date 01/31/2024	Full name of contributor Jackson, Joe Contributor address; City; St	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)		

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 7/16 Rpt: 12/24	
2	FILER NAME	A	Delikiaal Aakiaa Gaaraaik		3	Filer ID (Ethics Commission	n Filers)
	•	Anesthesia Consultants, LLP	_	tee 	L	00068176	
4	Date 02/16/2024	5 Full name of contributor Jones M.D., Zachary 6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$200.00
		Dallas, TX 75219					
8	Principal occu	pation / Job title (See Instructions	9	Employer (See Instructions	5)		
	Physician Ar	nesthesiologist		Metro Anesthesia			
	Date 01/31/2024	Full name of contributor Karn, Jacqulin 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	5)		
	Physician Anesthesiologist			Metro Anesthesia			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/31/2024	Khan, Harris					\$25.00
		Contributor address; City; S Dallas, TX 75219					
		pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Physician Ar	nesthesiologist		Metro Anesthesia			
	Date 01/31/2024				Amount of Contribution (\$)	\$50.00	
		Dallas, TX 75219					
		pation / Job title (See Instructions nesthesiologist	5)	Employer (See Instructions Metro Anesthesia	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/31/2024	Lankford, Lawrence					\$100.00
		Contributor address; City; Si Dallas, TX 75219					
\vdash	Principal occu	pation / Job title (See Instructions	;) I	Employer (See Instructions	<u> </u>		
		nesthesiologist	'	Metro Anesthesia	,		

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 8/16 Rpt: 13/24	
2	FILER NAME	Acceptance Committee to 14.5	Political Auto-Consults		3	Filer ID (Ethics Commission	n Filers)
	•	Anesthesia Consultants, LLF		tee		00068176	
4	Date 01/31/2024	 Full name of contributor Mahowald, Matthew Contributor address; City; S 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
8		pation / Job title (See Instructions	9	, , ,	()		
	Physician Ar	nesthesiologist		Metro Anesthesia			
	Date 01/31/2024	Full name of contributor Margolis , Mark Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	()		
	Physician Anesthesiologist			Metro Anesthesia			
	Date 01/31/2024	Full name of contributor Matthews, Varghese 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 Ar	nesthesiologist		Metro Anesthesia			
	Date Full name of contributor out-of-state PAC (ID: 01/31/2024 Merchun, Christopher Contributor address; City; State; Zip Code Dallas, TX 75219		out-of-state PAC (ID#:tate; Zip Code)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions nesthesiologist	5)	Employer (See Instructions Metro Anesthesia	i)		
	Date 01/31/2024	Full name of contributor Miller, Christopher Contributor address; City; S Dallas, TX 75219	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	()		
		nesthesiologist		Metro Anesthesia			
			,				

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 9/16 Rpt: 14/24	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Political	Action Committe	ee	3	Filer ID (Ethics Commission 00068176	ı Filers)
4	Date 01/31/2024	 Full name of contributor out-of-Moorman, Andrew Contributor address; City; State; Zip Contributor)	7	Amount of Contribution (\$)	\$50.00
_	<u> </u>	Dallas, TX 75219	la la		<u></u>		
8		pation / Job title (See Instructions) nesthesiologist	9	Employer (See Instructions Metro Anesthesia	S)		
	Date 01/31/2024	Full name of contributor out-of- Morton, Stan Contributor address; City; State; Zip Co				Amount of Contribution (\$)	\$50.00
	Deinstead	Dallas, TX 75219		For all and (On a location of the one			
	Principal occupation / Job title (See Instructions) Employer (See Instruction CEO Metro Anesthesia				5)		
	Date 01/31/2024	Full name of contributor out-of- Musick, Devin Contributor address; City; State; Zip Co	state PAC (ID#:)	•	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
	•	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 01/31/2024	Pace, Justin)		Amount of Contribution (\$)	\$40.00
	Principal occupation / Job title (See Instructions) Physician Anesthesiologist Employer (See Instructions) Metro Anesthesia		<u>l</u> s)				
	Date Full name of contributor out-of-state PAC (ID#:) 01/31/2024 Pang, Don Contributor address; City; State; Zip Code Dallas, TX 75219				Amount of Contribution (\$)	\$50.00	
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4	Date 01/31/2024	Full name of contributor Parikh, Monisha Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219					
		npation / Job title (See Instructions)	9	Employer (See Instructions Metro Anesthesia	5)		
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	Date 02/05/2024	Full name of contributor Perry M.D., Paul Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
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	Date 01/31/2024	Full name of contributor Rane, Clarissa Contributor address; City; Sta)		Amount of Contribution (\$)	\$42.00
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	Date 01/31/2024	Full name of contributor Rane, Mihir Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$42.00
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2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Committe	ee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 01/31/2024	 5 Full name of contributor Rastogi, Akhil 6 Contributor address; City; St 	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$25.00
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8		pation / Job title (See Instructions nesthesiologist	9	Employer (See Instructions Metro Anesthesia	5)		
	Date 01/31/2024	Full name of contributor Remster, Jeffrey Contributor address; City; St				Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219					
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•	upation / Job title (See Instructions))	9 Employer (See Instructions	s)		
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Date 01/31/2024	Full name of contributor Siskowski, Matthew Contributor address; City; Sta	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$100.00
	Dallas, TX 75219					
Principal occu	upation / Job title (See Instructions))	Employer (See Instructions	5)		
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Date 01/31/2024		out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
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	upation / Job title (See Instructions) nesthesiologist)	Employer (See Instructions Metro Anesthesia	5)		
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MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
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_		Dallas, TX 75219	1-		Ĺ		
8		pation / Job title (See Instructions) nesthesiologist	9	Employer (See Instructions Metro Anesthesia	5)		
	Date 01/31/2024	Full name of contributor)		Amount of Contribution (\$)	\$50.00
	Deinsinal assu	Dallas, TX 75219		Franksian (Cook batwatian	<u></u>		
	-	pation / Job title (See Instructions) nesthesiologist		Employer (See Instructions Metro Anesthesia	5)		
	Date 01/31/2024	Full name of contributor out-of-state Syed, Sannoor 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 01/31/2024	Taneja, Rishi	PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occupation / Job title (See Instructions) Physician Anesthesiologist Employer (See Instructions) Metro Anesthesia		<u>I</u> S)				
	Date Full name of contributor out-of-state PAC (ID#:) O1/31/2024 Toung, David 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)		
	, σ.σ.α γ (232133333			

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 15/16 Rpt: 20/24	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	ı Filers)
4	Date 01/31/2024	Full name of contributor Turner, Calvin Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219	1				
8	Physician Ar	pation / Job title (See Instructions		Employer (See Instructions Metro Anesthesia	i)	Assessed to Contain the (C)	
	Date 01/31/2024	Full name of contributor Underhill, Jenni 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 01/31/2024	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	1				
		pation / Job title (See Instructions nesthesiologist)	Employer (See Instructions Metro Anesthesia	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 01/31/2024 Vu, Lisa 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 01/31/2024					Amount of Contribution (\$)	\$35.00
		pation / Job title (See Instructions nesthesiologist)	Employer (See Instructions Metro Anesthesia	5)		
			,				

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/16 Rpt: 21/24	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP Political Action Comn	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 01/31/2024	 Full name of contributor out-of-state PAC (ID#:_ Weaver, Robert Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$50.00
8		Dallas, TX 75219 pation / Job title (See Instructions) nesthesiologist	Employer (See Instructions Metro Anesthesia	<u> </u> s)		
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#:_ West, Mary Contributor address; City; State; Zip Code Dallas, TX 75219			Amount of Contribution (\$)	\$42.00
		rpation / Job title (See Instructions) nesthesiologist	Employer (See Instructions Metro Anesthesia	5)		
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#:_Yan, Dawn 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> s)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 1/3 Rpt: 22/24	2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action 3 Filer ID (Ethics Commission Filers) 00068176
4 Date	5 Payee name
02/19/2024	Bumgarner, Ben (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	2201 Spinks Rd Ste 250
Expenditure from corporate funds	Flower Mound, TX 75022
8 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	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign donation
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/19/2024	Button, Angie Chen (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 832748
+2,000.00	1.0.200.0021.10
Expenditure from corporate funds	Richardson, TX 75063
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Campaign donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/29/2024	Holland, Justin (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	3021 Ridge Rd. Ste A Box 79
42,000.00	COLL Mago Man Cloring Collins
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
D. LIBITORE	Candidate/Officeholder/Political Committee
	Campaign donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiolitie to belieff C/OI	1

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made I

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

Contributions/ Donations Made By 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: 2/3 Rpt: 23/24	Metropolitan Anesthesia Consultants, LLP Political Action 00068176
4 Date	5 Payee name
01/29/2024	Hyatt Regency
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$114.08	PO Box 301145
Expenditure from corporate funds	Dallas, TX 75303
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transportation Equipment & Related
	Expense Check if Austin, TX, officeholder living expense Parking
	Faikilly
O Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
01/29/2024	Hyatt Regency
Amount (\$)	Payee address; City; State; Zip Code
\$810.90	PO Box 301145
Expenditure from	
corporate funds	Dallas, TX 75303
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Hotel Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Hotel
	notei
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
Data	
Date	Payee name
02/23/2024	Meyer, Morgan (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	3838 Oak Lawn Ave
Expenditure from	Suite 400
corporate funds	Dallas, TX 75219
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	campaign donation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	•

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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: 3/3 Rpt: 24/24	Metropolitan Anesthesia Consultants, LLP Political Action 00068176
4 Date	5 Payee name
02/12/2024	Phelan, Dade (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 848
,_,	
Expenditure from	No. 1. 1 1. TV 77007
corporate funds	Nederland, TX 77627
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.
	Candidate/Officeholder/Political Committee
	Campaign donation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/19/2024	Stucky DVM, Lynn (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 464
41,000.00	1.6.56%
Expenditure from	D I TV 70000
corporate funds	Denton, TX 76202
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to beliefit of of	•
	this Osmanissis Varian Va F 1 0000 - 475