FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00024940 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Society Of Anesthesiologists Political Action Committee Date Received **ELECTRONICALLY FILED** 02/29/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 401 W. 15th St. #990 Change of Address Austin, TX 78701 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Dr. Kristyn B. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Ingram CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 401 West 15th Street, Suite 990 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 401 W. 15th St. #990 MAILING **ADDRESS** Change of Address Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 370-1659 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 X March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 01/26/2024 02/25/2024

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Society Of Anest	hesiologists Political A	ction Committee		0002494	40
4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		J	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(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.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRI OR GUARANTEES OF IADE ELECTRONICAL qualifies for the higher iter	LY)	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI		S JARANTEES OF LOANS)	\$	24,948.05
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	O POLITICAL EXPEND	DITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	63,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN		NTAINED AS OF THE LAST	F DAY \$	296,501.25
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUT REPORTING PERIOD	TSTANDING LOANS AS OF	THE \$	0.00
6 AFFIDAVIT	I			<u> </u>	
		true and	or affirm, under penalty of p I correct and includes all info itle 15, Election Code.		
			Dr. Kristv	/n B. Ingram	1
			Signature of Ca		
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	before me, by the said		,	this the	day
of	_, 20, to certify \	which, witness my hand	d and seal of office.		
Signature of officer add	ministering oath	Printed name of office	r administering oath	Title of c	officer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3 3 of 58

					3 of 58
17 CO	MMITTI	EE NAME	18 Filer ID	(Ethics Com	mission Filers)
Tex	kas So	ciety Of Anesthesiologists Political Action Committee	00024940		
		E SUBTOTALS SCHEDULE		SUBTO	TAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	24,948.05
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION)R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.	X	SCHEDULE E: LOANS		\$	0.00
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	63,000.00
11.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12.	Х	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
13.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	1,500.00

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/44 Rpt: 4/58	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 02/14/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$85.00
_	5	Houston, TX 77059				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/24/2024	Full name of contributor out-of-state PAC (ID#:_Aina, Titilopemi Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$200.00
	Principal occu	Houston, TX 77030 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician	odition / Job title (See mandellons)	Employer (See manucuons	')		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_Alquicira-Macedo, Fernando Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$84.00
		Houston, TX 77085				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_Amancharla, Maneesh Contributor address; City; State; Zip Code Austin, TX 78746)		Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/13/2024	Full name of contributor out-of-state PAC (ID#:_An, Daniel Contributor address; City; State; Zip Code Fulshear, TX 77441			Amount of Contribution (\$)	\$67.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		,				

	MONET	ARY POLITICAL CONTRI	IBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to compl	ete this for	n.	1	Total pages Schedule A1: Sch: 2/44 Rpt: 5/58	
2	FILER NAME Texas Socie	y Of Anesthesiologists Political Action Co	ommittee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 02/14/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$84.00
		Pearland, TX 77584					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 02/07/2024	Askew, William	te PAC (ID#:)		Amount of Contribution (\$)	\$150.00
	Principal occu Physician	Austin, TX 78703 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 02/14/2024	Ata, Monica				Amount of Contribution (\$)	\$84.00
	Principal occu	Allen, TX 75013 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Physician			Employer (GGC mondoneric	,,		
	Date 02/07/2024	Ayoroa, Sarah)		Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/05/2024	Bacak, Christina)		Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	s)		
			l				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/44 Rpt: 6/58	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 02/14/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$150.00
_	<u> </u>	College Station, TX 77845				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$150.00
	Dringinal occu	Austin, TX 78737 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician Physician	pation 7 Job title (See mstructions)	Employer (See instructions	,		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_ Bednar, Grace Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$150.00
		Austin, TX 78703				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_Beitzel, Michael Contributor address; City; State; Zip Code Abilene, TX 79602			Amount of Contribution (\$)	\$67.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_Bell, James Contributor address; City; State; Zip Code Austin, TX 78703			Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/44 Rpt: 7/58	
2	FILER NAME Texas Socie	ty Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 02/14/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$8.33
0	Dringing oggu	Houston, TX 77035	Employer /See Instructions			
8	Physician Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_ Bentancourth, David Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$150.00
	Dringing agg	Austin, TX 78735	Employer (See Instructions	_		
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_Billeaud, Craig Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$150.00
		Austin, TX 78738				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_Boudreau, Eric Contributor address; City; State; Zip Code Austin, TX 78704			Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/09/2024	Full name of contributor out-of-state PAC (ID#:_Bradley, Stephanie Contributor address; City; State; Zip Code Houston, TX 77005			Amount of Contribution (\$)	\$41.67
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/44 Rpt: 8/58	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 02/07/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$150.00
_	Deignigal	Austin, TX 78727	O Franksian (Con Instructions			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/07/2024	Full name of contributor			Amount of Contribution (\$)	\$150.00
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician	sation, con the (oce mandelons)	Employer (See manucuons	,		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#: Brodsky, Harris Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$150.00
		Austin, TX 78703				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_Brown, Christopher Contributor address; City; State; Zip Code Austin, TX 78756			Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_ Bryan, Joseph Contributor address; City; State; Zip Code Buda, TX 78610			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
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	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 6/44 Rpt: 9/58	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 02/07/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$150.00
_	5	Austin, TX 78703				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/09/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$67.00
	Delicalization	Abilene, TX 79602	England (Carlo Instruction	Ĺ		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Carroll, Luke Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$85.00
		Houston, TX 77042				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	<u>,</u>		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:Carsner, Jack Contributor address; City; State; Zip Code Leander, TX 78641)		Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:Casey, Ryan Contributor address; City; State; Zip Code Austin, TX 78756)		Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/44 Rpt: 10/58	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 02/12/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$42.00
_	Delicalis al access	Houston, TX 77030	O Frankrige (Contraction			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 02/07/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$150.00
	Principal occu	Austin, TX 78731 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_ Cinclair, Robert Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$150.00
		Austin, TX 78732				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 02/14/2024	Full name of contributor out-of-state PAC (ID#:_Clanton, David Contributor address; City; State; Zip Code San Antonio, TX 78256			Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_ Coffman, Amy Contributor address; City; State; Zip Code Austin, TX 78731			Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 8/44 Rpt: 11/58	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 02/07/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$150.00
_	Dringing Loon	Austin, TX 78756	D. Employer (Con Instructions			
8	Physician Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/09/2024	Full name of contributor out-of-state PAC (ID#:_ Conner, William Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Deinsinal assu	Murphy, TX 75094	Franks or (Cool la structions			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_ Corbett, William Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$150.00
		Austin, TX 78751				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_ Coutin, Mark Contributor address; City; State; Zip Code Austin, TX 78703			Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_Cowlishaw, Mary Contributor address; City; State; Zip Code Austin, TX 78702			Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
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	MONET	ARY POLITICAL CONTRI	BUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to comple	ete this for	m.	1	Total pages Schedule A1: Sch: 9/44 Rpt: 12/58	
2	FILER NAME Texas Socie	y Of Anesthesiologists Political Action Co	mmittee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 02/07/2024	 Full name of contributor out-of-state Craig, Jason Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$150.00
		Austin, TX 78738	,				
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 02/07/2024	Full name of contributor out-of-state Dabiri, Arsia Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$150.00
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)		Employer (See Instructions	 - s)		
	Physician	,					
	Date 02/01/2024	Danley, Matthew	PAC (ID#:			Amount of Contribution (\$)	\$84.00
		Fort Worth, TX 76109					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/07/2024	Davidson, Joel				Amount of Contribution (\$)	\$150.00
	Principal occu Physician	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/05/2024	Full name of contributor out-of-state Davila-Perez, Ruben Contributor address; City; State; Zip Code Houston, TX 77057	PAC (ID#:)		Amount of Contribution (\$)	\$21.00
	Principal occu Physician	oation / Job title (See Instructions)		Employer (See Instructions	5)		
			ı				

	MONET	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/44 Rpt: 13/58	
2	FILER NAME Texas Socie	ty Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 02/13/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$41.67
_		New Orleans, LA 70112				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#: Deming, Daniel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$150.00
	Principal occu	Austin, TX 78734 pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician			,		
	Date 02/07/2024	Full name of contributor)		Amount of Contribution (\$)	\$150.00
		Austin, TX 78723				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_ Dieterichs, Chad Contributor address; City; State; Zip Code Austin, TX 78733)		Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/02/2024	Full name of contributor out-of-state PAC (ID#:_ Drees, Jeffrey Contributor address; City; State; Zip Code Corsicana, TX 75110			Amount of Contribution (\$)	\$85.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/44 Rpt: 14/58		
2	FILER NAME Texas Socie	ty Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)	
4	Date 02/14/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00	
_		Rollingwood, TX 78746					
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 02/14/2024	Full name of contributor out-of-state PAC (ID#:_Ellis, Stephen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$84.00	
	Deireciant	Dallas, TX 75219					
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_ Eoh, Eun Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$150.00	
		Austin, TX 78705					
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 02/14/2024	Full name of contributor out-of-state PAC (ID#:_Erian, Ralph Contributor address; City; State; Zip Code San Antonio, TX 78212			Amount of Contribution (\$)	\$84.00	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 02/02/2024	Full name of contributor out-of-state PAC (ID#:_Farley, Elizabeth Contributor address; City; State; Zip Code Austin, TX 78759)		Amount of Contribution (\$)	\$84.00	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)			
		<u>,</u>					

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 12/44 Rpt: 15/58		
2	FILER NAME Texas Socie	ty Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)	
4	Date 02/07/2024	 Full name of contributor out-of-state PAC (ID# Farris, Landon Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$150.00	
_		Austin, TX 78759	12 5 4 6 4 4 1	_			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 02/23/2024	Full name of contributor out-of-state PAC (ID#Farrow-Gillespie, Alan Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$42.00	
	Principal occu	Dallas, TX 75204 pation / Job title (See Instructions)	Employer (See Instructions	-, 			
	Physician Physician	pation / Job title (See Instructions)	Employer (See instructions	>)			
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#Filardi, J. Pierre Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$150.00	
		Austin, TX 78731					
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#Filardi, Ryan Contributor address; City; State; Zip Code Austin, TX 78705	:)		Amount of Contribution (\$)	\$150.00	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#Foley, Michael Contributor address; City; State; Zip Code Austin, TX 78705	:)		Amount of Contribution (\$)	\$150.00	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)			
			•				

	MONET	ARY POLITICAL CO	NS	SCHEDULE A1			
	The Instru	ction Guide explains how t	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 13/44 Rpt: 16/58	
2	FILER NAME Texas Socie	ty Of Anesthesiologists Political	Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 02/24/2024	5 Full name of contributor Foshee, Sarah6 Contributor address; City; Stat			7	Amount of Contribution (\$)	\$250.00
		Houston, TX 77005	1-				
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 02/07/2024	Full name of contributor Furst, Edward Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$150.00
	Principal occu Physician	Austin, TX 78746 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 02/24/2024	Full name of contributor Garcia, Priscilla Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$200.00
	Principal occu	Bellaire, TX 77401 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 02/07/2024	Full name of contributor Getto, Christopher Contributor address; City; Stat W Lake Hills, TX 78746	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	<u>I</u> S)		
	Date 02/14/2024	Full name of contributor Giam, Patrick Contributor address; City; Stat Houston, TX 77005	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$42.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 14/44 Rpt: 17/58		
2	FILER NAME Texas Socie	ty Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)	
4	Date 02/12/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$84.00	
8	Principal occu	Houston, TX 77030 pation / Job title (See Instructions)	9 Employer (See Instructions				
0	Physician Physician	pation / Job title (See Instructions)	5 Employer (See instructions	,			
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_ Gloyna, David Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$118.00	
	Dringing aggr	Salado, TX 76571	Employer (See Instructions				
	Physician	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 02/09/2024	Full name of contributor out-of-state PAC (ID#:_ Gloyna, David Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$67.00	
		Salado, TX 76571					
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_ Graham, Joseph Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$150.00	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_ Grewal, Gaganpreet Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$150.00	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL C	NS	SCHEDULE A1			
	The Instru	ction Guide explains how t	to complete this for	m.	1	Total pages Schedule A1: Sch: 15/44 Rpt: 18/58	
2	FILER NAME Texas Socie	y Of Anesthesiologists Politica	Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 02/07/2024	5 Full name of contributor)	7	Amount of Contribution (\$)	\$150.00
		Austin, TX 78731					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 02/07/2024	Full name of contributor [Gunn, Holly Contributor address; City; Stat	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$150.00
_		Austin, TX 78746 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Physician Date 02/14/2024	Full name of contributor Gurkowski, Mary Ann Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$83.34
	Principal occu Physician	San Antonio, TX 78240 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 02/07/2024	Full name of contributor [Hammond, Brandon Contributor address; City; State Austin, TX 78757	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/09/2024	Full name of contributor Hancher-Hodges, Shannon Contributor address; City; State Bellaire, TX 77401)		Amount of Contribution (\$)	\$67.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/44 Rpt: 19/58		
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)	
4	Date 02/14/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$84.00	
_		Dallas, TX 75205					
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#:_ Harvey, Benjamin Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00	
	Dringing aggr	Spring, TX 77379	Employer (Coo Instructions	_			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_ Havalda, Diane Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$84.00	
		San Antonio, TX 78258					
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)			
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_ Hayes, Royce Contributor address; City; State; Zip Code Austin, TX 78750			Amount of Contribution (\$)	\$150.00	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_ Hedge, Sanjay Contributor address; City; State; Zip Code Austin, TX 78731)		Amount of Contribution (\$)	\$150.00	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)			

	MONET	ARY POLITICAL CONT	S 	SCHEDULE A1			
	The Instru	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 17/44 Rpt: 20/58	
2	FILER NAME Texas Socie	y Of Anesthesiologists Political Action	Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 02/07/2024	 Full name of contributor out-of-Heitzler, Arthur Contributor address; City; State; Zip C 	-state PAC (ID#:)	7	Amount of Contribution (\$)	\$150.00
		Austin, TX 78705					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions	i)		
	Date 02/12/2024	Full name of contributor out-of-Hendrix, Joseph Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	San Antonio, TX 78218 pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 02/13/2024	Full name of contributor out-of-Hernandez, Nadia Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$84.00
	Principal occu	Pearland, TX 77584 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Physician						
	Date 02/05/2024	Hernandez, Raul	-state PAC (ID#:)		Amount of Contribution (\$)	\$42.00
	Principal occu	Rio Grande City, TX 78582		Employer (See Instructions	()		
	Physician	,			,		
	Date 02/14/2024	Highfill, Erin	-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	Garland, TX 75044 pation / Job title (See Instructions)		Employer (See Instructions) 		
	Physician Physician	occurry ood title (See Histiactions)		Employer (See IIISHUCHOIIS	,		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 18/44 Rpt: 21/58		
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)	
4	Date 02/07/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$45.00	
_	5	Beaumont, TX 77705					
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_ Ho, Phi Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$150.00	
	Principal occu	Austin, TX 78723 pation / Job title (See Instructions)	Employer (See Instructions)			
	Physician			,			
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_ Hooper, Patrick Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$150.00	
		Austin, TX 78703					
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_ Hutson, Larry Contributor address; City; State; Zip Code Temple, TX 76502)		Amount of Contribution (\$)	\$150.00	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_ Itkin, Andrew Contributor address; City; State; Zip Code Austin, TX 78703			Amount of Contribution (\$)	\$150.00	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CO	S	SCHEDULE A1			
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 19/44 Rpt: 22/58	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political A	ction Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 02/07/2024	5 Full name of contributor Jajosky, Jessica6 Contributor address; City; State;)	7	Amount of Contribution (\$)	\$150.00
		Round Rock, TX 78681					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions	i)		
	Date 02/07/2024	Full name of contributor Janek, Kyle Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$150.00
	Principal occu Physician	Austin, TX 78746 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/07/2024	Full name of contributor Jeanes, Zachary Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$150.00
	D: : 1	Austin, TX 78645					
	Physician Physician	pation / Job title (See Instructions)		Employer (See Instructions	•)		
	Date 02/07/2024	Jenkins, Kalan	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/14/2024	Jones, Zachary	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	()		
			ı				

	MONET	ARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this t	orm.	1	Total pages Schedule A1: Sch: 20/44 Rpt: 23/58		
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)	
4	Date 02/02/2024	 Full name of contributor out-of-state PAC (ID#:_ Jose, Cherrie Contributor address; City; State; Zip Code 	_	7	Amount of Contribution (\$)	\$42.00	
_		Lubbock, TX 79410	T				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_ Karnes, Paden Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$67.00	
	Principal occu	Houston, TX 77030 pation / Job title (See Instructions)	Employer (See Instructions) 			
	Physician	sation, oop title (see instructions)	Employer (See motractions	')			
	Date 02/07/2024	Full name of contributor)		Amount of Contribution (\$)	\$150.00	
		Buda, TX 78610					
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)			
	Date 02/23/2024	Full name of contributor out-of-state PAC (ID#:_Kercheville, Scott Contributor address; City; State; Zip Code San Antonio, TX 78215)		Amount of Contribution (\$)	\$67.00	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 02/14/2024	Full name of contributor out-of-state PAC (ID#:_Khorsand, Sarah Contributor address; City; State; Zip Code Dallas, TX 75229			Amount of Contribution (\$)	\$84.00	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	()			
			,				

	MONET	ARY POLITICAL CO	IS	SCHEDULE A1			
	The Instru	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 21/44 Rpt: 24/58	
2	FILER NAME Texas Socie	ty Of Anesthesiologists Political	Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 02/07/2024	5 Full name of contributor Kim, Brian6 Contributor address; City; State			7	Amount of Contribution (\$)	\$150.00
		Austin, TX 78746					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 02/07/2024	Full name of contributor Klein, Jefferey Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$150.00
	Principal occu	Austin, TX 78730 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/07/2024	Full name of contributor Knauth, Kurt Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$150.00
	Principal occu	Austin, TX 78736 pation / Job title (See Instructions)		Employer (See Instructions			
	Physician	pation / oob title (See mondetons)		Employer (See manacions	')		
	Date 02/07/2024	Full name of contributor Kohls, Katherine Contributor address; City; State Austin, TX 78759	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	<u>;</u>)		
	Date 02/14/2024	Full name of contributor Kolle, Bracken Contributor address; City; State Houston, TX 77042	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	()		
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 22/44 Rpt: 25/58	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 02/14/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$84.00
_		Belton, TX 76513				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/01/2024	Full name of contributor out-of-state PAC (ID#:_ Kroger, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Dringing Loon	League City, TX 77573	Employer (Coo Instructions	_		
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/22/2024	Full name of contributor			Amount of Contribution (\$)	\$84.00
		Houston, TX 77009				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 02/14/2024	Full name of contributor out-of-state PAC (ID#:_Lasseter, Adam Contributor address; City; State; Zip Code Austin, TX 78704			Amount of Contribution (\$)	\$83.34
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_ Lee, Carlos-Nicholas Contributor address; City; State; Zip Code Austin, TX 78749			Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL	CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains ho	w to complete this fo	orm.	1	Total pages Schedule A1: Sch: 23/44 Rpt: 26/58	
2	FILER NAME Texas Socie	ty Of Anesthesiologists Politi	cal Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 02/07/2024	5 Full name of contributor Lemay, Allyson6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$150.00
		Austin, TX 78723					
8	Principal occu Physician	pation / Job title (See Instruction	s)	9 Employer (See Instructions	S)		
	Date 02/16/2024	Full name of contributor Lindberg, Scott Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Katy, TX 77494					
	Principal occu Physician	pation / Job title (See Instruction	s)	Employer (See Instructions	s)		
	Date 02/07/2024	Full name of contributor Lipp, Adam Contributor address; City; S	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$150.00
		Austin, TX 78746					
	Principal occu Physician	pation / Job title (See Instruction	s)	Employer (See Instructions	s)		
	Date 02/07/2024	Full name of contributor Littles, Joel Contributor address; City; S Austin, TX 78727			•	Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instruction	s)	Employer (See Instructions	<u> </u> s)		
	Date 02/07/2024	Full name of contributor Losey, Allison Contributor address; City; S	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$150.00
	Principal occu	Austin, TX 78750 pation / Job title (See Instruction	is)	Employer (See Instructions	<u> </u> s)		
	Physician						

	MONET	ARY POLITICAL	CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 24/44 Rpt: 27/58	
2	FILER NAME	ty Of Anesthesiologists Politi	cal Action Committee		3	Filer ID (Ethics Commissio 00024940	n Filers)
4	Date 02/07/2024	Full name of contributor Lyttle, James Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$150.00
		Austin, TX 78737					
8	Principal occu Physician	pation / Job title (See Instruction	s) <u> </u>	9 Employer (See Instructions	s)		
	Date 02/12/2024	Full name of contributor Maloney, Kenneth Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$84.00
		Cypress, TX 77429					
	Principal occu Physician	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Date 02/07/2024	Full name of contributor Manuel, Anthony Contributor address; City; S	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$150.00
		Austin, TX 78733					
	Principal occu Physician	pation / Job title (See Instruction	s)	Employer (See Instructions	S)		
	Date 02/14/2024	Full name of contributor Markham, Travis Contributor address; City; S)	•	Amount of Contribution (\$)	\$84.00
	Principal occu Physician	Houston, TX 77030 pation / Job title (See Instruction	s)	Employer (See Instructions	<u> </u> s)		
	Date 02/12/2024	Full name of contributor Martinez, Robert Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$67.00
	Principal occu Physician	Karnes City, TX 78118 pation / Job title (See Instruction	s)	Employer (See Instructions	<u> </u> s)		
	Tilysician						

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 25/44 Rpt: 28/58	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 02/09/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$67.00
_		Galveston, TX 77555				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/23/2024	Full name of contributor out-of-state PAC (ID#:_ Matuszczak, Maria Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$84.00
	Dringing! goog	Houston, TX 77098	Employer (See Instructions	_		
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions	')		
	Date 02/07/2024	Full name of contributor			Amount of Contribution (\$)	\$150.00
		Austin, TX 78704				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 01/27/2024	Full name of contributor out-of-state PAC (ID#:_McGehee, Frank Contributor address; City; State; Zip Code Midland, TX 79704			Amount of Contribution (\$)	\$250.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_McNeil, Ashley Contributor address; City; State; Zip Code Austin, TX 78746			Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 26/44 Rpt: 29/58	
2	FILER NAME Texas Socie	y Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 02/12/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$84.00
_		Boerne, TX 78006	T	_		
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID# Mehta, Jaideep Contributor address; City; State; Zip Code	·:		Amount of Contribution (\$)	\$84.00
	Principal occu	Austin, TX 78731 pation / Job title (See Instructions)	Employer (See Instructions	;) 		
	Physician	odition / Job title (See Instructions)	Employer (See Instructions	"		
	Date 02/14/2024	Full name of contributor out-of-state PAC (ID# Merchun, Christopher Contributor address; City; State; Zip Code	<u>:</u>)		Amount of Contribution (\$)	\$41.67
		Dallas, TX 75219				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/14/2024	Full name of contributor out-of-state PAC (ID# Mercier, David Contributor address; City; State; Zip Code Dallas, TX 75229	<u>:)</u>	•	Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID# Mery, Marissa Contributor address; City; State; Zip Code Austin, TX 78703	:)		Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this t	orm.	1	Total pages Schedule A1: Sch: 27/44 Rpt: 30/58	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 02/07/2024	 Full name of contributor out-of-state PAC (ID#: Metcalf, Steven Contributor address; City; State; Zip Code 	_	7	Amount of Contribution (\$)	\$150.00
_	5	Austin, TX 78735	la = 1 (0 1 1 1			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_Mezger, Kyle Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$150.00
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician					
	Date 02/14/2024	Full name of contributor out-of-state PAC (ID#:_Miller, Christopher Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$84.00
		Arlington, TX 76015				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_Moen, Matthew Contributor address; City; State; Zip Code Austin, TX 78759)		Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/05/2024	Full name of contributor out-of-state PAC (ID#:_Moorman, Andrew Contributor address; City; State; Zip Code Dallas, TX 75219			Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
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	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 28/44 Rpt: 31/58	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 02/09/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$67.00
_	5	Austin, TX 78746				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/13/2024	Full name of contributor out-of-state PAC (ID#:_ Mouzi-Wofford, Lisa Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$84.00
	Dringing! agg.	Houston, TX 77007	Employer (Coo Instructions	_		
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/31/2024	Full name of contributor			Amount of Contribution (\$)	\$84.00
		Temple, TX 76502				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_Myers, Khaleah Contributor address; City; State; Zip Code Austin, TX 78746			Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_ Nelson, David Contributor address; City; State; Zip Code Austin, TX 78746			Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBU	UTIONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	this form.	1	Total pages Schedule A1: Sch: 29/44 Rpt: 32/58	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Comm	nittee	3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 02/07/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$150.00
_	Daine in all a second	Austin, TX 78746	lo Fundame (On Instruction			
8	Physician Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/07/2024	Full name of contributor out-of-state PAG Nieto, Mario Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$150.00
	Principal occu	Austin, TX 78732 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Physician					
	Date 02/07/2024	Full name of contributor out-of-state PAI Noble, Mark Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$150.00
		Austin, TX 78738				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/12/2024	Full name of contributor out-of-state PAG Normand, Katherine Contributor address; City; State; Zip Code Houston, TX 77079	AC (ID#:)		Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/13/2024	Full name of contributor out-of-state PAG Obanor, Osamudiamen Contributor address; City; State; Zip Code Houston, TX 77054	AC (ID#:)		Amount of Contribution (\$)	\$67.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			1			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 30/44 Rpt: 33/58	
2	FILER NAME Texas Socie	y Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 02/13/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$67.00
		Dallas, TX 75390				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_ Ortiz, Jaime Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$67.00
	Dringing Lagra	Houston, TX 77025	Familia yang (Coo Jachus ation and	<u></u>		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#:_ Padakandla, Udaya Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$67.00
		Carrollton, TX 75010				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_ Park, Augustine Contributor address; City; State; Zip Code Austin, TX 78735			Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_Patel, Jigish Contributor address; City; State; Zip Code Austin, TX 78730			Amount of Contribution (\$)	\$150.00
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 31/44 Rpt: 34/58	
2	FILER NAME Texas Socie	ty Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 02/13/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$8.33
_		Fort Worth, TX 76107				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/07/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$150.00
	Principal occu Physician	Austin, TX 78704 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#: Patman, Genevieve Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$150.00
	Dringing aggr	Austin, TX 78704 pation / Job title (See Instructions)	Employer (Coo Instructions			
	Physician Physician	pation / Job title (See instructions)	Employer (See Instructions)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:Pena, Annie Contributor address; City; State; Zip Code Driftwood, TX 78619			Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/14/2024	Full name of contributor out-of-state PAC (ID#:_ Perry, Jeremie Contributor address; City; State; Zip Code Abilene, TX 79606			Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S 		SCHEDUL	E A1
	The Instru	ction Guide explains how to d	complete this forn	n.	1	Total pages Schedule A1: Sch: 32/44 Rpt: 35/58	
2	FILER NAME Texas Socie	y Of Anesthesiologists Political Ac	ction Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 02/09/2024	 5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$41.67
		Lubbock, TX 79430					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 02/14/2024	Full name of contributor of contributor of contributor address; City; State; Z	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$9.00
	Principal occu	Houston, TX 77007 pation / Job title (See Instructions)		Employer (See Instructions	:)		
	Physician	,		, , , , , , , , , , , , , , , , , , , ,	,		
	Date 02/09/2024	Full name of contributor of contributor of contributor address; City; State; Z	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$67.00
		Southlake, TX 76092					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 02/07/2024	Full name of contributor of contributor of contributor address; City; State; Z Austin, TX 78703	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 02/07/2024	Pronske, Erik	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 33/44 Rpt: 36/58	
2	FILER NAME Texas Socie	ty Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 02/13/2024	 Full name of contributor out-of-state PAC (ID#: Quintela, Heather Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$84.00
_		San Antonio, TX 78248	T			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#: Radich, Ned Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$150.00
	Principal occu	Austin, TX 78723 pation / Job title (See Instructions)	Employer (See Instructions	:) 		
	Physician	pation / Job title (See Instructions)	Employer (See manucuons	,		
	Date 02/14/2024	Full name of contributor out-of-state PAC (ID#:_Rahlfs, Thomas Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$83.34
		Houston, TX 77079				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_Ratcliff, Stephen Contributor address; City; State; Zip Code Austin, TX 78705			Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/14/2024	Full name of contributor out-of-state PAC (ID#:_Rebal, Brett Contributor address; City; State; Zip Code Austin, TX 78746			Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 34/44 Rpt: 37/58	
2	FILER NAME Texas Socie	y Of Anesthesiologists Political Action Committee	е	3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 02/07/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$150.00
_		Austin, TX 78746	- I	Ĺ		
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/14/2024	Full name of contributor out-of-state PAC (ID Reed, LoriJean Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$84.00
	Principal occu	Dallas, TX 75230 pation / Job title (See Instructions)	Employer (See Instructions	<u>s)</u>		
	Physician	sation, oob title (oce mandedons)	Employer (See moudening	3)		
	Date 02/06/2024	Full name of contributor)		Amount of Contribution (\$)	\$84.00
		Dallas, TX 75206				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/14/2024	Full name of contributor out-of-state PAC (ID Richards, Jeffrey Contributor address; City; State; Zip Code League City, TX 77573)	•	Amount of Contribution (\$)	\$84.00
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID Ritter, Eric Contributor address; City; State; Zip Code Houston, TX 77018) #:)		Amount of Contribution (\$)	\$20.83
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	s)		
			•			

	MONET	ARY POLITICAL CONT	TRIBUTIONS	5		SCHEDUL	E A1
	The Instru	ction Guide explains how to co	mplete this form	i	1	Total pages Schedule A1: Sch: 35/44 Rpt: 38/58	
2	FILER NAME Texas Socie	y Of Anesthesiologists Political Actio	n Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 02/07/2024	 Full name of contributor out-out-out-out-out-out-out-out-out-out-			7	Amount of Contribution (\$)	\$150.00
		Austin, TX 78702					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions))		
	Date 02/07/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$150.00
	Principal occu	Austin, TX 78732 pation / Job title (See Instructions)		Employer (See Instructions)		
	Physician	,		, . , . (- · · · · · · · · · · · · · · · · · ·	,		
	Date 02/07/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$150.00
		Austin, TX 78732					
	Principal occu Physician	oation / Job title (See Instructions)	ı	Employer (See Instructions))		
	Date 02/12/2024	Rondeau, Bryan	of-state PAC (ID#:			Amount of Contribution (\$)	\$83.34
	Principal occu Physician	oation / Job title (See Instructions)	1	Employer (See Instructions))		
	Date 02/07/2024	Rutland, Lindsey	of-state PAC (ID#:)		Amount of Contribution (\$)	\$84.00
	Principal occu Physician	oation / Job title (See Instructions)	1	Employer (See Instructions))		
			l				

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 36/44 Rpt: 39/58	
2	FILER NAME Texas Socie	y Of Anesthesiologists Political Action Committee	Э	3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 02/07/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$150.00
_		Austin, TX 78723	1	Ĺ		
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID Rutman, Steven Contributor address; City; State; Zip Code) #:)		Amount of Contribution (\$)	\$150.00
	Principal occu	Austin, TX 78731 pation / Job title (See Instructions)	Employer (See Instructions	<u>=)</u>		
	Physician	sation 7 oob title (See mattactions)	Employer (See instructions	3)		
	Date 02/14/2024	Full name of contributor out-of-state PAC (ID Rymell, Thomas Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$83.34
		Fort Worth, TX 76132				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID Saenz, Nicholas Contributor address; City; State; Zip Code Austin, TX 78704)		Amount of Contribution (\$)	\$150.00
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID Salas, Mingshing Contributor address; City; State; Zip Code Austin, TX 78717	#:)		Amount of Contribution (\$)	\$150.00
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	5)		
			•			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 37/44 Rpt: 40/58	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 02/14/2024	 Full name of contributor out-of-state PAC (ID#: Sarmiento, Stephen Contributor address; City; State; Zip Code 	_	7	Amount of Contribution (\$)	\$85.00
_		Plano, TX 75093	T			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_Scales, Garrett Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$150.00
	Principal occu	Austin, TX 78730 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician					
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#: Schlitt, John Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$150.00
		Austin, TX 78703				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#: Sebastian, Barbara Contributor address; City; State; Zip Code Austin, TX 78746			Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 02/14/2024	Full name of contributor out-of-state PAC (ID#: Selassie, Rahel Contributor address; City; State; Zip Code Manvel, TX 77578			Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to comple	ete this forn	1.	1	Total pages Schedule A1: Sch: 38/44 Rpt: 41/58	
2	FILER NAME Texas Socie	y Of Anesthesiologists Political Action Co	mmittee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 02/09/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$67.00
		Galveston, TX 77551					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 02/01/2024	Shu, Stephen	PAC (ID#:			Amount of Contribution (\$)	\$84.00
	Principal occu	Dallas, TX 75219 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	Physician Physician	sation, oob title (occ instructions)		Employer (See mandedons	')		
	Date 02/07/2024	Full name of contributor out-of-state Singh, Ravi Contributor address; City; State; Zip Code	e PAC (ID#:)		Amount of Contribution (\$)	\$150.00
		Austin, TX 78731					
	Principal occu Physician	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/07/2024	Smollen, Patrick				Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/07/2024	Specks, Sebastian				Amount of Contribution (\$)	\$150.00
	Principal occu Physician	oation / Job title (See Instructions)		Employer (See Instructions	5)		
			I				

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to c	omplete this forn	n.	1	Total pages Schedule A1: Sch: 39/44 Rpt: 42/58	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Act	ion Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 02/14/2024	 Full name of contributor ou ou Stamatakos, Todd Contributor address; City; State; Zi)	7	Amount of Contribution (\$)	\$85.00
		Frisco, TX 75034					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 02/07/2024	Full name of contributor ou Stanciu, Thomas Contributor address; City; State; Zi	nt-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$150.00
	Principal occu	Austin, TX 78749 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician						
	Date 02/14/2024	Full name of contributor ou Street, Austin Contributor address; City; State; Zi	p Code)		Amount of Contribution (\$)	\$67.00
		Dallas, TX 75229					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	<u>;</u>)		
	Date 02/07/2024	Full name of contributor ou Swanson, Beth Ann Contributor address; City; State; Zi Austin, TX 78746	nt-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Date 02/14/2024	Teegarden, Beth	p Code)		Amount of Contribution (\$)	\$62.50
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	()		
			-				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 40/44 Rpt: 43/58	
2	FILER NAME Texas Socie	ty Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 02/07/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$150.00
•	Dringing Loggy	Austin, TX 78704	O Employer (Coo Instructions	_		
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_ Thompson, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$150.00
	Principal occu	Austin, TX 78746 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician	,	, ,,, (
	Date 02/07/2024	Full name of contributor			Amount of Contribution (\$)	\$150.00
		Austin, TX 78733				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_ Thu, Christopher Contributor address; City; State; Zip Code West Lake Hills, TX 78746			Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_ Tsai, January Contributor address; City; State; Zip Code Houston, TX 77005			Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUT	TONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 41/44 Rpt: 44/58	
2	FILER NAME Texas Socie	ty Of Anesthesiologists Political Action Committe	ee	3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 02/14/2024	 Full name of contributor out-of-state PAC (II Tunink, Bryan Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$62.50
_		Southlake, TX 76092		Ĺ		
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (II Van De Graaf, William Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$150.00
	Principal occu	Austin, TX 78735 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					
	Date 02/14/2024	Full name of contributor	D#:)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (II Wahal, Christopher Contributor address; City; State; Zip Code Austin, TX 78723	D#:)		Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/14/2024	Full name of contributor out-of-state PAC (II Wanamaker, Michael Contributor address; City; State; Zip Code Dallas, TX 75219	D#:)		Amount of Contribution (\$)	\$62.50
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			•			

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 42/44 Rpt: 45/58	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 02/12/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$83.34
0	Dringing Loggy	Houston, TX 77018	Employer (See Instructions			
8	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/26/2024	Full name of contributor out-of-state PAC (ID#: Wells, Kristen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$84.00
	Principal occu	Addison, TX 75001 pation / Job title (See Instructions)	Employer (See Instructions	<u>) </u>		
	Physician	saudin, cos uno (cos monaciono)		,		
	Date 02/05/2024	Full name of contributor out-of-state PAC (ID#: West, Mary Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Irving, TX 75061				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#: Westfall, John Contributor address; City; State; Zip Code Fredericksburg, TX 78624			Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#: Weynand-Quy, Beth Contributor address; City; State; Zip Code Austin, TX 78703)		Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 43/44 Rpt: 46/58	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 02/07/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$150.00
_		Austin, TX 78733				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_ Wollan, Megan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$150.00
	Principal occu	Austin, TX 78746 pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician			<u></u>		
	Date 02/13/2024	Full name of contributor out-of-state PAC (ID#:_ Woods, Amy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$67.00
		Dallas, TX 75390				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/14/2024	Full name of contributor out-of-state PAC (ID#:_ Wright, Crystal Contributor address; City; State; Zip Code Houston, TX 77005			Amount of Contribution (\$)	\$83.34
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_Young, Stanford Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
		·				

MONE	FARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instru	uction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 44/44 Rpt: 47/58
2 FILER NAME	ety Of Anesthesiologists Political Action Committee	3 Filer ID (Ethics Commission Filers) 00024940
4 Date 01/31/2024	5 Full name of contributor ut-of-state PAC (ID#:	
9 Principal acc	Houston, TX 77055 upation / Job title (See Instructions) 9 Employer (See Instru	lations)
Physician	upation / Job title (See instructions)	ctions)
Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:	_) Amount of Contribution (\$) \$84.00
Principal occ Physician	Houston, TX 77004 upation / Job title (See Instructions) Employer (See Instru	ections)

					SCHEDULE B
Т	The Instruction Guide ex	plains how to compl	ete this form.	1 Total pages Scher	
2 FILER N	LANAT			Sch: 1/1 Rpt: 48	
	Society Of Anesthesiologists	3 Filer ID (Eth 00024940	ics Commission Filers)		
<u></u>					
TOTAL	TOTAL OF UNITEMIZED PLEDGES			\$	0.00
5 Date	6 Full name of pledgor	out-of-state PAC (ID#	t) 8 Amount of pledge (\$)	9 In-kind description (If applicable)
	7 Pledgor Address;	City; State; Zip Code			
				Check if travel outs	I I I ide of Texas. Complete Schedule T
10 Principal	l occupation / Job title (See Instr	uctions)	11 Employer (See Ir		

	LOANS						SCH	EDULE E	
	The Instructio	ges Schedule E 1 Rpt: 49/58	i:						
2	FILER NAME Texas Society O	of Anesthesiologists Political Action Committe	ee		3	Filer ID 000249	(Ethics Comm	ission Filers)	
4	TOTAL OF UN	IITEMIZED LOANS			I		\$	0.0)0
5	Date of loan	7 Name of lender out-of-stat	te PA	C (ID#:			9 Loan Amou	unt (\$)	_
6	Is lender a financial institution?	8 Lender address; City; Stat	te;	Zip Code			10 Interest Ra		
							11 Maturity Da	ate	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instru	uctions)				
14	Description of Coll	ateral		15 Check if personal fu	nds were	deposited	l into political ac (See Instru		
16	GUARANTOR INFORMATION	17 Name of guarantor					19 Amount Gu	ıaranteed (\$)	
	not applicable	18 Guarantor address; City; Stat	 te;	Zip Code					
20	Principal occupation	on		21 Employer (See Instru	uctions)				

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	,
1 Total pages Schedule F1: Sch: 1/8 Rpt: 50/58	2 FILER NAME Texas Society Of Anesthesiologists Political Action 3 Filer ID (Ethics Commission Filers) 00024940
4 Date	5 Payee name
02/07/2024	Bailes, Ernest
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	P. O. Box 1232
Expenditure from corporate funds	Shepherd, TX 77371
8 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
	Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
02/07/2024	Buckingham, Dawn
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	P. O. Box 342524
Expenditure from corporate funds	Lakeway, TX 78734
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 contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/07/2024	Burns, Dewayne
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	703 Stonelake Drive
+2,000.00	100 00010101010 21110
Expenditure from corporate funds	Celburne, TX 76033
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LA LADITORL	Candidate/Officeholder/Political Committee
	Campaign contribution
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
5	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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: Sch: 2/8 Rpt: 51/58	2 FILER NAME Texas Society Of Anesthesiologists Political Action 3 Filer ID (Ethics Commission Filers) 00024940	
4 Date		_
	5 Payee name	
02/15/2024	Collier, Nicole	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,500.00	P. O. Box 24241	
Expenditure from corporate funds	Fort Worth, TX 76124	
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	
	Campaign contribution	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	4	
Date	Payee name	_
02/15/2024	Cook, David	
Amount (\$)	Payee address; City; State; Zip Code	_
\$1,500.00	309 E. Broad Street	
Expenditure from corporate funds	Mansfield, TX 76063	
·		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Toyon Complete Schedule Toyon Complete S	
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	
	Campaign contribution	
	Sampagn sommans.	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Data		_
Date	Payee name	
02/07/2024	Cortez, Philip	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,500.00	7919 Liberty Island	
Expenditure from corporate funds	San Antonio, TX 78227	
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	
	Campaign 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

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee L	Gift/Awards/Memorials egal Services The Instruction G			ages	/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed ab	oove)
Ļ		-		The instruction of	uiuc expiairis rio	- TO COI	iipic		1_		(=u · o ·	
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 3/8 Rpt: 52/58		Texas Societ	ty Of Anesthes	iologists Polit	tical Act	tion	1		00024940		
4	Date	5	Payee name									
	02/15/2024		Davis, Yvonr	ne								
6	Amount (\$)	7	Payee address	s; City;	State;	Zin Cor	10					
ľ	` '	 ′			State,	Zip Coc	JE					
	\$2,000.00		P. O. Box 76	3308								
_	T Expenditure from											
L	corporate funds		Dallas, TX 7	5376								
8	PURPOSE	(a)	Category (Sa)	Categories listed at t	ha tan af thia aabad	lula)	(b)	Description				
	OF	``		s/Donations Ma		uie)	()		outsi	ide of Texas. Con	plete Schedule T.	
	EXPENDITURE			fficeholder/Pol		tee		Check if Austin	ı, TX	, officeholder living	g expense	
								Campaign co	ontr	ibution		
						1						
9	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name	Off	fice soug	ht			Office h	eld.	
9	expenditure to benefit C/OI		Januluate/Onic	enoluei name	Oili	iice soug	JIII			Office II	ciu	
	· 											
	Date		Payee name									
	02/07/2024		Geren, Charl	lie								
Н	Amount (\$)	H	Payee address	s; City;	State;	Zip Cod	de					
	\$1,500.00		P. O. Box 14		,							
	Ψ1,300.00		1 . O. Box 14	40								
l	Expenditure from											
┞	corporate funds		Fort Worth, 7	TX 76101								
	PURPOSE	(a)	Category (See	Categories listed at t	he top of this schedu	ule)	(b)	Description				
	OF EXPENDITURE			s/Donations Ma				Check if travel	outsi	ide of Texas. Con	plete Schedule T.	
	EXPENDITURE		Candidate/O	fficeholder/Pol	itical Committ	tee		ш		, officeholder living	g expense	
						1		Campaign co	ontr	ibution		
						1						
	Complete ONLY if direct		Candidate/Offic	eholder name	Off	fice soug	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
H												
	Date		Payee name									
	02/15/2024		Holland, Just	tin								
	Amount (\$)		Payee address	s; City;	State;	Zip Cod	de					
	\$1,500.00		3021 Ridge I	Road								
			Suite A, Box									
	Expenditure from		•									
٢	corporate funds		Rockwall, TX	75032								
	PURPOSE	(a)	Category (See	Categories listed at t	he top of this schedu	ule)	(b)	Description				
	OF EXPENDITURE			s/Donations Ma				=			plete Schedule T.	
	EXI ENDITORE		Candidate/O	fficeholder/Pol	itical Committ	tee		ш		, officeholder living	g expense	
								Campaign co	ontr	noıtudi		
		L										
	Complete ONLY if direct		Candidate/Offic	eholder name	Off	fice soug	ght			Office h	eld	
	expenditure to benefit C/OI	Н										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
Sch: 4/8 Rpt: 53/58	Texas Society Of Anesthesiologists Political Action 00024940
4 Date	5 Payee name
02/20/2024	Jetton, Jacey
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	1723 Hearthside Ct.
Expenditure from corporate funds	Richmond, TX 77406
8 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 contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/16/2024	Johnson, Nathan
Amount (\$)	Payee address; City; State; Zip Code
\$3,000.00	P. O. Box 670994
Expenditure from corporate funds	Dallas, TX 75367
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
	Candidate/Oniceriolder/Political Committee Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/06/2024	Kitzman, Stan
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	P. O. Box 553
Expenditure from corporate funds	Pattison, TX 77466
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 continuuton
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	

SCHEDULE F1

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

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

imbursement Solicitation/Fundraising Expense
tal 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: 5/8 Rpt: 54/58	Texas Society Of Anesthesiologists Political Action 00024940
4 Date	5 Payee name
02/07/2024	Lalani, Suleman
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	P. O. Box 6514
Expenditure from corporate funds	Houston, TX 77265
8 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
	Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/13/2024	Lalani, Suleman
Amount (\$)	Payee address; City; State; Zip Code
\$3,000.00	P. O. Box 6514
Expenditure from corporate funds	Houston, TX 77265
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 continuution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· ·
Date	Payee name
02/07/2024	Martinez Fischer, Trey
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	104 Babcock Road
	Suite 107
Expenditure from corporate funds	San Antonio, TX 78201
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign 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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee Le	ift/Awards/Memorials Exegal Services		/Wages	s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)
Ļ		-		THE ITISH UCHOTI GUIL	de explains flow to c	ompie	ete tilis loilli.	-			
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission	Filers)
	Sch: 6/8 Rpt: 55/58		Texas Society	y Of Anesthesio	logists Political A	ctior	ו		00024940		
4	Date	5	Payee name								
	02/20/2024		Patrick, Dan								
6	Amount (\$)	7	Payee address	; City;	State; Zip C	ode					
	\$9,000.00		P. O. Box 685								
	Ψ5,000.00		1 . O. Box oo.	3000							
	Expenditure from										
┙	corporate funds		Austin, TX 78	3768							
8	PURPOSE	(a)	Category (See	Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE			/Donations Mad						plete Schedule T.	
			Candidate/Of	ficeholder/Politi	cal Committee		_		officeholder living	g expense	
							Campaign co	ontr	ibution		
9	Complete ONLY if direct		Candidate/Office	eholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	02/07/2024		Phelan, Dade	<u>, </u>							
_	Amount (\$)	┝	Payee address		State; Zip C	odo					
	, ,		•	-	State, Zip C	oue					
	\$7,500.00		P. O. Box 848	5							
l_	T Expenditure from										
L	corporate funds		Nederland, T	X 77627							
	PURPOSE	(a)	Category (See	Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE			/Donations Mad			Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE		Candidate/Of	ficeholder/Politi	cal Committee		—		officeholder living	j expense	
							Campaign co	ontr	ibution		
	Complete ONLY if direct		Candidate/Office	eholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	02/07/2024		Rogers, Glen	n							
					Otata: 75- 0						
	Amount (\$)		Payee address	; City;	State; Zip C	oae					
	\$2,000.00		P. O. Box 11								
_	T Expenditure from										
L	corporate funds		Graford, TX 7	'6449							
	PURPOSE	(a)	Category (See	Categories listed at the	ton of this schedule)	(b)	Description				
	OF	` `		Donations Mad		` `		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			ficeholder/Politi			Check if Austin	ı, TX	officeholder living	g expense	
							Campaign co	ontr	ibution		
	Complete ONLY if direct		Candidate/Office	eholder name	Office so	ught			Office h	eld	
	expenditure to benefit C/OI	Н									
ı											

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
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: 7/8 Rpt: 56/58	Texas Society Of Anesthesiologists Political Action 00024940
4 Date	5 Payee name
02/07/2024	Smithee, Reggie
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	P. O. Box 1947
Expenditure from corporate funds	Sherman, TX 75091
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.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
02/01/2024	Stucky, Lynn
Amount (\$)	Payee address; City; State; Zip Code
\$3,000.00	P. O. Box 464
Expenditure from corporate funds	Denton, TX 76202
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 contribution
Operation ONLY if allower	On alidate (Office helder game)
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/10/2024	Thimesch, Kronda
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	P. O. Box 464
- "	
Expenditure from corporate funds	Carrollton, 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.
LAFLINDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
Oranghi Orang	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3	

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 (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Gift/Awards/Memorials Expense Printing Expense Travel Out of District 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:	
Sch: 8/8 Rpt: 57/58	Texas Society Of Anesthesiologists Political Action 00024940
4 Date	5 Payee name
02/06/2024	Zaffirini, Judith
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,000.00	P. O. Box 627
Expenditure from corporate funds	Laredo, TX 78042
8 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
	Campaign contribution
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 58/58 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Society Of Anesthesiologists Political Action Committee 00024940 5 Name of person from whom amount is received 8 Amount (\$) 02/25/2024 \$1,500.00 Johnson, Ann 6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77256 Purpose for which amount is received Check if political contribution returned to filer Contribution was misplaced