



# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas Society Of Anesthesiologists Political Action Committee	<b>13 Filer ID</b> (Ethics Commission Filers) 00024940
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,614.37
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 9,000.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 305,658.83
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Dr. Kristyn B. Ingram  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - MPAC

<b>17 COMMITTEE NAME</b> Texas Society Of Anesthesiologists Political Action Committee		<b>18 Filer ID</b> (Ethics Commission Filers) 00024940
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,614.37
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 9,000.00
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/21 Rpt: 4/28
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 05/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abouleish, Amr	<b>7</b> Amount of Contribution (\$)  \$85.00
<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77059		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alquicira-Macedo, Fernando	Amount of Contribution (\$)  \$84.00
Contributor address; City; State; Zip Code  Houston, TX 77085		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) An, Daniel	Amount of Contribution (\$)  \$67.00
Contributor address; City; State; Zip Code  Fulshear, TX 77441		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anton, James	Amount of Contribution (\$)  \$84.00
Contributor address; City; State; Zip Code  Pearland, TX 77584		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ata, Monica	Amount of Contribution (\$)  \$84.00
Contributor address; City; State; Zip Code  Allen, TX 75013		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/21 Rpt: 5/28
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 05/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bacak, Christina <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78704	<b>7</b> Amount of Contribution (\$)  \$84.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ball, Timothy <hr/> Contributor address; City; State; Zip Code  College Station, TX 77845	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beitzel, Michael <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79602	Amount of Contribution (\$)  \$67.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Benson, Kenneth <hr/> Contributor address; City; State; Zip Code  Houston, TX 77035	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bradley, Stephanie <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/21 Rpt: 6/28
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 05/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bryan, Joseph <hr/> <b>6</b> Contributor address; City; State; Zip Code  Buda, TX 78610	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Butler, Brad <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79602	Amount of Contribution (\$)  \$67.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carroll, Luke <hr/> Contributor address; City; State; Zip Code  Houston, TX 77042	Amount of Contribution (\$)  \$85.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cattano, Davide <hr/> Contributor address; City; State; Zip Code  Houston, TX 77030	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clanton, David <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78256	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/21 Rpt: 7/28
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 05/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conner, William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Murphy, TX 75094	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 05/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Danley, Matthew <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davila-Perez, Ruben <hr/> Contributor address; City; State; Zip Code  Houston, TX 77057	Amount of Contribution (\$)  \$21.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) De Lanzac, Kraig <hr/> Contributor address; City; State; Zip Code  New Orleans, LA 70112	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Drees, Jeffrey <hr/> Contributor address; City; State; Zip Code  Corsicana, TX 75110	Amount of Contribution (\$)  \$85.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 5/21 Rpt: 8/28
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 05/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dupont, Cedric	7 Amount of Contribution (\$)  \$100.00
	6 Contributor address; City; State; Zip Code  Rollingwood, TX 78746	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ellis, Stephen	Amount of Contribution (\$)  \$84.00
	Contributor address; City; State; Zip Code  Dallas, TX 75219	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Erian, Ralph	Amount of Contribution (\$)  \$84.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78212	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Farley, Elizabeth	Amount of Contribution (\$)  \$84.00
	Contributor address; City; State; Zip Code  Austin, TX 78759	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Farrow-Gillespie, Alan	Amount of Contribution (\$)  \$42.00
	Contributor address; City; State; Zip Code  Dallas, TX 75204	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/21 Rpt: 9/28
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 05/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia-Bigger, Judy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78665	<b>7</b> Amount of Contribution (\$)  \$166.67
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Giam, Patrick <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Glover, Chris <hr/> Contributor address; City; State; Zip Code  Houston, TX 77030	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gloyna, David <hr/> Contributor address; City; State; Zip Code  Salado, TX 76571	Amount of Contribution (\$)  \$67.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gloyna, David <hr/> Contributor address; City; State; Zip Code  Salado, TX 76571	Amount of Contribution (\$)  \$118.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/21 Rpt: 10/28
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 05/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gurkowski, Mary Ann	<b>7</b> Amount of Contribution (\$)  \$83.34
<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78240		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hancher-Hodges, Shannon	Amount of Contribution (\$)  \$67.00
Contributor address; City; State; Zip Code  Bellaire, TX 77401		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hardman, Bailor	Amount of Contribution (\$)  \$84.00
Contributor address; City; State; Zip Code  Dallas, TX 75205		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harvey, Benjamin	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Spring, TX 77379		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Havalda, Diane	Amount of Contribution (\$)  \$84.00
Contributor address; City; State; Zip Code  San Antonio, TX 78258		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/21 Rpt: 11/28
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 05/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hendrix, Joseph <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78218	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 05/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Nadia <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77584	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Raul <hr/> Contributor address; City; State; Zip Code  Rio Grande City, TX 78582	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Highfill, Erin <hr/> Contributor address; City; State; Zip Code  Garland, TX 75044	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hines, Clayton <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77705	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/21 Rpt: 12/28
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 05/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hutson, Larry	<b>7</b> Amount of Contribution (\$)  \$150.00
<b>6</b> Contributor address; City; State; Zip Code  Temple, TX 76502		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jenkins, Kalan	Amount of Contribution (\$)  \$84.00
Contributor address; City; State; Zip Code  Salado, TX 76571		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Zachary	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Frisco, TX 75036		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Karnes, Paden	Amount of Contribution (\$)  \$67.00
Contributor address; City; State; Zip Code  Houston, TX 77030		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kercheville, Scott	Amount of Contribution (\$)  \$67.00
Contributor address; City; State; Zip Code  San Antonio, TX 78215		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/21 Rpt: 13/28
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 05/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Khorsand, Sarah <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75229	<b>7</b> Amount of Contribution (\$)  \$84.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kolle, Bracken <hr/> Contributor address; City; State; Zip Code  Houston, TX 77042	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Konvicka, James <hr/> Contributor address; City; State; Zip Code  Belton, TX 76513	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kroger, John <hr/> Contributor address; City; State; Zip Code  League City, TX 77573	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kwater, Andrzej <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/21 Rpt: 14/28
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 05/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Liang, David	<b>7</b> Amount of Contribution (\$) \$20.83
<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78240		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 05/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lindberg, Scott	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Katy, TX 77494		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maloney, Kenneth	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code  Cypress, TX 77429		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Markham, Travis	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code  Houston, TX 77030		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Robert	Amount of Contribution (\$) \$67.00
Contributor address; City; State; Zip Code  Karnes City, TX 78118		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/21 Rpt: 15/28
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 05/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Masel, Brian	<b>7</b> Amount of Contribution (\$)  \$67.00
<b>6</b> Contributor address; City; State; Zip Code  Galveston, TX 77555		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Matuszczak, Maria	Amount of Contribution (\$)  \$84.00
Contributor address; City; State; Zip Code  Houston, TX 77098		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McWilliams, Sara	Amount of Contribution (\$)  \$84.00
Contributor address; City; State; Zip Code  Boerne, TX 78006		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mehta, Jaideep	Amount of Contribution (\$)  \$84.00
Contributor address; City; State; Zip Code  Austin, TX 78731		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Merchun, Christopher	Amount of Contribution (\$)  \$41.67
Contributor address; City; State; Zip Code  Dallas, TX 75219		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/21 Rpt: 16/28
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 05/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mercier, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75229	<b>7</b> Amount of Contribution (\$)  \$84.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Christopher <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76015	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moorman, Andrew <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moreland, Jennie <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$)  \$67.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mouzi-Wofford, Lisa <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/21 Rpt: 17/28
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 05/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Muse, Kenisha	<b>7</b> Amount of Contribution (\$)  \$84.00
<b>6</b> Contributor address; City; State; Zip Code  Temple, TX 76502		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Normand, Katherine	Amount of Contribution (\$)  \$84.00
Contributor address; City; State; Zip Code  Houston, TX 77079		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Obanor, Osamudiamen	Amount of Contribution (\$)  \$67.00
Contributor address; City; State; Zip Code  Houston, TX 77054		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Odeh, Jaffer	Amount of Contribution (\$)  \$67.00
Contributor address; City; State; Zip Code  Dallas, TX 75390		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ortiz, Jaime	Amount of Contribution (\$)  \$67.00
Contributor address; City; State; Zip Code  Houston, TX 77025		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/21 Rpt: 18/28
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 05/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Padakandla, Udaya <hr/> <b>6</b> Contributor address; City; State; Zip Code  Carrollton, TX 75010	<b>7</b> Amount of Contribution (\$)  \$67.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 05/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patel, Kaelan <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perry, Jeremie <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79606	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillips, Cooper <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79430	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pierce, Grace <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$9.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/21 Rpt: 19/28
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 05/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Plagenhoef, Jeffrey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Southlake, TX 76092	<b>7</b> Amount of Contribution (\$)  \$67.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 05/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Quintela, Heather <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78248	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rahlfs, Thomas <hr/> Contributor address; City; State; Zip Code  Houston, TX 77079	Amount of Contribution (\$)  \$83.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rebal, Brett <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reed, LoriJean <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/21 Rpt: 20/28
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 05/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Remster, Jeffrey	<b>7</b> Amount of Contribution (\$)  \$84.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75206		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richards, Jeffrey	Amount of Contribution (\$)  \$84.00
Contributor address; City; State; Zip Code  League City, TX 77573		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ritter, Eric	Amount of Contribution (\$)  \$20.83
Contributor address; City; State; Zip Code  Houston, TX 77018		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rondeau, Bryan	Amount of Contribution (\$)  \$83.34
Contributor address; City; State; Zip Code  Temple, TX 76502		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rutland, Lindsey	Amount of Contribution (\$)  \$84.00
Contributor address; City; State; Zip Code  Austin, TX 78723		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/21 Rpt: 21/28
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 05/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sarmiento, Stephen	<b>7</b> Amount of Contribution (\$)  \$85.00
<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75093		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Selassie, Rahel	Amount of Contribution (\$)  \$84.00
Contributor address; City; State; Zip Code  Manvel, TX 77578		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shabot, Sarah	Amount of Contribution (\$)  \$67.00
Contributor address; City; State; Zip Code  Galveston, TX 77551		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shu, Stephen	Amount of Contribution (\$)  \$84.00
Contributor address; City; State; Zip Code  Dallas, TX 75219		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stamatakos, Todd	Amount of Contribution (\$)  \$85.00
Contributor address; City; State; Zip Code  Frisco, TX 75034		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/21 Rpt: 22/28
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 05/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Street, Austin	<b>7</b> Amount of Contribution (\$)  \$67.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75229		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Teegarden, Beth	Amount of Contribution (\$)  \$62.50
Contributor address; City; State; Zip Code  Galveston, TX 77555		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tsai, January	Amount of Contribution (\$)  \$84.00
Contributor address; City; State; Zip Code  Houston, TX 77005		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tunink, Bryan	Amount of Contribution (\$)  \$62.50
Contributor address; City; State; Zip Code  Southlake, TX 76092		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vu-Boyer, Lisa	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Dallas, TX 75219		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 20/21 Rpt: 23/28
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 05/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weiss, Lisa	7 Amount of Contribution (\$)  \$83.34
	6 Contributor address; City; State; Zip Code  Houston, TX 77018	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wells, Kristen	Amount of Contribution (\$)  \$84.00
	Contributor address; City; State; Zip Code  Addison, TX 75001	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) West, Mary	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  Irving, TX 75061	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Woods, Amy	Amount of Contribution (\$)  \$67.00
	Contributor address; City; State; Zip Code  Dallas, TX 75390	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright, Crystal	Amount of Contribution (\$)  \$83.34
	Contributor address; City; State; Zip Code  Houston, TX 77005	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/21 Rpt: 24/28
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 05/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zaafran, Sherif <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77055	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zavala, Acsa Contributor address; City; State; Zip Code  Houston, TX 77004	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule B: Sch: 1/1 Rpt: 25/28	
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES		<b>\$</b> 0.00	
<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>8</b> Amount of pledge (\$)	<b>9</b> In-kind description (If applicable)
	<b>7</b> Pledgor Address; City; State; Zip Code		
<b>10</b> Principal occupation / Job title (See Instructions)		<b>11</b> Employer (See Instructions)	

# LOANS

# SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 26/28
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 27/28	<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action	<b>3</b> Filer ID (Ethics Commission Filers) 00024940
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<b>4</b> Date 05/13/2024	<b>5</b> Payee name Bonnen, Greg
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<b>6</b> Amount (\$) \$1,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P. O. Box 1183  Friendswood, TX 77549
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
---------------------------------	---	---

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/13/2024	Payee name Gerdes , Stan
--------------------	-----------------------------

Amount (\$) \$1,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P. O. Box 1060  Smithville, TX 78957
--	--

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/16/2024	Payee name Johnson, Jarvis
--------------------	-------------------------------

Amount (\$) \$3,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O.Box 16600  Houston, TX 77222
--	--

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

**SCHEDULE F1**

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/2 Rpt: 28/28	<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action	<b>3</b> Filer ID (Ethics Commission Filers) 00024940
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<b>4</b> Date 04/29/2024	<b>5</b> Payee name Longoria, Oscar
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<b>6</b> Amount (\$) \$1,500.00	<b>7</b> Payee address; City; State; Zip Code P. O. Box 4224  Mission, TX 78572
------------------------------------	--

Expenditure from corporate funds

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/29/2024	Payee name Walle, Armando
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Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 4826 Hollybrook Lane  Houston, TX 77039
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Expenditure from corporate funds

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