MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC Instruction	2 Total pages filed: 37		
3 COMMITTEE NAME	1	·	OFFICE USE ONLY
Texas Society Of	Anesthesiologists Political Action Committe	e	Date Received ELECTRONICALLY FILED 06/26/2024
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 401 W. 15th St. #990	CITY; STATE; ZIP	
Change of Addres	^s Austin, TX 78701		Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Dr. Kristyn B		Receipt # Amount
	NICKNAME LAST Ingram	SUFFIX	Date Processed
	ingram		Date mayeu
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 401 West 15th Street, Suite 990 Austin, TX 78701	APT / SUITE #; CITY; ST/	ATE; ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS Change of Addres	STREET ADDRESS OR PO BOX; 401 W. 15th St. #990 ^s Austin, TX 78701	APT / SUITE #; CITY; ST.	ATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 370-1659	EXTENSION	
9 REPORT TYPE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)
10 MONTHLY REPORT FILING DEADLINE	January 5 April February 5 May March 5 June	5 August 5	 October 5 November 5 December 5
11 PERIOD COVERED	Month Day Year 05/26/2024	THROUGH Month 06/25/2	Day Year 2024
Forms provided by Te		ro PAGE 2 hics.state.tx.us	Version V4.1.0.d378aba0

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

		1		
12 COMMITTEE NAME Texas Society Of Anest	hesiologists Political A		13 Filer ID 0002494	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	11,892.87
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	46,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	271,551.70
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT		I swear, or affirm, under penalty of pe true and correct and includes all inform under Title 15, Election Code.	rjury, that the mation require	accompanying report is ed to be reported by me
		Dr. Kristyr	n B. Ingram	
		Signature of Ca	mpaign Treas	urer
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, tł	nis the	day
of	_, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of off	icer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.d378aba0

FORM MPAC COVER SHEET PG 3 3 of 37

17 COMMITTEE NAME	(Ethics Commission Filers)	
Texas Society Of Anesthesiologists Political Action Committee		
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,892.87	
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 LABO ORGANIZATION	R	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION 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 C	ORGANIZATION	\$
9. X SCHEDULE E: LOANS		\$ 0.00
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 46,000.00
11. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
12. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	DNS	\$ 0.00
13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

SUBTOTALS - MPAC

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/26 Rpt: 4/37
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Socie	ty Of Anesthesiologists Political Action Committee		00024940
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
06/12/2024	Abouleish, Amr		\$85.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77059		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/12/2024	Alcaraz, Daniel		\$25.00
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78229		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Physician			
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/12/2024	Alquicira-Macedo, Fernando)	\$84.00
	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	Houston, TX 77085		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	5)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/12/2024	An, Daniel		\$67.00
	Contributor address; City; State; Zip Code		
	Fulshear, TX 77441		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/12/2024	Anton, James		\$84.00
	Contributor address; City; State; Zip Code		
	Pearland, TX 77584		
Principal occu	Iupation / Job title (See Instructions)	Employer (See Instructions	l 3)
Physician	· · · ·		
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	The Instrue	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/26 Rpt: 5/37	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Socie	y Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	06/17/2024	Ata, Monica				\$84.00
		6 Contributor address; City; State; Zip Code				
		Allen, TX 75013				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/05/2024	Bacak, Christina	/			\$84.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78704				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	1 5)		
	Physician					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	06/12/2024	Ball, Timothy	/			\$150.00
						+_00.00
		College Station, TX 77845				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/12/2024	Beitzel, Michael				\$67.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79602				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/12/2024	Benson, Kenneth				\$8.33
		Contributor address; City; State; Zip Code				
		Houston, TX 77035				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					

	The Instrue	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/26 Rpt: 6/37	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Socie	ty Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/11/2024	Bradley, Stephanie				\$41.67
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77005				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Physician					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/12/2024	Bryan, Joseph				\$100.00
		Contributor address; City; State; Zip Code				
		Buda, TX 78610				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/11/2024	Butler, Brad	, , , , , , , , , , , , , , , , , , ,			\$67.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79602				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/14/2024	Campbell, Amber				\$125.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77030				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/12/2024	Carpio, Miguel				\$25.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77098				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician					

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/26 Rpt: 7/37	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Societ	y Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/12/2024	Carroll, Luke				\$85.00
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77042				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/12/2024	Cattano, Davide	/		(1)	\$42.00
		Contributor address; City; State; Zip Code				
		Contributor address, Only, State, Zip Code				
		Houston, TX 77030				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
	Physician					
╞	Date	Full name of contributor Out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	06/12/2024	Chao-Knize, Yuan-Jiun Nicole)			\$250.00
						+_00.00
		Contributor address, City, State, Zip Code				
		Austin, TX 78759				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/13/2024	Clanton, David	/			\$84.00
		Contributor address; City; State; Zip Code				
		;;;;;;;;				
		San Antonio, TX 78256				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/11/2024	Conner, William				\$100.00
		Contributor address; City; State; Zip Code				
		Murphy, TX 75094				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
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	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/26 Rpt: 8/37	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Socie	ty Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/12/2024	Craft, Hadyn				\$25.00
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77008				
8		pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/03/2024	Danley, Matthew				\$84.00
		Contributor address; City; State; Zip Code				
		I				
		Fort Worth, TX 76109				
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician			_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/05/2024	Davila-Perez, Ruben				\$21.00
		Contributor address; City; State; Zip Code				
	Di sincheeu	Houston, TX 77057		<u> </u>		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	-		1	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷ 44 07
	06/12/2024	De Lanzac, Kraig				\$41.67
		Contributor address; City; State; Zip Code				
		New Orleans, LA 70112				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician	Jalion / Job lile (See manacions))		
╞	-	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (¢)	
	Date 06/04/2024	Full name of contributor out-of-state PAC (ID#: Drees, Jeffrey)		Amount of Contribution (\$)	\$85.00
	00/04/2024					Ф0 0 .00
		Contributor address; City; State; Zip Code				
		I				
		Corsicana, TX 75110				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician	,,,,,,,		,		
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/26 Rpt: 9/37	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		y Of Anesthesiologists Political Action Committee			00024940	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/12/2024	Dupont, Cedric				\$100.00
		6 Contributor address; City; State; Zip Code				
		Rollingwood, TX 78746				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/13/2024	Ellis, Stephen	/			\$84.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75219				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/14/2024	Erian, Ralph	· · · · · · · · · · · · · · · · · · ·			\$84.00
		San Antonio, TX 78212				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/04/2024	Farley, Elizabeth				\$84.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78759				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/25/2024	Farrow-Gillespie, Alan				\$42.00
		Contributor address; City; State; Zip Code				
I		Dallas, TX 75204				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Physician					
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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 7/26 Rpt: 10/37	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Socie	ty Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor out-of-state PAC (ID#	t:)	7	Amount of Contribution (\$)	
	06/05/2024	Garcia-Bigger, Judy				\$166.67
	I	6 Contributor address; City; State; Zip Code		1		
Ļ	Dringing oog	Round Rock, TX 78665	Contructions	<u> </u>		
δ	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#	t:)	Γ	Amount of Contribution (\$)	
	06/12/2024	Giam, Patrick				\$42.00
	1	Contributor address; City; State; Zip Code		1		
		Houston, TX 77005		ļ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician			-		
	Date	Full name of contributor out-of-state PAC (ID#	:)		Amount of Contribution (\$)	÷04.00
	06/12/2024	Glover, Chris				\$84.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77030				
\vdash	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#	t:)	Ī	Amount of Contribution (\$)	
	06/12/2024	Gloyna, David				\$118.00
	l	Contributor address; City; State; Zip Code		1		
		Salado, TX 76571				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
╞	Date	Full name of contributor out-of-state PAC (ID#	<u>+</u>)	Γ	Amount of Contribution (\$)	
	06/11/2024	Gloyna, David				\$67.00
	l	Contributor address; City; State; Zip Code		1		
		Salado, TX 76571				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
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	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/26 Rpt: 11/37	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Socie	ty Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	06/24/2024	Gottumukkala, Vijaya				\$250.00
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77030				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/12/2024	Guragain, Richesh				\$200.00
		Contributor address; City; State; Zip Code				
		Dickinson, TX 77539				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/12/2024	Gurkowski, Mary Ann				\$83.34
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78240				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/11/2024	Hancher-Hodges, Shannon				\$67.00
		Contributor address; City; State; Zip Code				
		Bellaire, TX 77401				
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	06/12/2024	Hardman, Bailor				\$84.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75205				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					

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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/26 Rpt: 12/37	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Socie	y Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/20/2024	Harvey, Benjamin				\$100.00
		6 Contributor address; City; State; Zip Code				
		Spring, TX 77379				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> چ)		
	Physician					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/12/2024	Havalda, Diane)			\$84.00
	00/12/2024	·				Ψ04.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78258				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician			"		
╘	-					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/12/2024	Hayes, W. Brendan				\$250.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76109				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/12/2024	Hendrix, Joseph				\$25.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78218				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/12/2024	Hernandez, Nadia				\$84.00
		Contributor address; City; State; Zip Code				
I		Pearland, TX 77584				
F	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
I	Physician					
⊢						
I						

	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 10/26 Rpt: 13/37	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Socie	ty Of Anesthesiologists Political Action Committee			00024940	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/05/2024	Hernandez, Raul				\$42.00
	ļ	6 Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
	ļ	Rio Grande City, TX 78582				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/13/2024	Highfill, Erin				\$100.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Garland, TX 75044				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
F	Date Full name of contributor out-of-state PAC (ID#:))		Amount of Contribution (\$)	
	06/05/2024	Hines, Clayton				\$45.00
	ł	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Beaumont, TX 77705	<u>.</u>			
	-	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/24/2024	Holguin, Cameron				\$20.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
		Houston, TX 77006		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician			-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/12/2024	Hollenshead, Andy				\$200.00
		Contributor address; City; State; Zip Code]		
	ſ					
	ſ					
		Dallas, TX 75219	<u> </u>	Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
1						

	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 11/26 Rpt: 14/37	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		ty Of Anesthesiologists Political Action Committe	:e		00024940	
4	Date	5 Full name of contributor out-of-state PAC (II	D#:)	7	Amount of Contribution (\$)	
	06/12/2024	Hutson, Larry				\$150.00
		6 Contributor address; City; State; Zip Code		1		
		Temple, TX 76502				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> s)		
	Physician					
	Date	Full name of contributor 🔲 out-of-state PAC (II	D#:)	Γ	Amount of Contribution (\$)	
	06/07/2024	Jenkins, Kalan				\$84.00
		Contributor address; City; State; Zip Code		1		
		Salado, TX 76571	<u> </u>	<u> </u>		
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician			_		
	Date	Full name of contributor 🛛 out-of-state PAC (II	D#:)	Τ	Amount of Contribution (\$)	
	06/12/2024	Jones, Zachary				\$100.00
		Contributor address; City; State; Zip Code]		
		F TV 75026				
	Drinol oppu	Frisco, TX 75036		<u> </u>		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (II	 D#:)	Γ	Amount of Contribution (\$)	
	06/12/2024	Karnes, Paden				\$67.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77030				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					
	Date	Full name of contributor out-of-state PAC (II	 D#:)	Ī	Amount of Contribution (\$)	
	06/25/2024	Kercheville, Scott				\$67.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78215				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					

The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 12/26 Rpt: 15/37
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	ty Of Anesthesiologists Political Action Committee		00024940
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
06/12/2024	Khorsand, Sarah		\$84.00
	6 Contributor address; City; State; Zip Code		
	Dallas, TX 75229		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/12/2024	Kolle, Bracken		\$84.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77042		
-	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/12/2024	Konvicka, James		\$84.00
	Contributor address; City; State; Zip Code		
	Belton, TX 76513		
-	upation / Job title (See Instructions)	Employer (See Instructions	5)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/03/2024	Kroger, John		\$20.00
	Contributor address; City; State; Zip Code		
	League City, TX 77573	1	
-	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/21/2024	Kwater, Andrzej		\$84.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77009	1	
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Physician			

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 13/26 Rpt: 16/37
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Texas Society Of Anesthesiologists Political Action Committee	00024940
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/30/2024 Liang, David	\$20.83
6 Contributor address; City; State; Zip Code	
San Antonio, TX 78240	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Physician	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/18/2024 Lindberg, Scott	\$100.00
	\$100.00
Contributor address; City; State; Zip Code	
Katy, TX 77494	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Physician	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/12/2024 Maloney, Kenneth	\$84.00
Contributor address; City; State; Zip Code	
Cypress, TX 77429	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Physician	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/13/2024 Margolis, Mark	\$250.00
Contributor address; City; State; Zip Code	
Dallas, TX 75219	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	1
Physician	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/12/2024 Markham, Travis	\$84.00
Contributor address; City; State; Zip Code	
Houston, TX 77030	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Physician	
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	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 14/26 Rpt: 17/37	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		y Of Anesthesiologists Political Action Committee			00024940	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/12/2024	Martinez, Robert				\$67.00
		6 Contributor address; City; State; Zip Code				
		Karnes City, TX 78118				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/11/2024	Masel, Brian	/			\$67.00
	00,11,2021					<i>Q</i> 01100
		Contributor address; City; State; Zip Code				
		Galveston, TX 77555				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions			
	Physician					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/25/2024	Matuszczak, Maria)			\$84.00
	00/20/2024					Ψ04.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77098				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	.		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/12/2024	McWilliams, Sara				\$84.00
		Contributor address; City; State; Zip Code				
		Boerne, TX 78006				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/12/2024	Mehta, Jaideep				\$84.00
		Austin, TX 78731				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
I	Physician					
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 15/26 Rpt: 18/37	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Socie	ty Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/12/2024	Merchun, Christopher				\$41.67
		6 Contributor address; City; State; Zip Code		1		
		Dallas, TX 75219				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/13/2024	Mercier, David				\$84.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75229				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	06/12/2024	Merutka, Nicholas				\$25.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77002				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/12/2024	Miller, Christopher				\$84.00
		Contributor address; City; State; Zip Code				
	Duin aire al la sau	Arlington, TX 76015				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷ ~ 4 ~ 0
	06/05/2024	Moorman, Andrew				\$84.00
		Contributor address; City; State; Zip Code				
		Dallas TX 75210				
	Dringingloggy	Dallas, TX 75219	Employer (Cap Instructions	$\frac{1}{1}$		
	Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Filysician					

	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 16/26 Rpt: 19/37	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Texas Socie	ty Of Anesthesiologists Political Action Committee	9		00024940	
4	Date	5 Full name of contributor out-of-state PAC (ID	/#:)	7	Amount of Contribution (\$)	
	06/11/2024	Moreland, Jennie				\$67.00
	1	6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78746				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician			_		
	Date	Full name of contributor 🔲 out-of-state PAC (ID	#:)	Γ	Amount of Contribution (\$)	
	06/12/2024	Mouzi-Wofford, Lisa				\$84.00
		Contributor address; City; State; Zip Code]		
		Houston, TX 77007				
\vdash	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions			
	Physician			>)		
╞	Date	Full name of contributor Out-of-state PAC (ID		—	Amount of Contribution (\$)	
	Dale 06/11/2024	Muro, Rene)#:)			\$1,000.00
	00/11/2023	Contributor address; City; State; Zip Code				Ψ1,000.00
		Continuation address, City, State, Zip Code				
			l			
	I	El Paso, TX 79922				
		pation / Job title (See Instructions)	Employer (See Instructions	<u>.</u> s)		
	Physician					
	Date	Full name of contributor 🔲 out-of-state PAC (ID	#:)	Γ	Amount of Contribution (\$)	
	05/30/2024	Muse, Kenisha				\$84.00
	I	Contributor address; City; State; Zip Code		1		
		Tomple TV 76502				
	Dringing occu	Temple, TX 76502	Employer (See Instructions			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	3)		
╞	-			ᆕ	Amount of Contribution (¢)	
	Date 06/12/2024	Full name of contributor out-of-state PAC (ID Nelson, Vincent	#:)		Amount of Contribution (\$)	\$250.00
	00/12/2024			-		Φ200.00
		Contributor address; City; State; Zip Code	l			
		Houston, TX 77007				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
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	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 17/26 Rpt: 20/37	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Socie	ty Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/12/2024	Normand, Katherine				\$84.00
		6 Contributor address; City; State; Zip Code				
		· · · · · · · · · · · · · · · · · · ·				
		Houston, TX 77079				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/30/2024	Norrell, Stacy				\$67.00
		Contributor address; City; State; Zip Code				
		Magnolia, TX 77355				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/12/2024	Obanor, Osamudiamen				\$67.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77054				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/12/2024	Odeh, Jaffer				\$67.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75390				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/12/2024	Ombaba, Siang				\$250.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78260				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 18/26 Rpt: 21/37	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Socie	y Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/12/2024	Ortiz, Jaime	/			\$67.00
		6 Contributor address; City; State; Zip Code		ł		
		Houston, TX 77025				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> 5)		
	Physician			-,		
	-			<u> </u>		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	#05.00
	06/12/2024	Osborn, Matthew				\$25.00
		Contributor address; City; State; Zip Code				
		Pearland, TX 77584	i			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	05/31/2024	Padakandla, Udaya				\$67.00
		Contributor address; City; State; Zip Code		1		
		Carrollton, TX 75010				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/12/2024	Patel, Kaelan				\$8.33
		Contributor address; City; State; Zip Code		1		
		,				
		Fort Worth, TX 76107				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)	Г	Amount of Contribution (\$)	
	06/12/2024	Perry, Jeremie)		Amount of Contribution (\$)	\$84.00
	00/12/2024	-				Ψ04.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79606				
⊢	Dringing occu		Employor (Soc Instructions	<u> </u>		
		pation / Job title (See Instructions)	Employer (See Instructions	>)		
⊢	Physician					
1						

	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 19/26 Rpt: 22/37	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Socie	ty Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	06/11/2024	Phillips, Cooper				\$41.67
		6 Contributor address; City; State; Zip Code				
		Lubbock, TX 79430				
8	Principal occu	I pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Physician					
⊨	Date	Full name of contributor out-of-state PAC (ID#:		Г	Amount of Contribution (\$)	
	06/12/2024	Pierce, Grace)			\$9.00
	00/12/2024					ψ9.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77007				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician			5)		
╘			<u> </u>	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/11/2024	Plagenhoef, Jeffrey				\$67.00
		Contributor address; City; State; Zip Code]		
		Southlake, TX 76092				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/12/2024	Quintela, Heather				\$84.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78248				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/13/2024	Rahlfs, Thomas	/			\$83.34
	•••••	Contributor address; City; State; Zip Code		ł		
		Contributor address, City, State, Zip Code				
		Houston, TX 77079				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	Physician			,		
⊢						
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	The Instruc	ction Guide explains how to complete this	form.		Total pages Schedule A1: Sch: 20/26 Rpt: 23/37	
2	FILER NAME			3	Filer ID (Ethics Commission	I Filers)
	Texas Socie	ty Of Anesthesiologists Political Action Committee			00024940	-
4	Date	5 Full name of contributor Out-of-state PAC (ID#	t:)	7	Amount of Contribution (\$)	
	06/13/2024	Rebal, Brett				\$84.00
	1	6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78746				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Physician					
	Date	Full name of contributor Out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	06/12/2024	Reed, LoriJean				\$84.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75230				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					
	Date	Full name of contributor Out-of-state PAC (ID#	¢:)	Γ	Amount of Contribution (\$)	
	06/05/2024	Remster, Jeffrey				\$84.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75206				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					
	Date	Full name of contributor Out-of-state PAC (ID#	t:)		Amount of Contribution (\$)	
	06/12/2024	Richards, Jeffrey				\$84.00
		Contributor address; City; State; Zip Code	Ĩ			
			Ĩ			
	Deineineleeen	League City, TX 77573				
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Physician					
	Date	Full name of contributor Out-of-state PAC (ID#	t:)		Amount of Contribution (\$)	
	06/12/2024	Ritter, Eric				\$20.83
		Contributor address; City; State; Zip Code				
		U				
	<u></u>	Houston, TX 77018		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					

	The Instruc	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 21/26 Rpt: 24/37	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		ty Of Anesthesiologists Political Action Committee	ee		00024940	,
4	Date	5 Full name of contributor 🔲 out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/12/2024	Rondeau, Bryan				\$83.34
		6 Contributor address; City; State; Zip Code		1		
		Temple, TX 76502				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/07/2024	Rutland, Lindsey				\$84.00
		Contributor address; City; State; Zip Code		1		
	ľ					
		Austin, TX 78723				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (I /ID#:)	Г	Amount of Contribution (\$)	
	06/12/2024	Samples, Darren	ID#)		Amount of Contribution (\$)	\$62.50
	00/12/2024					Φ02.50
		Contributor address; City; State; Zip Code				
		Helotes, TX 78023				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ج)		
	Physician			.,		
╞	-			<u> </u>	Amount of Contribution (f)	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢05.00
	06/12/2024	Sarmiento, Stephen				\$85.00
		Contributor address; City; State; Zip Code				
	ſ					
		Diana TV 75002				
	<u> </u>	Plano, TX 75093		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor 🛛 out-of-state PAC ([ID#:)		Amount of Contribution (\$)	
	06/12/2024	Schlegel, Levi				\$250.00
		Contributor address; City; State; Zip Code		1		
	ſ					
		Dallas, TX 75201				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					

	The Instruc	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 22/26 Rpt: 25/37			
2	FILER NAME	ER NAME			Filer ID (Ethics Commission	n Filers)
	Texas Society Of Anesthesiologists Political Action Committee				00024940	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	06/12/2024	Selassie, Rahel				\$84.00
		6 Contributor address; City; State; Zip Code				
		Manvel, TX 77578				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/12/2024	Sen, Sudipta				\$200.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77025				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
⊨	Date Full name of contributor out-of-state PAC (ID#:)				Amount of Contribution (\$)	
	06/11/2024 Shabot, Sarah					\$67.00
		Contributor address; City; State; Zip Code				
		Galveston, TX 77551				
	-	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/03/2024	Shu, Stephen				\$84.00
		Contributor address; City; State; Zip Code				
		I				
		Dallas, TX 75219				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/12/2024	Stamatakos, Todd				\$85.00
		Contributor address; City; State; Zip Code				
		I				
		Frisco, TX 75034				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					

	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 23/26 Rpt: 26/37		
2	FILER NAME	ILER NAME			Filer ID (Ethics Commission	n Filers)
	Texas Society Of Anesthesiologists Political Action Committee				00024940	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/12/2024	Street, Austin				\$67.00
		6 Contributor address; City; State; Zip Code				
		Dallas, TX 75229				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/13/2024	Teegarden, Beth				\$62.50
		Contributor address; City; State; Zip Code				
		Galveston, TX 77555				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/12/2024 Thirawatananond, Tarone				\$25.00	
	Contributor address; City; State; Zip Code					
		San Antonio, TX 78230				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/12/2024	Torres, Laura				\$259.00
		Contributor address; City; State; Zip Code				
		Missouri City, TX 77459				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/12/2024	Tsai, January				\$84.00
	Contributor address; City; State; Zip Code					
		Houston, TX 77005				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
⊢						

	The Instru	ction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 24/26 Rpt: 27/37			
2	FILER NAME	ER NAME			Filer ID (Ethics Commission	n Filers)
	Texas Society Of Anesthesiologists Political Action Committee				00024940	
4	Date	5 Full name of contributor out-of-state PAC (IE	#:)	7	Amount of Contribution (\$)	
	06/12/2024	Tunink, Bryan				\$62.50
		6 Contributor address; City; State; Zip Code		1		
		Southlake, TX 76092				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Physician					
	Date	Full name of contributor 🔲 out-of-state PAC (IE	#:)		Amount of Contribution (\$)	
	06/12/2024	Urich, Alissa				\$25.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77098				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					
	Date		#:)		Amount of Contribution (\$)	
	06/12/2024 Vu-Boyer, Lisa				\$100.00	
		Contributor address; City; State; Zip Code				
⊢	Dringinglagou	Dallas, TX 75219				
	Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
╞	-					
	Date	Full name of contributor out-of-state PAC (ID	#:)		Amount of Contribution (\$)	#00.04
	06/12/2024	Weiss, Lisa				\$83.34
		Contributor address; City; State; Zip Code				
		Houston, TX 77018				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Physician			-,		
╞	Date	Full name of contributor Out-of-state PAC (IE	<u>ا</u> ۱	Г	Amount of Contribution (\$)	
	05/29/2024	Wells, Kristen	/#)			\$84.00
	00/20/2024	Contributor address; City; State; Zip Code				Ψ0 1 .00
		Contributor address, City, State, Zip Code				
		Addison, TX 75001				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>г</u> 5)		
	Physician					
⊢						

The Instru	ction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 25/26 Rpt: 28/37		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
Texas Socie	ty Of Anesthesiologists Political Action Committee		00024940	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/05/2024	West, Mary		\$25.00	
	6 Contributor address; City; State; Zip Code			
	Irving, TX 75061			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/12/2024	Whitman, Frances		\$200.00	
	Contributor address; City; State; Zip Code			
	Frisco, TX 75034			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/12/2024			\$67.00	
	Contributor address; City; State; Zip Code			
	Dallas, TX 75390			
Principal occu	Principal occupation / Job title (See Instructions) Employer (See Instruction			
Physician				
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/12/2024	Wright, Crystal		\$83.34	
	Contributor address; City; State; Zip Code			
	Houston, TX 77005			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/31/2024	Zaafran, Sherif		\$75.00	
	Contributor address; City; State; Zip Code			
	Houston, TX 77055			
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	I ;)	
Physician	/			

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 26/26 Rpt: 29/37
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee	3 Filer ID (Ethics Commission Filers) 00024940
4 Date 5 Full name of contributor out-of-state PAC (ID#:) ; 06/12/2024 Zavala, Acsa ; ; 6 Contributor address; City; State; Zip Code ; ;	7 Amount of Contribution (\$)\$84.00
Houston, TX 77004 9 Employer (See Instructions) Physician Physician	
Date Full name of contributor out-of-state PAC (ID#:) 06/24/2024 Zuniga, Mario Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$20.00
Texas City, TX 77568 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Employer (See Instructions)	

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

The	The Instruction Guide explains how to complete this form.				Schedule t: 30/37		
2 FILER NAM	E		3 F	iler ID	(Ethics C	Commission Filers)	
Texas Soc	iety Of Anesthesiologists Political Action Committee	2	C	0024940			
⁴ TOTAL OF UNITEMIZED PLEDGES			\$	5			0.00
5 Date	6 Full name of pledgorout-of-state PAC (ID#:)	-	mount of ledge (\$)	9 	In-kind description (If applicable)	
	7 Pledgor Address; City; State; Zip Code			Check if trave	l l l l outside d	of Texas. Complete Sch	iedule T.
10 Principal oc	cupation / Job title (See Instructions)	11 Employer (See Instru	ctions	5)			

LOANS							SCH	EDULE E	
The Instructio	on Guide explains h	ow to comple	ete this f	orm.			ages Schedule E '1 Rpt: 31/37		
2 FILER NAME Texas Society C	of Anesthesiologists Po	litical Action Cc	ommittee			3 Filer ID 000249	(Ethics Comm 940	ission Filers)	
⁴ TOTAL OF UN	IITEMIZED LOANS						\$	0.00	0
5 Date of loan	7 Name of lender	o.	ut-of-state PA	C (ID#:)	9 Loan Amou	nt (\$)	
6 Is lender a financial institution?	8 Lender address;	City;	State;	Zip Code			10 Interest Rat11 Maturity Da		
							II Maturity Da		
12 Principal occupation	on / Job title (See Instruct	ons)		13 Employer (See Instru	uctions))			
14 Description of Coll	ateral			15 Check if personal fur	nds wei	re deposited	d into political acc (See Instruc		
16 GUARANTOR INFORMATION	17 Name of guarantor						19 Amount Gu	aranteed (\$)	
not applicable	18 Guarantor address;	City;	State;	Zip Code					
20 Principal occupation	n D			21 Employer (See Instru	uctions))	1		

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 1/6 Rpt: 32/37	Texas Society Of Anesthesiologists Political Action 00024940				
4 Date	5 Payee name				
05/28/2024	Alvarado, Carol				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$3,000.00	P. O. Box 230842				
Expenditure from corporate funds	Houston, TX 77223				
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Image: Contribution of the schedule of the					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
06/13/2024	Bell, Keith				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,500.00	P. O. Box 1178				
Expenditure from corporate funds	Forney, TX 75126				
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution 				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
06/17/2024	Bettencourt, Paul				
Amount (\$)	Payee address; City; State; Zip Code				
\$3,000.00	1 E Greenway Plaza				
	Suite 225				
Expenditure from corporate funds	Houston, TX 77046				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 2/6 Rpt: 33/37	Texas Society Of Anesthesiologists Political Action00024940				
4 Date 06/17/2024	5 Payee name Birdwell, Brian				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$3,000.00	P. O. Box 1111				
Expenditure from corporate funds	Granbury, TX 76048				
 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution 					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
06/20/2024 Bucy, John					
Amount (\$)	Payee address; City; State; Zip Code				
\$1,500.00	P. O. Box 536				
Expenditure from corporate funds	Austin, TX 78767				
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution 				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
05/29/2024	Canales, Terry				
Amount (\$) \$1,500.00	Payee address;City;State;Zip Code310 S. Closner Blvd.				
Expenditure from corporate funds	Edinburg, TX 78539				
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution 				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reint Fees Office Overhead/Renta Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Printing Expense	Abursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District act Labor OTHER (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 3/6 Rpt: 34/37	Texas Society Of Anesthesiologists Political Action	00024940			
4 Date	5 Payee name				
06/06/2024	Cook , Molly				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$3,000.00	P. O. Box 667238				
Expenditure from corporate funds	Houston, TX 77266				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription			
OF EXPENDITURE	Candidate/Officeholder/Political Committee	check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense npaign Contribution			
		ipaign contribution			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
Date	Payee name				
06/10/2024 Hickland, Hillary					
Amount (\$)	Payee address; City; State; Zip Code				
\$1,500.00	6318 Brayson Oaks Ct.				
Expenditure from corporate funds	Belton, TX 76513				
PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense npaign Contribution			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
Date	Payee name				
06/25/2024	Hinojosa , Gina				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,500.00	P. O. Box 300095				
Expenditure from corporate funds	Austin, TX 78703				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Desc	-			
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		npaign Contribution			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 4/6 Rpt: 35/37	Texas Society Of Anesthesiologists Political Action 00024940				
4 Date 06/10/2024	5 Payee name Hopper, Andy				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$1,500.00	P.O. Box 1052				
Expenditure from corporate funds	Decatur, TX 76234				
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution 				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
05/28/2024	Huffman, Joan				
Amount (\$)	Payee address; City; State; Zip Code				
\$5,000.00	3733-1 Westheimer Road				
Expenditure from corporate funds	Suite 40 Houston, TX 77027				
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution 				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
05/28/2024	Kolkhorst, Lois				
Amount (\$)	Payee address; City; State; Zip Code				
\$7,500.00	P.O. Box 2546				
Expenditure from corporate funds	Brenham, TX 77834				
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution 				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
Sch: 5/6 Rpt: 36/37	36/37 Texas Society Of Anesthesiologists Political Action 00024940					
4 Date	5 Payee name					
06/06/2024	Little, Mitch					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$1,500.00	1505 Elm Street					
	Suite 1601					
Expenditure from corporate funds	Dallas, TX 75201					
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution 					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held				
Date	Payee name					
06/10/2024	Lopez , Janie					
Amount (\$) Payee address; City; State; Zip Code						
\$1,500.00	P. O. Box 2073					
+=,000.00						
Expenditure from corporate funds	San Benito, TX 78586					
PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	ription eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense paign Contribution				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
Date	Payee name					
06/10/2024	Miles, Borris					
Amount (\$)	Payee address; City; State; Zip Code					
\$3,000.00	5302 Almeda Road					
\$0,000.00	Suite A					
Expenditure from corporate funds	Houston, TX 77004					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desch	ription				
OF		eck if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Candidate/Officeholder/Political Committee	eck if Austin, TX, officeholder living expense paign Contribution				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				

EXPENDITURE CATEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/6 Rpt: 37/37	Texas Society Of Anesthesiologists Political Action00024940
4 Date	5 Payee name
06/10/2024	Morales Jr., Eddie
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	352 Hillcrest Blvd.
Expenditure from corporate funds	Eagle Pass, TX 78852
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee
	Candidate/Officeholder/Political Committee Campaign Contribution
	Campagn Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/14/2024	Perez, Mary Ann
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	6200 Gulf Fwy, #125
+=,	
Expenditure from corporate funds	Houston, TX 77023
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/28/2024	Sparks, Kevin
Amount (\$)	Payee address; City; State; Zip Code
\$3,000.00	2600 Mockingbird Lane
Expenditure from corporate funds	Midland, TX 79705
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