#### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00024940 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Society Of Anesthesiologists Political Action Committee Date Received **ELECTRONICALLY FILED** 08/27/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 401 W. 15th St. #990 Change of Address Austin, TX 78701 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Dr. Kristyn B. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Ingram CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 401 West 15th Street, Suite 990 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 401 W. 15th St. #990 MAILING **ADDRESS** Change of Address Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 370-1659 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 X September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 07/26/2024 08/25/2024

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Version V4.1.0.48da51f7

## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Society Of Anest	hesiologists Political A	ction Committee		00024940	
4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	1		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	POLITICAL CONTRIBUTIONS OR GUARANTEES OF LOANS ADE ELECTRONICALLY) qualifies for the higher itemization th	, ÒR	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTE	EES OF LOANS)	\$	7,939.37
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	7,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED G PERIOD	AS OF THE LAST	DAY \$	262,423.44
OUTSTANDING LOAN TOTALS		MOUNT OF ALL OUTSTANDII REPORTING PERIOD	NG LOANS AS OF T	THE \$	0.00
6 AFFIDAVIT				<u> </u>	
			and includes all inform		accompanying report is d to be reported by me
			Dr. Kristyr	n B. Ingram	
		<u></u>	Signature of Car		ırer
AFFIX NOTARY	STAMP / SEAL ABOVE				
				nis the	day
of	_, 20, to certify \	hich, witness my hand and sea	ll of office.		
Signature of officer ad	ministering oath	Printed name of officer administ	tering oath	Title of office	cer administering oath

### **SUBTOTALS - MPAC**

### FORM MPAC COVER SHEET PG 3 3 of 28

				3 of 28
7 COMMITT	EE NAME	18 Filer ID	(Ethics Commis	sion Filers)
Texas Sc	ciety Of Anesthesiologists Political Action Committee	00024940		
	E SUBTOTALS SCHEDULE		SUBTOTA	L AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	7,939.37
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 LAB ORGANIZATION	OR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOR LABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORC	GANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	२	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9. X	SCHEDULE E: LOANS		\$	0.00
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$	7,500.00
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUT	IONS	\$	0.00
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT	IONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/21 Rpt: 4/28	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	Filers)
4	Date 08/14/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>		7	Amount of Contribution (\$)	\$85.00
8	Principal occu	Houston, TX 77059 pation / Job title (See Instructions)	Employer (See Instructions	()		
	Physician	salion, oos tille (eee mediaelens)	Employer (eee meadeliere	,		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#: Alquicira-Macedo, Fernando  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$84.00
	Dringing age	Houston, TX 77085	Employer (Coo Instructions	_		
	Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/13/2024	Full name of contributor out-of-state PAC (ID#: An, Daniel Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$67.00
		Fulshear, TX 77441				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 08/14/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$84.00
	Principal occu Physician	Houston, TX 77009 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 08/14/2024	Full name of contributor out-of-state PAC (ID#:Ata, Monica  Contributor address; City; State; Zip Code  Allen, TX 75013			Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 2/21 Rpt: 5/28	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 08/05/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Bacak, Christina</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$84.00
_		Austin, TX 78704	1			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 08/14/2024	Full name of contributor out-of-state PAC (ID#: Ball, Timothy  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$150.00
	Principal occu	College Station, TX 77845 pation / Job title (See Instructions)	Employer (See Instructions	.) 		
	Physician	sation, oop title (occ instructions)	Employer (See motivations	')		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#: Beitzel, Michael  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$67.00
		Abilene, TX 79602				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 08/14/2024	Full name of contributor out-of-state PAC (ID#: Benson, Kenneth  Contributor address; City; State; Zip Code  Houston, TX 77035	)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 08/01/2024	Full name of contributor out-of-state PAC (ID#: Biebas, Carolyn  Contributor address; City; State; Zip Code  Austin, TX 78703			Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/21 Rpt: 6/28	
2	FILER NAME Texas Socie	ty Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 08/09/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$41.67
•	Dringing! goog	Houston, TX 77005	O Employer (Coo Instructions			
8	Physician Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#:_ Bryan, Joseph Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Dringinal occu	Buda, TX 78610 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician Physician	pation / Job title (See instructions)	Employer (See instructions	,		
	Date 08/01/2024	Full name of contributor			Amount of Contribution (\$)	\$100.00
		Austin, TX 78730				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 08/09/2024	Full name of contributor out-of-state PAC (ID#:_Butler, Brad  Contributor address; City; State; Zip Code  Abilene, TX 79602	)		Amount of Contribution (\$)	\$67.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#:_ Carroll, Luke Contributor address; City; State; Zip Code  Houston, TX 77042	)		Amount of Contribution (\$)	\$85.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
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	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/21 Rpt: 7/28	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 08/12/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$42.00
_	Dein sin al a con	Houston, TX 77030	2. Faralassa (Osa hastaustiana			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 08/14/2024	Full name of contributor  out-of-state PAC (ID#:_ Clanton, David Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$84.00
	Dringing! goog	San Antonio, TX 78256	Employer (See Instructions			
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 08/09/2024	Full name of contributor  out-of-state PAC (ID#:_ Conner, William  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00
		Murphy, TX 75094				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 08/01/2024	Full name of contributor out-of-state PAC (ID#: Danley, Matthew  Contributor address; City; State; Zip Code  Fort Worth, TX 76109	)		Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 08/05/2024	Full name of contributor out-of-state PAC (ID#:_ Davila-Perez, Ruben  Contributor address; City; State; Zip Code  Houston, TX 77057	)		Amount of Contribution (\$)	\$21.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
		,				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/21 Rpt: 8/28	
2	FILER NAME Texas Socie	ty Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 08/13/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$41.67
_		New Orleans, LA 70112				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID#: Drees, Jeffrey  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$85.00
		Corsicana, TX 75110				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/14/2024	Full name of contributor  out-of-state PAC (ID#: Dupont, Cedric  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	<u> </u>	Rollingwood, TX 78746	5 1 (0 1 : :	Ĺ		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/14/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$84.00
	Principal occu Physician	Dallas, TX 75219 pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date 08/14/2024	Full name of contributor out-of-state PAC (ID#: Erian, Ralph  Contributor address; City; State; Zip Code  San Antonio, TX 78212	)		Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
		1				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 6/21 Rpt: 9/28	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 08/02/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$84.00
_		Austin, TX 78759				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 08/23/2024	Full name of contributor out-of-state PAC (ID#: Farrow-Gillespie, Alan  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$42.00
		Dallas, TX 75204				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 08/05/2024	Full name of contributor out-of-state PAC (ID#: Garcia-Bigger, Judy Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$166.67
		Round Rock, TX 78665				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 08/14/2024	Full name of contributor out-of-state PAC (ID#:Giam, Patrick  Contributor address; City; State; Zip Code  Houston, TX 77005			Amount of Contribution (\$)	\$42.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#: Glover, Chris  Contributor address; City; State; Zip Code  Houston, TX 77030	)		Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONT	RIBUTIONS			SCHEDULI	E A1
	The Instru	ction Guide explains how to cor	mplete this form.		1	Total pages Schedule A1: Sch: 7/21 Rpt: 10/28	
2	FILER NAME Texas Socie	y Of Anesthesiologists Political Action	n Committee			Filer ID (Ethics Commission 00024940	n Filers)
4	Date 08/12/2024	<ul> <li>Full name of contributor  out-o  out-o  Gloyna, David</li> <li>Contributor address; City; State; Zip C</li> </ul>	of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$118.00
		Salado, TX 76571					
8	Principal occu Physician	pation / Job title (See Instructions)	9 E	mployer (See Instructions)	)		
	Date 08/09/2024	Full name of contributor out-o Gloyna, David Contributor address; City; State; Zip C	of-state PAC (ID#:			Amount of Contribution (\$)	\$67.00
	Deinsinal	Salado, TX 76571	1 -	manda yan (Coo Inaku atina)			
	Physician Physician	pation / Job title (See Instructions)		mployer (See Instructions)	)		
	Date 08/14/2024	Full name of contributor out-o Gurkowski, Mary Ann Contributor address; City; State; Zip C	of-state PAC (ID#:			Amount of Contribution (\$)	\$83.34
		San Antonio, TX 78240					
	Principal occu Physician	pation / Job title (See Instructions)	E	mployer (See Instructions)	)		
	Date 08/09/2024	Full name of contributor out-o Hancher-Hodges, Shannon  Contributor address; City; State; Zip C  Bellaire, TX 77401	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$67.00
	Principal occu Physician	pation / Job title (See Instructions)	E	mployer (See Instructions)	)		
	Date 08/14/2024	Full name of contributor out-o Hardman, Bailor  Contributor address; City; State; Zip C	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	E	mployer (See Instructions)	)		
			<b>I</b>				

	MONET	ARY POLITICAL CONTR	RIBUTIONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to com	olete this form.	1	Total pages Schedule A1: Sch: 8/21 Rpt: 11/28	
2	FILER NAME Texas Socie	y Of Anesthesiologists Political Action (	Committee	3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 08/19/2024	<ul> <li>Full name of contributor</li></ul>	tate PAC (ID#:de	7	Amount of Contribution (\$)	\$100.00
		Houston, TX 77055				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See	e Instructions)		
	Date 08/12/2024	Full name of contributor out-of-s Havalda, Diane Contributor address; City; State; Zip Co	tate PAC (ID#:		Amount of Contribution (\$)	\$84.00
	Principal occu	San Antonio, TX 78258 pation / Job title (See Instructions)	Employer (See	e Instructions)		
	Date 08/12/2024	Full name of contributor out-of-s  Hendrix, Joseph  Contributor address; City; State; Zip Co	tate PAC (ID#:de	)	Amount of Contribution (\$)	\$25.00
	•	San Antonio, TX 78218 pation / Job title (See Instructions)	Employer (See	e Instructions)		
	Physician  Date 08/13/2024	Hernandez, Nadia Contributor address; City; State; Zip Co	tate PAC (ID#:		Amount of Contribution (\$)	\$84.00
	Principal occu Physician	Pearland, TX 77584  pation / Job title (See Instructions)	Employer (See	e Instructions)		
	Date 08/05/2024	Full name of contributor out-of-s Hernandez, Raul  Contributor address; City; State; Zip Co	tate PAC (ID#:de	)	Amount of Contribution (\$)	\$42.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See	e Instructions)		
			ı			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 9/21 Rpt: 12/28	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 08/14/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$100.00
_		Garland, TX 75044				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 08/07/2024	Full name of contributor out-of-state PAC (ID#: Hines, Clayton Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$45.00
	Deire sin al access	Beaumont, TX 77705	Every Construction			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#: Hutson, Larry Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$150.00
		Temple, TX 76502				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 07/26/2024	Full name of contributor out-of-state PAC (ID#:Ingram, Kristyn  Contributor address; City; State; Zip Code  El Paso, TX 79912			Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 08/07/2024	Full name of contributor out-of-state PAC (ID#: Jenkins, Kalan  Contributor address; City; State; Zip Code  Salado, TX 76571			Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/21 Rpt: 13/28	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 08/14/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$100.00
_		Frisco, TX 75036				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#:_ Karnes, Paden  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$67.00
	Dringinal occu	Houston, TX 77030 pation / Job title (See Instructions)	Employer (See Instructions	_		
	Physician	pation / Job title (See Instructions)	Employer (See Instructions	')		
	Date 08/23/2024	Full name of contributor out-of-state PAC (ID#:_ Kercheville, Scott  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$67.00
		San Antonio, TX 78215				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 08/14/2024	Full name of contributor out-of-state PAC (ID#:_ Khorsand, Sarah  Contributor address; City; State; Zip Code  Dallas, TX 75229			Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date 08/14/2024	Full name of contributor out-of-state PAC (ID#:_Kolle, Bracken  Contributor address; City; State; Zip Code  Houston, TX 77042	)		Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	·)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/21 Rpt: 14/28	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 08/14/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$84.00
_		Belton, TX 76513				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 08/01/2024	Full name of contributor out-of-state PAC (ID#:_ Kroger, John  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Dringing! agg.	League City, TX 77573	Employer (Coo Instructions	_		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor			Amount of Contribution (\$)	\$84.00
		Houston, TX 77009				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 07/31/2024	Full name of contributor out-of-state PAC (ID#:_Liang, David  Contributor address; City; State; Zip Code  San Antonio, TX 78240			Amount of Contribution (\$)	\$20.83
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID#:_Lindberg, Scott  Contributor address; City; State; Zip Code  Katy, TX 77494			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	·)		
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	MONET	ARY POLITICAL CO	ONTRIBUTIO	NS 		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how t	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 12/21 Rpt: 15/28	
2	FILER NAME Texas Socie	ty Of Anesthesiologists Political	Action Committee		3	Filer ID (Ethics Commission 00024940	Filers)
4	Date 08/12/2024	<ul><li>5 Full name of contributor Maloney, Kenneth</li><li>6 Contributor address; City; Stat</li></ul>			7	Amount of Contribution (\$)	\$84.00
		Cypress, TX 77429	1				
8	Principal occu Physician	pation / Job title (See Instructions)	\$	9 Employer (See Instructions	5)		
	Date 08/14/2024	Full name of contributor Markham, Travis Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code		•	Amount of Contribution (\$)	\$84.00
	Principal occu	Houston, TX 77030 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> S)		
	Date 08/09/2024	Full name of contributor  Masel, Brian  Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code	)		Amount of Contribution (\$)	\$67.00
	Dringinal occu	Galveston, TX 77555 pation / Job title (See Instructions)	1	Employer (See Instructions	<u>''</u>		
	Physician	pation / 300 title (See Instructions)		Employer (See instructions	<u> </u>		
	Date 08/23/2024	Full name of contributor  Matuszczak, Maria  Contributor address; City; Stat  Houston, TX 77098	out-of-state PAC (ID#: e; Zip Code		•	Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/12/2024	Full name of contributor  McWilliams, Sara  Contributor address; City; Stat  Boerne, TX 78006	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	s)		
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	MONET	ARY POLITICAL CONTRIE	BUTION	NS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complet	te this for	m.	1	Total pages Schedule A1: Sch: 13/21 Rpt: 16/28	
2	FILER NAME Texas Socie	y Of Anesthesiologists Political Action Com	nmittee		3	Filer ID (Ethics Commission 00024940	ı Filers)
4	Date 08/12/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$84.00
_	Deinsinal	Austin, TX 78731		Faralassa (Ossalastasstisas			
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 08/14/2024	Full name of contributor out-of-state I Merchun, Christopher  Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$41.67
		Dallas, TX 75219					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	S)		
	Date 08/14/2024	Full name of contributor out-of-state I Mercier, David Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$)	\$84.00
		Dallas, TX 75229					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/14/2024	Full name of contributor out-of-state I Miller, Christopher  Contributor address; City; State; Zip Code  Arlington, TX 76015				Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/05/2024	Full name of contributor out-of-state Moorman, Andrew  Contributor address; City; State; Zip Code  Dallas, TX 75219	PAC (ID#:			Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	s)		
			'				

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 14/21 Rpt: 17/28	
2	FILER NAME Texas Socie	y Of Anesthesiologists Political Action Committee	;	3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 08/09/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$67.00
		Austin, TX 78746				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 08/13/2024	Full name of contributor out-of-state PAC (ID: Mouzi-Wofford, Lisa  Contributor address; City; State; Zip Code	#:		Amount of Contribution (\$)	\$84.00
	Dringinal occu	Houston, TX 77007	Employer (See Instructions	<u></u>		
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions	>)		
	Date 07/31/2024	Full name of contributor  out-of-state PAC (ID: Muse, Kenisha  Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$84.00
		Temple, TX 76502				
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID: Normand, Katherine Contributor address; City; State; Zip Code Houston, TX 77079	#:)		Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> 5)		
	Date 07/31/2024	Full name of contributor out-of-state PAC (ID: Norrell, Stacy  Contributor address; City; State; Zip Code  Magnolia, TX 77355	#:)		Amount of Contribution (\$)	\$67.00
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	S)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 15/21 Rpt: 18/28	
2	FILER NAME Texas Socie	ty Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	Filers)
4	Date 08/13/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$67.00
8	Principal occu	Houston, TX 77054 pation / Job title (See Instructions)	Employer (See Instructions			
0	Physician	pation / Job title (See mandonons)	2 Employer (See manucuons	,		
	Date 08/13/2024	Full name of contributor out-of-state PAC (ID#:_Odeh, Jaffer  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$67.00
		Dallas, TX 75390				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 08/12/2024	Full name of contributor  out-of-state PAC (ID#:_ Ortiz, Jaime Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$67.00
		Houston, TX 77025				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 07/31/2024	Full name of contributor out-of-state PAC (ID#:_Padakandla, Udaya  Contributor address; City; State; Zip Code  Carrollton, TX 75010			Amount of Contribution (\$)	\$67.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 08/13/2024	Full name of contributor out-of-state PAC (ID#: Patel, Kaelan  Contributor address; City; State; Zip Code  Fort Worth, TX 76107			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
		,				

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 16/21 Rpt: 19/28	
2	FILER NAME Texas Socie	y Of Anesthesiologists Political Action Committee	,	3	Filer ID (Ethics Commission 00024940	ı Filers)
4	Date 08/14/2024	<ul> <li>Full name of contributor  out-of-state PAC (IDa Perry, Jeremie</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$84.00
_	<u> </u>	Abilene, TX 79606		Ĺ		
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date 08/09/2024	Full name of contributor out-of-state PAC (ID: Phillips, Cooper  Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$41.67
		Lubbock, TX 79430		Ĺ		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 08/09/2024	Full name of contributor out-of-state PAC (ID: Plagenhoef, Jeffrey  Contributor address; City; State; Zip Code	#:		Amount of Contribution (\$)	\$67.00
		Southlake, TX 76092				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 08/13/2024	Full name of contributor out-of-state PAC (ID) Quintela, Heather Contributor address; City; State; Zip Code San Antonio, TX 78248	#:)		Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)		
	Date 08/14/2024	Full name of contributor out-of-state PAC (ID: Rahlfs, Thomas  Contributor address; City; State; Zip Code  Houston, TX 77079	#:)		Amount of Contribution (\$)	\$83.34
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete th	nis form.	1	Total pages Schedule A1: Sch: 17/21 Rpt: 20/28	
2	FILER NAME Texas Socie	y Of Anesthesiologists Political Action Committ	tee	3	Filer ID (Ethics Commission 00024940	ı Filers)
4	Date 08/14/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$84.00
_	<u> </u>	Austin, TX 78746		Ţ		
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instruction:	is)		
	Date 08/14/2024	Full name of contributor out-of-state PAC Reed, LoriJean  Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$84.00
	Deinsinal	Dallas, TX 75230	Farala and (One lands of the	<u></u>		
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instruction:	iS)		
	Date 08/06/2024	Full name of contributor out-of-state PAC Remster, Jeffrey  Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$84.00
		Dallas, TX 75206				
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instruction	ıs)		
	Date 08/14/2024	Full name of contributor out-of-state PAC Richards, Jeffrey  Contributor address; City; State; Zip Code  League City, TX 77573	(ID#:)		Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instruction	l s)		
	Date 08/12/2024	Full name of contributor out-of-state PAC Ritter, Eric  Contributor address; City; State; Zip Code  Houston, TX 77018	(ID#:)		Amount of Contribution (\$)	\$20.83
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instruction	ıs)		
			1			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 18/21 Rpt: 21/28	
2	FILER NAME Texas Socie	y Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	ı Filers)
4	Date 08/12/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$83.34
_	5	Temple, TX 76502				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 08/07/2024	Full name of contributor out-of-state PAC (ID#:_Rutland, Lindsey  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$84.00
		Austin, TX 78723				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 08/14/2024	Full name of contributor out-of-state PAC (ID#:_ Sarmiento, Stephen Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$85.00
		Plano, TX 75093				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 08/14/2024	Full name of contributor out-of-state PAC (ID#:_ Selassie, Rahel Contributor address; City; State; Zip Code  Manvel, TX 77578			Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/09/2024	Full name of contributor out-of-state PAC (ID#:_Shabot, Sarah  Contributor address; City; State; Zip Code  Galveston, TX 77551	)		Amount of Contribution (\$)	\$67.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/21 Rpt: 22/28	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	ı Filers)
4	Date 08/01/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$84.00
		Dallas, TX 75219				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 08/14/2024	Full name of contributor out-of-state PAC (ID#:_ Stamatakos, Todd Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$85.00
	Deinsinal assu	Frisco, TX 75034	Franksian (Cooksations	_		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/14/2024	Full name of contributor out-of-state PAC (ID#:_ Street, Austin Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$67.00
		Dallas, TX 75229				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 08/14/2024	Full name of contributor out-of-state PAC (ID#:_ Teegarden, Beth Contributor address; City; State; Zip Code  Galveston, TX 77555			Amount of Contribution (\$)	\$62.50
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#:_ Tsai, January  Contributor address; City; State; Zip Code  Houston, TX 77005	)		Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 20/21 Rpt: 23/28	
2	FILER NAME Texas Socie	ty Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 08/14/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$62.50
_	Daine in all a con-	Southlake, TX 76092	2. Faralana (Cara hastaratica			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 08/14/2024	Full name of contributor  out-of-state PAC (ID#: Vu-Boyer, Lisa  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Dallas, TX 75219 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician	pation / Job title (See matractions)	Employer (See manucuons	,		
	Date 08/12/2024	Full name of contributor  uut-of-state PAC (ID#: Weiss, Lisa  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$83.34
		Houston, TX 77018				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 07/26/2024	Full name of contributor out-of-state PAC (ID#: Wells, Kristen Contributor address; City; State; Zip Code  Addison, TX 75001			Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 08/05/2024	Full name of contributor out-of-state PAC (ID#:_ West, Mary Contributor address; City; State; Zip Code Irving, TX 75061	)		Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 21/21 Rpt: 24/28	
2	FILER NAME Texas Socie	ty Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 08/13/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$67.00
_		Dallas, TX 75390	2.5.1.(2.1.1.1)			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 08/14/2024	Full name of contributor out-of-state PAC (ID#:_ Wright, Crystal Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$83.34
	Duinning Langu	Houston, TX 77005				
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 07/31/2024	Full name of contributor	)		Amount of Contribution (\$)	\$75.00
		Houston, TX 77055				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#:_Zavala, Acsa  Contributor address; City; State; Zip Code  Houston, TX 77004			Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		

PLEI	DGED CONTRIBUTIONS	S			sc	HEDULE B
Т	he Instruction Guide explains h	ow to comple	te this form.	1	Total pages Schedule B: Sch: 1/1 Rpt: 25/28	
2 FILER N	AME			3		on Filers)
Texas S	Society Of Anesthesiologists Political A	Action Committee	<u>,</u>		00024940	•
4 TOTAL	OF UNITEMIZED PLEDGES				\$	0.00
<b>5</b> Date	6 Full name of pledgor ou	ıt-of-state PAC (ID#:_		) 8		description
					pledge (\$) (If ap	pplicable)
	7 Pledgor Address; City;	State; Zip Code			_	
					Check if travel outside of Texas.	Complete Schedule T.
<b>10</b> Principal	occupation / Job title (See Instructions)		11 Employer (See Inst	tructi	ons)	

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

## 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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/2 Rpt: 27/28	Texas Society Of Anesthesiologists Political Action 00024940
4 Date	5 Payee name
08/05/2024	King, Phil
6 Amount (\$) \$3,000.00	7 Payee address; City; State; Zip Code P. O. Box 1913
Expenditure from corporate funds	Weatherford, TX 76086
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/30/2024	Lowe, David
Amount (\$)	Payee address; City; State; Zip Code
\$750.00	9017 Cedar Breaks Drive
Expenditure from corporate funds	North Richland, TX 76182
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAI LINDII GILL	Candidate/Officeholder/Political Committee
	Campaign contribution
0 1: 01:14.77	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/30/2024	Lowe, David
Amount (\$)	Payee address; City; State; Zip Code
\$750.00	9017 Cedar Breaks Drive
Expenditure from corporate funds	North Richland, TX 76182
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
_//	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made ByCandidate/Officeholder/Political

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (setter a extension pat listed above)

Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
	The Instruction Guide explains how to complete this form.	_
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 2/2 Rpt: 28/28	Texas Society Of Anesthesiologists Political Action 00024940	
4 Date	5 Payee name	
07/30/2024	Schofield, Mike	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,500.00	934 Hidden Canyon Road	-
Expenditure from corporate funds	Katy, TX 77450	
8 PURPOSE		
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Campaign contribution	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Date	Power name	$\dashv$
	Payee name	
08/21/2024	Simmons, Lauren Ashley	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,500.00	P. O. Box 56386	
— E constituir for a		
Expenditure from corporate funds	Houston, TX 77256	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Campaign contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	1	
		_