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** 10/01/2024 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 X October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 08/26/2024 09/25/2024

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME	al a state at the Bullion I.A.	11 O 111	13 File		(Ethics Commission Filers)
Texas Society Of Anes	thesiologists Political A	tion Committee	000)24940	
4 COMMITTEE ACTIVITY	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location	A. Supported			
	of election and nature of issue.)				
		B. Opposed			
	3. Officeholders				
	Assisted (Identify by name or, if applicable, classify by party.)				
E CONTRICTOR	<u> </u>	DOLITION CONTRIBUTIONS (TO	IED TUAN	1	
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTF OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold		\$	0.00
	2. TOTAL POLITICA	-	-	 	
	(OTHER THAN PLEI	GES, LOANS, OR GUARANTEES O	F LOANS)	 \$	43,416.37
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	38,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	ONTRIBUTIONS MAINTAINED AS C PERIOD	OF THE LAST DAY	\$	270,339.81
OUTSTANDING LOAN TOTALS	1	MOUNT OF ALL OUTSTANDING LO	DANS AS OF THE	\$	0.00
6 AFFIDAVIT	<u> </u>			<u> </u>	
		I swear, or affirm, under true and correct and inc under Title 15, Election	cludes all information	hat the a required	ccompanying report is I to be reported by me
			Dr. Kristyn B. In	aram	
		Si	gnature of Campaigr		rer
AFFIX NOTAR)	/ STAMP / SEAL ABOVE	G.	griature or Campaigr	rroada	
					day
of	_, 20, to certify \	hich, witness my hand and seal of of	fice.		
Signature of officer ac	dministering oath	Printed name of officer administering	oath Titl	e of offic	er administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

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					3 of 66
17 COM	1MITTE	EE NAME	18 Filer ID	(Ethics Comn	nission Filers)
Texa	as So	ciety Of Anesthesiologists Political Action Committee	00024940		
		E SUBTOTALS SCHEDULE		SUBTO	TAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	43,416.37
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 LABO ORGANIZATION)R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.	X	SCHEDULE E: LOANS		\$	0.00
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	38,500.00
11.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12.	X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
13.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	3,000.00

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/51 Rpt: 4/66	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 09/12/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$85.00
_		Houston, TX 77059				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_Aggarwal, Amit Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	Houston, TX 77005 pation / Job title (See Instructions)	Employer (See Instructions	.)		
	Physician		Employer (Geo mondonorio	,		
	Date 09/10/2024	Full name of contributor			Amount of Contribution (\$)	\$100.00
		Houston, TX 77030				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_Alcaraz, Daniel Contributor address; City; State; Zip Code San Antonio, TX 78229			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_Allen, Stacey Contributor address; City; State; Zip Code San Antonio, TX 78230			Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/51 Rpt: 5/66	
2	FILER NAME Texas Socie	ty Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 09/10/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$84.00
		Richmond, TX 77469				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 09/11/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$84.00
	Principal occu Physician	Houston, TX 77085 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_Amancharla, Maneesh Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
	Principal occu	Austin, TX 78746 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician	pation, oop the (oce managina)	Employer (See moudellors	')		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_An, Daniel Contributor address; City; State; Zip Code Fulshear, TX 77441)		Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#:_Anton, James Contributor address; City; State; Zip Code Houston, TX 77009)		Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	()		

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 3/51 Rpt: 6/66	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Ac	tion Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 09/10/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$84.00
		Houston, TX 77030					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions	i)		
	Date 09/13/2024	Full name of contributor on the contributor of contributor address; City; State; Z	ut-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$84.00
	Principal occu	Allen, TX 75013 pation / Job title (See Instructions)		Employer (See Instructions	()		
	Physician	,			,		
	Date 09/05/2024	Full name of contributor on the Bacak, Christina on the Contributor address; City; State; Z	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$84.00
		Austin, TX 78704					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/12/2024	Ball, Timothy	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/11/2024	Barboza, Andrew	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 4/51 Rpt: 7/66	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 09/10/2024	 Full name of contributor out-of-state PAC (ID# Beitzel, Michael Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$84.00
		Abilene, TX 79602				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID# Berndt, R. Barry Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$84.00
		Beaumont, TX 77702				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#Bohannon, Nicholas Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Tyler, TX 75703				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID# Bracken, Christopher Contributor address; City; State; Zip Code San Antonio, TX 78240			Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#Brown, Zoe Contributor address; City; State; Zip Code Houston, TX 77025			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			•			

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this 1	orm.	1	Total pages Schedule A1: Sch: 5/51 Rpt: 8/66	
2	FILER NAME Texas Socie	ty Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	Filers)
4	Date 09/11/2024	 Full name of contributor out-of-state PAC (ID#: Bryan, Joseph Contributor address; City; State; Zip Code 	_	7	Amount of Contribution (\$)	\$100.00
_		Buda, TX 78610	I			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 09/10/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$	1,000.00
	Principal occu	McKinney, TX 75071 pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician					
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_Burke, Charles Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
		Houston, TX 77004				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_Butler, Brad Contributor address; City; State; Zip Code Abilene, TX 79602			Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/16/2024	Full name of contributor out-of-state PAC (ID#:_Campbell, Amber Contributor address; City; State; Zip Code Houston, TX 77030			Amount of Contribution (\$)	\$125.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
			,			

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	s form.	1	Fotal pages Schedule A1: Sch: 6/51 Rpt: 9/66	
2	FILER NAME Texas Socie	y Of Anesthesiologists Political Action Committee	9		Filer ID (Ethics Commission 00024940	n Filers)
4	Date 09/09/2024	 Full name of contributor		7 /	Amount of Contribution (\$)	\$250.00
		Bellaire, TX 77401				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID Carpio, Miguel Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$25.00
	Principal occu	McAllen, TX 78501 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID Carroll, Luke Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$85.00
		Houston, TX 77042				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID Casey, Chelsea Contributor address; City; State; Zip Code Friendswood, TX 77546)		Amount of Contribution (\$)	\$42.00
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID Catton, Evan Contributor address; City; State; Zip Code Tyler, TX 75709			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			1			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/51 Rpt: 10/66	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 09/11/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$84.00
•	Dringing oggu	Galveston, TX 77554	• Employer (Con Instructions			
8	Physician Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	•)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_Chan, Calvin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$84.00
		Dallas, TX 75219				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#:_ Chao-Knize, Yuan-Jiun Nicole Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
		Austin, TX 78759				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#:_Clanton, David Contributor address; City; State; Zip Code San Antonio, TX 78256			Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_ Cotton, K. Voe Contributor address; City; State; Zip Code Dallas, TX 75229)		Amount of Contribution (\$)	\$20.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/51 Rpt: 11/66	
2	FILER NAME Texas Socie	y Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 09/11/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
_		Houston, TX 77008	1			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/10/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	Houston, TX 77025 Dation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician					
	Date 09/04/2024	Full name of contributor out-of-state PAC (ID#:_ Danley, Matthew Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$84.00
		Fort Worth, TX 76109				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_ Dave, Siddharth Contributor address; City; State; Zip Code Lucas, TX 75002			Amount of Contribution (\$)	\$84.00
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/05/2024	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	oation / Job title (See Instructions)	Employer (See Instructions	<u>;</u>)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/51 Rpt: 12/66	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 09/11/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
_		Temple, TX 76508				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ Dewan, Brian Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$84.00
	Principal occu	Austin, TX 78731 pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician Physician			<u></u>		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#: Dillon, Brett Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Temple, TX 76508				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/05/2024	Full name of contributor out-of-state PAC (ID#:_ Drees, Jeffrey Contributor address; City; State; Zip Code Corsicana, TX 75110)		Amount of Contribution (\$)	\$85.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#:_ Dupont, Cedric Contributor address; City; State; Zip Code Rollingwood, TX 78746)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/51 Rpt: 13/66	
2	FILER NAME Texas Socie	ty Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 09/06/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$85.00
_		Austin, TX 78759				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_ Efune, Guy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Deinsinal assu	Dallas, TX 75390	Franks var (Cas kastrustis ra	_		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#:_ Ellis, Stephen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$84.00
		Dallas, TX 75219				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	<u>;</u>)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ Emelife, Patrick Contributor address; City; State; Zip Code Grand Prairie, TX 75054			Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/13/2024	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	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 11/51 Rpt: 14/66	
2	FILER NAME Texas Socie	ty Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 09/05/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$84.00
_	Daine in all access	Austin, TX 78759				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#: Farmer, Lisa Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$84.00
		Galveston, TX 77551				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#: Fay, James Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$84.00
		Georgetown, TX 78628				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#: Fernandez, Christopher Contributor address; City; State; Zip Code Corpus Christi, TX 78414			Amount of Contribution (\$)	\$250.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
		1				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 12/51 Rpt: 15/66	
2	FILER NAME Texas Socie	y Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 09/10/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$84.00
_	Delia dia al-	Galveston, TX 77551	2. Faralana (Cara hastaratica			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_Fogarty, James Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78736 pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician					
	Date 09/16/2024	Full name of contributor out-of-state PAC (ID#: Ford, Dina Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$84.00
		Houston, TX 77096				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_Foss, Prisila 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)		
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID#:Funston, Joe Contributor address; City; State; Zip Code Galveston, TX 77555			Amount of Contribution (\$)	\$250.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
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	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 13/51 Rpt: 16/66	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 09/10/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$84.00
_	Dringing Loon	San Antonio, TX 78229	O Employer (Coe Instructions			
8	Physician Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_Garcia, Priscilla Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
		Bellaire, TX 77401				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_ Garcia-Bigger, Judy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$84.00
		Round Rock, TX 78665				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_Gardner, Kelly Contributor address; City; State; Zip Code San Antonio, TX 78257			Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_Garmon, Emily Contributor address; City; State; Zip Code Temple, TX 76502			Amount of Contribution (\$)	\$250.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
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	MONET	ARY POLITICAL CONTRIBUTI	IONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 14/51 Rpt: 17/66	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee	?	3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 09/12/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$42.00
_	Duinning Langu	Houston, TX 77005	D. Familiana (Con Instruction	<u></u>		
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID Gibbons, Stacey Contributor address; City; State; Zip Code	#:)	•	Amount of Contribution (\$)	\$84.00
		League City, TX 77573	1	<u> </u>		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID Giordano, Andrew Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$250.00
		San Antonio, TX 78250	<u>-</u>			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID Glenesk, Niklas Contributor address; City; State; Zip Code Dallas, TX 75206	#:)		Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)		
	Date 09/11/2024	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	s)		
			1			

	MONET	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A			
	The Instru	ction Guide explains how to complete th	his for	m.	1	Total pages Schedule A1: Sch: 15/51 Rpt: 18/66			
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Commit	tee		3	Filer ID (Ethics Commission 00024940	on Filers)		
4	Date 09/11/2024	 Full name of contributor	`)	7	Amount of Contribution (\$)	\$100.00		
_	Pointing I accord	Salado, TX 76571	- 10		$\overline{\Gamma}$				
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions	5)				
	Date 09/10/2024	Full name of contributor out-of-state PAC Goodridge, Timothy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00		
	Principal occu	Round Rock, TX 78681 pation / Job title (See Instructions)		Employer (See Instructions	-, 				
	Physician	sation, oob title (occ monactions)		Employer (See instructions	')				
	Date 09/17/2024	Full name of contributor	(ID#:			Amount of Contribution (\$)	\$1,000.00		
	Dringing aggr	McAllen, TX 78504 pation / Job title (See Instructions)		Employer (See Instructions	·/-				
	Physician Physician	oation / Job title (See instructions)		Employer (See Instructions	·)				
	Date 09/10/2024	Full name of contributor out-of-state PAC Gray, Chelsea Contributor address; City; State; Zip Code Georgetown, TX 78628	`)		Amount of Contribution (\$)	\$500.00		
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	5)				
	Date 09/18/2024	Full name of contributor out-of-state PAC Guess, Rebecca Contributor address; City; State; Zip Code Waco, TX 76712	(ID#:)		Amount of Contribution (\$)	\$250.00		
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	5)				

	MONET	ARY POLITICAL CONTRIBU	IS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 16/51 Rpt: 19/66	
2	FILER NAME Texas Socie	y Of Anesthesiologists Political Action Comm	nittee		3	Filer ID (Ethics Commission 00024940	on Filers)
4	Date 09/05/2024	 Full name of contributor out-of-state PA Gullapalli, Pranathi Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$250.00
_		Sugar Land, TX 77479	- 1-				
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 09/10/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Houston, TX 77042 Dation / Job title (See Instructions)		Employer (See Instructions)		
	Physician						
	Date 09/10/2024	Full name of contributor out-of-state PA Guragain, Richesh Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$84.00
		League city, TX 77573					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/12/2024	Full name of contributor out-of-state PA Gurkowski, Mary Ann Contributor address; City; State; Zip Code San Antonio, TX 78240)		Amount of Contribution (\$)	\$83.34
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/10/2024	Full name of contributor out-of-state PA Guzman-Reyes, Sara Contributor address; City; State; Zip Code Houston, TX 77030	C (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 17/51 Rpt: 20/66	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 09/11/2024	 Full name of contributor out-of-state PAC (ID#: Hagberg, Carin Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$84.00
_	Daine in all access	Houston, TX 77030	le Frankrije (Oor heterstiere			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#: Hancher, Shannon Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	Bellaire, TX 77401 pation / Job title (See Instructions)	Employer (See Instructions	<u>:)</u>		
	Physician	sation, oop title (occ instructions)	Employer (See motivations	"		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#: Hancher, Shannon Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$84.00
		Bellaire, TX 77401				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#: Hardman, Bailor Contributor address; City; State; Zip Code Dallas, TX 75205			Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#: Harvey, Benjamin Contributor address; City; State; Zip Code Houston, TX 77055			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 18/51 Rpt: 21/66	
2	FILER NAME Texas Socie	y Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 09/11/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$84.00
		San Antonio, TX 78258				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#: Hayes, W. Brendan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Fort Worth, TX 76109 pation / Job title (See Instructions)	Employer (See Instructions	7		
	Physician	Salion 7 665 title (See instituctions)	Employer (See mondeners	')		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#: Hector, Casey Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
		Waco, TX 76706				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/05/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$42.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID#: Herzog, Ld Contributor address; City; State; Zip Code Austin, TX 78737			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		

	MONET	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 19/51 Rpt: 22/66	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 09/13/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
_		Garland, TX 75044				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/05/2024	Full name of contributor out-of-state PAC (ID#:_ Hines, Clayton Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$45.00
		Beaumont, TX 77705				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ Hofkamp, Michael Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$84.00
		Round Rock, TX 78681				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_Holguin, Cameron Contributor address; City; State; Zip Code Houston, TX 77006)		Amount of Contribution (\$)	\$20.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_ Holguin, Cameron Contributor address; City; State; Zip Code Houston, TX 77006			Amount of Contribution (\$)	\$80.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
		•				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 20/51 Rpt: 23/66	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 09/11/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$84.00
		Dallas, TX 75219				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/05/2024	Full name of contributor out-of-state PAC (ID#:_ Houston, Everett Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Austin, TX 78703	Employer (See Instructions	·/_		
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions	·)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_ Huang, Henry Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.83
		Houston, TX 77055				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ Hurlburt, Brian Contributor address; City; State; Zip Code Beaumont, TX 77726)		Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_ Hussain, Mahammad Contributor address; City; State; Zip Code San Antonio, TX 78229			Amount of Contribution (\$)	\$250.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 21/51 Rpt: 24/66	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 09/11/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$150.00
_		Temple, TX 76502	T	_		
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/11/2024	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$8.33
	Principal occu Physician	Houston, TX 77098 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID# Jekot, Jeffrey Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78746 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician		, ,, ,	,		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID# Jenkins, Kalan Contributor address; City; State; Zip Code Salado, TX 76571	:)		Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/09/2024	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	s)		

	MONET	ARY POLITICAL C	NS	SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 22/51 Rpt: 25/66		
2	FILER NAME Texas Socie	ty Of Anesthesiologists Politica	Action Committee		3	Filer ID (Ethics Commission 00024940	on Filers)	
4	Date 09/10/2024	5 Full name of contributor	out-of-state PAC (ID#: ie; Zip Code		7	Amount of Contribution (\$)	\$84.00	
		Magnolia, TX 77355						
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions	5)			
	Date 09/12/2024	Full name of contributor Jones, Zachary Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00	
	Principal occu	Frisco, TX 75036 pation / Job title (See Instructions)		Employer (See Instructions	 - s)			
	Physician							
	Date 09/10/2024	Full name of contributor [Kandil, Enas Contributor address; City; Sta	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$1,000.00	
		Irving, TX 75063						
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date 09/11/2024	Full name of contributor Karnes, Paden Contributor address; City; Star Houston, TX 77030	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$67.00	
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date 09/11/2024	Full name of contributor [Kenjarski, Thomas Contributor address; City; Star Dallas, TX 75243	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$84.00	
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	s)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 23/51 Rpt: 26/66	
2	FILER NAME Texas Socie	y Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	Filers)
4	Date 09/10/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$84.00
_		San Antonio, TX 78215				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/25/2024	Full name of contributor out-of-state PAC (ID#:_ Kercheville, Scott Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$67.00
	Dringing! goog	San Antonio, TX 78215	Employer (See Instructions	_		
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#:_ Khorsand, Sarah Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$84.00
		Dallas, TX 75229				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_King, R. Baker Contributor address; City; State; Zip Code San Antonio, TX 78232			Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ Koehler, Michelle Contributor address; City; State; Zip Code New Braunfels, TX 78132)		Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBU	TION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete th	nis for	rm.	1	Total pages Schedule A1: Sch: 24/51 Rpt: 27/66	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committ	tee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 09/12/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$84.00
_		Houston, TX 77042	- 1-	5 1 (0 1 1 1			
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 09/11/2024	Full name of contributor out-of-state PAC Kollu, Tejas Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Dringing! goog	Galveston, TX 77550		Employer (See Instructions	·/		
	Physician Physician	pation / Job title (See Instructions)		Employer (See Instructions	·)		
	Date 09/12/2024	Full name of contributor uut-of-state PAC Konvicka, James Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$84.00
		Belton, TX 76513					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/10/2024	Full name of contributor out-of-state PAC Koppang, Erik Contributor address; City; State; Zip Code Fair Oaks, TX 78015)		Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u>		
	Date 09/04/2024	Full name of contributor out-of-state PAC Kroger, John Contributor address; City; State; Zip Code League City, TX 77573)		Amount of Contribution (\$)	\$20.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			I				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how to complete t	his foi	rm.	1	Total pages Schedule A1: Sch: 25/51 Rpt: 28/66			
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Commit	tee		3	Filer ID (Ethics Commission 00024940	on Filers)		
4	Date 09/09/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$100.00		
		Austin, TX 78733							
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions	s)				
	Date 09/10/2024	Full name of contributor out-of-state PAC Kronberg, Sharon Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$25.00		
	Principal occu	Austin, TX 78733 pation / Job title (See Instructions)		Employer (See Instructions	 s)				
	Physician Physician	,		. , ,					
	Date 09/20/2024	Full name of contributor	(ID#:)	•	Amount of Contribution (\$)	\$84.00		
		Houston, TX 77009							
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	s)				
	Date 09/11/2024	Full name of contributor out-of-state PAC Langridge, Xuan Contributor address; City; State; Zip Code Houston, TX 77079)	•	Amount of Contribution (\$)	\$500.00		
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	5)				
	Date 09/09/2024	Full name of contributor out-of-state PAC Lee, Carlos-Nicholas Contributor address; City; State; Zip Code Austin, TX 78749	(ID#:)	•	Amount of Contribution (\$)	\$1,000.00		
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	s)				
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	MONET	ARY POLITICAL CONTRIBUTI		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 26/51 Rpt: 29/66		
2	FILER NAME Texas Societ	y Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)	
4	Date 09/11/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$20.00	
_		Houston, TX 77098	1	_			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	s)			
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID: Lilie, Craig Contributor address; City; State; Zip Code	<u>+</u>		Amount of Contribution (\$)	\$500.00	
	Drincinal occur	Belton, TX 76513 pation / Job title (See Instructions)	Employer (See Instructions	·)			
	Physician Physician	valion / 300 title (See matractions)	Employer (See instructions	·)			
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID: Lima, Suzanne Contributor address; City; State; Zip Code	#:)	•	Amount of Contribution (\$)	\$500.00	
		Austin, TX 78739					
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 09/18/2024	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	oation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID: Littlejohn, Martin Contributor address; City; State; Zip Code San Antonio, TX 78254	±:)		Amount of Contribution (\$)	\$42.00	
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	5)			

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 27/51 Rpt: 30/66	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	on Filers)
4	Date 09/10/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
_		Tyler, TX 75703				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#: Loh, Tuan-Hsing Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	San Antonio, TX 78256 pation / Job title (See Instructions)	Employer (See Instructions	:, 		
	Physician	pation / Job title (See instructions)	Employer (See instructions	•)		
	Date 09/17/2024	Full name of contributor			Amount of Contribution (\$)	\$1,000.00
		MCALLEN, TX 78504				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_Luong, Linh Contributor address; City; State; Zip Code Houston, TX 77030			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_ Magill, Linda 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 CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this forr	n.	1	Total pages Schedule A1: Sch: 28/51 Rpt: 31/66	
2	FILER NAME Texas Socie	y Of Anesthesiologists Political A	Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 09/11/2024	Full name of contributor Maloney, KennethContributor address; City; State;			7	Amount of Contribution (\$)	\$84.00
		Cypress, TX 77429					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 09/09/2024	Full name of contributor Manohar, Crystal Contributor address; City; State;	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	Shavano Park, TX 78231 pation / Job title (See Instructions)		Employer (See Instructions	-, 		
	Physician	odion / Job tile (See Instructions)		Employer (See manucuons	')		
	Date 09/10/2024	Full name of contributor Marchal, Darren Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$400.00
		Allen, TX 75013					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/13/2024	Full name of contributor Margolis, Mark Contributor address; City; State; Dallas, TX 75219	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$250.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/12/2024	Full name of contributor Markham, Travis Contributor address; City; State; Houston, TX 77030	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	5)		
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	MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete th	nis form.	1	Total pages Schedule A1: Sch: 29/51 Rpt: 32/66	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committ	tee	3	Filer ID (Ethics Commission 00024940	on Filers)
4	Date 09/09/2024	 Full name of contributor out-of-state PAC (Masel, Brian Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$84.00
_		Galveston, TX 77555				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (McAllister, Russell Contributor address; City; State; Zip Code	(ID#:)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	Temple, TX 76508 pation / Job title (See Instructions)	Employer (See Instructions	<u>s)</u>		
	Physician	oution 7 Job title (See Instructions)	Employer (See Instructions	"		
	Date 09/10/2024	Full name of contributor out-of-state PAC (McHorse, Paul Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$250.00
		Austin, TX 78759				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (McWilliams, Sara Contributor address; City; State; Zip Code Boerne, TX 78006	(ID#:)	•	Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (Mehta, Jaideep Contributor address; City; State; Zip Code Austin, TX 78731	(ID#:)	•	Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 30/51 Rpt: 33/66	
2	FILER NAME Texas Socie	ty Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 09/10/2024	 Full name of contributor out-of-state PAC (ID# Mensah, Cassius Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$250.00
_		Manvel, TX 77578	12 5 4 6 4 4 1			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID# 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 09/13/2024	Full name of contributor out-of-state PAC (ID# Mercier, David Contributor address; City; State; Zip Code	:)	-	Amount of Contribution (\$)	\$84.00
		Dallas, TX 75229				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID# Merutka, Nicholas Contributor address; City; State; Zip Code Houston, TX 77002	:)		Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID# 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)		
			•			

	MONET	ARY POLITICAL CONT	RIBUTIONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to cor	nplete this form.	1	Total pages Schedule A1: Sch: 31/51 Rpt: 34/66	
2	FILER NAME Texas Socie	y Of Anesthesiologists Political Action	n Committee	3	Filer ID (Ethics Commissio 00024940	n Filers)
4	Date 09/23/2024	 Full name of contributor out-o out-o Milliken, Martin Contributor address; City; State; Zip C 			Amount of Contribution (\$)	\$250.00
		Austin, TX 78703	1			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employ	er (See Instructions)		
	Date 09/10/2024	Full name of contributor out-o Molnar, Robert Contributor address; City; State; Zip C	f-state PAC (ID#:)	Amount of Contribution (\$)	\$100.00
	Principal occu	Northbrook, IL 60062 pation / Job title (See Instructions)	Employ	er (See Instructions)		
	Physician	sation 7 300 title (See Instructions)	Employ	er (occ manuchons)		
	Date 09/09/2024	Full name of contributor out-o Moore, Adam Contributor address; City; State; Zip C	f-state PAC (ID#:)	Amount of Contribution (\$)	\$84.00
		New Braunfels, TX 78132				
	Principal occu Physician	oation / Job title (See Instructions)	Employ	er (See Instructions)		
	Date 09/05/2024	Moorman, Andrew	f-state PAC (ID#:)	Amount of Contribution (\$)	\$84.00
	Principal occu Physician	oation / Job title (See Instructions)	Employ	er (See Instructions)		
	Date 09/11/2024	Mora, Ricardo	f-state PAC (ID#:		Amount of Contribution (\$)	\$250.00
	Principal occu Physician	pation / Job title (See Instructions)	Employ	er (See Instructions)		
			'			

	MONET	ARY POLITICAL CONTRIBU	JTIOI	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	this fo	m.	1	Total pages Schedule A1: Sch: 32/51 Rpt: 35/66	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Comm	nittee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 09/09/2024	 Full name of contributor out-of-state PA Moreland, Jennie Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$84.00
_		Austin, TX 78746			_		
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 09/10/2024	Full name of contributor out-of-state PA Moulin, Victor Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$41.67
	Drincinal occu	Houston, TX 77059 pation / Job title (See Instructions)		Employer (See Instructions	-, 		
	Physician Physician	oation / Job title (See Instructions)		Employer (See instructions	>)		
	Date 09/11/2024	Full name of contributor	.C (ID#:)		Amount of Contribution (\$)	\$25.00
		Conroe, TX 77304					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/11/2024	Full name of contributor out-of-state PA Mouzi-Wofford, Lisa Contributor address; City; State; Zip Code Houston, TX 77007)	•	Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/10/2024	Full name of contributor out-of-state PA Mueller, Jeff Contributor address; City; State; Zip Code Phoenix, AZ 85013				Amount of Contribution (\$)	\$750.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	s)		
			<u>'</u>				

	MONET	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 33/51 Rpt: 36/66	
2	FILER NAME Texas Socie	y Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 09/09/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$84.00
_	5	El Paso, TX 79922				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 08/30/2024	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	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Date 09/09/2024	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	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#:_Nelson, Vincent Contributor address; City; State; Zip Code Houston, TX 77007			Amount of Contribution (\$)	\$250.00
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_ Norman, Peter Contributor address; City; State; Zip Code Houston, TX 77005			Amount of Contribution (\$)	\$500.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBU	JTIONS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete	this form.	1	Total pages Schedule A1: Sch: 34/51 Rpt: 37/66	
2	FILER NAME Texas Socie	y Of Anesthesiologists Political Action Comm	ittee	1	Filer ID (Ethics Commission 00024940	Filers)
4	Date 09/11/2024	 Full name of contributor out-of-state PAG Normand, Katherine Contributor address; City; State; Zip Code 		7 /	Amount of Contribution (\$)	\$84.00
		Houston, TX 77079				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instruction:	ıs)		
	Date 08/30/2024	Full name of contributor out-of-state PAG Norrell, Stacy Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$67.00
_		Magnolia, TX 77355 pation / Job title (See Instructions)	Employer (See Instruction:	ns)		
	Physician Date 09/10/2024	Full name of contributor out-of-state PAG Norrell, Stacy Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$25.00
		Magnolia, TX 77355 pation / Job title (See Instructions)	Employer (See Instruction	ns)		
	Physician Date 09/09/2024	Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$84.00
	Principal occu Physician	Magnolia, TX 77355 pation / Job title (See Instructions)	Employer (See Instruction	ns)		
	Date 09/09/2024	Full name of contributor out-of-state PAG Nwokolo, Omonele Contributor address; City; State; Zip Code Houston, TX 77030	C (ID#:)		Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instruction:	ns)		
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	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 35/51 Rpt: 38/66	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 09/09/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$84.00
_	D: : 1	Dallas, TX 75390				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_Ohlman, Julie M. R. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Dringing! goog	Midland, TX 79705	Employer (Coo Instructions	_		
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_Ok, John Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75251				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_Ok, John Contributor address; City; State; Zip Code Dallas, TX 75251			Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_ Ombaba, Siang Contributor address; City; State; Zip Code San Antonio, TX 78260			Amount of Contribution (\$)	\$250.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 36/51 Rpt: 39/66	
2	FILER NAME Texas Socie	ty Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 09/10/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00
_	Daine in all access	Houston, TX 77030	O Familia de Combinado de Combi			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_ Orlando, Barbara Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Spring, TX 77386 pation / Job title (See Instructions)	Employer (See Instructions	\		
	Physician Physician	pation / Job title (See instructions)	Employer (See instructions)		
	Date 09/11/2024	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 09/12/2024	Full name of contributor out-of-state PAC (ID#:_ Osborn, Matthew Contributor address; City; State; Zip Code Seguin, TX 78155			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_ Padakandla, Udaya Contributor address; City; State; Zip Code Carrollton, TX 75010			Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
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	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 37/51 Rpt: 40/66	
2	FILER NAME Texas Socie	y Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 09/03/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$67.00
_		Carrollton, TX 75010				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_Pandya, Varuna Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$84.00
	Deire die alle access	Boerne, TX 78006	Frankrije (Ozakasti sa			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_Paquette, Shannon Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Dallas, TX 75204				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#:_ Perry, Jeremie Contributor address; City; State; Zip Code Abilene, TX 79606			Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_ Peterson, Mary Dale Contributor address; City; State; Zip Code Corpus Christi, TX 78404)		Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 38/51 Rpt: 41/66	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	on Filers)
4	Date 09/11/2024	 Full name of contributor out-of-state PAC (ID#: Phillips, Cooper Contributor address; City; State; Zip Code 	_	7	Amount of Contribution (\$)	\$41.67
		Lubbock, TX 79430				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_Phillips, Regina Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Dringing agg	Liberty Hill, TX 78642	Employer (See Instructions	_		
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#: Pivalizza, Evan Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$84.00
		Tyler, TX 75708				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#: Plagenhoef, Deborah Contributor address; City; State; Zip Code Southlake, TX 76092)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#: Plagenhoef, Jeffrey Contributor address; City; State; Zip Code Southlake, TX 76092			Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete th	his form.		otal pages Schedule A1: Sch: 39/51 Rpt: 42/66	
2	FILER NAME Texas Socie	y Of Anesthesiologists Political Action Commit	tee	1	iler ID (Ethics Commission 0024940	n Filers)
4	Date 09/10/2024	 Full name of contributor out-of-state PAC Powell, Karlyn Contributor address; City; State; Zip Code 		7 A	mount of Contribution (\$)	\$250.00
		Houston, TX 77005				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instruction	าร)		
	Date 09/13/2024	Full name of contributor out-of-state PAC Rahlfs, Thomas Contributor address; City; State; Zip Code	(ID#:)	A	mount of Contribution (\$)	\$83.34
	Principal occu	Houston, TX 77079 pation / Job title (See Instructions)	Employer (See Instruction	15)		
	Physician		Employer (Goo mondoner	,		
	Date 09/10/2024	Full name of contributor	(ID#:)	A	mount of Contribution (\$)	\$84.00
		Dalas, TX 75209				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instruction	ns)		
	Date 09/13/2024	Full name of contributor out-of-state PAC Rebal, Brett Contributor address; City; State; Zip Code Austin, TX 78746	(ID#:)	A	mount of Contribution (\$)	\$84.00
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instruction	ns)		
	Date 09/10/2024	Full name of contributor out-of-state PAC Rebello, Elizabeth Contributor address; City; State; Zip Code Houston, TX 77005	(ID#:)	A	mount of Contribution (\$)	\$84.00
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instruction	ns)		
			'			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 40/51 Rpt: 43/66	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	Filers)
4	Date 09/12/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$84.00
_	Dringing Loggy	Dallas, TX 75230	O Employer (Con Instructions			
8	Physician Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/05/2024	Full name of contributor out-of-state PAC (ID#:_ Remster, Jeffrey Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$84.00
		Dallas, TX 75206				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#: Richards, Jeffrey Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$84.00
		League City, TX 77573				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_Rivera, Alan Contributor address; City; State; Zip Code Lubbock, TX 79416			Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_ Rochkind, Jessica Contributor address; City; State; Zip Code Galveston, TX 77551)		Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		-				

	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this form.		Total pages Schedule A1: Sch: 41/51 Rpt: 44/66	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		Filer ID (Ethics Commission 00024940	Filers)
4	Date 09/10/2024	 Full name of contributor	7	Amount of Contribution (\$)	\$250.00
_		San Antonio, TX 78229			
8	Principal occu Physician	pation / Job title (See Instructions) 9 Employe	er (See Instructions)		
	Date 09/11/2024	Full name of contributor		Amount of Contribution (\$)	\$25.00
	Principal occu	Missouri City, TX 77489 pation / Job title (See Instructions) Employe	er (See Instructions)		
	Physician				
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#: Rondeau, Bryan Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$83.34
		Temple, TX 76502			
	Principal occu Physician	pation / Job title (See Instructions) Employe	er (See Instructions)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions) Employe	er (See Instructions)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$250.00
	Principal occu Physician	pation / Job title (See Instructions) Employe	er (See Instructions)		
		1			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 42/51 Rpt: 45/66	
2	FILER NAME Texas Socie	y Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 09/10/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$41.67
		Frisco, TX 75035				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#: Samples, Darren Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$62.50
		Helotes, TX 78023				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/12/2024	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 09/11/2024	Full name of contributor out-of-state PAC (ID#:_Schlegel, Levi Contributor address; City; State; Zip Code Dallas, TX 75201			Amount of Contribution (\$)	\$250.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_Scott, John Contributor address; City; State; Zip Code Keller, TX 76248			Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
		,				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 43/51 Rpt: 46/66	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 09/12/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$84.00
_		Manvel, TX 77578				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_ Sen, Sudipta Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$84.00
	Deire sin al access	Houston, TX 77025	Faralassa (Caralastassticas	Ĺ		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_ Serrato, Jorge Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Laredo, TX 78045				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_Sheppard, Shaina Contributor address; City; State; Zip Code Round Rock, TX 78664)		Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/04/2024	Full name of contributor out-of-state PAC (ID#:_Shu, Stephen Contributor address; City; State; Zip Code Dallas, TX 75219			Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTR	IBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to compl	ete this for	m.	1	Total pages Schedule A1: Sch: 44/51 Rpt: 47/66	
2	FILER NAME Texas Socie	y Of Anesthesiologists Political Action Co	ommittee		3	Filer ID (Ethics Commission 00024940	on Filers)
4	Date 09/06/2024	 5 Full name of contributor out-of-star Out-of-)	7	Amount of Contribution (\$)	\$250.00
_		Beaumont, TX 77706	- Ia	5 1 (0 1 1 1	_		
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 09/10/2024	Spieker, John)		Amount of Contribution (\$)	\$1,000.00
	Dringing aggr	Dallas, TX 75218		Employer (See Instructions	<u>, </u>		
	Physician Physician	pation / Job title (See Instructions)		Employer (See Instructions	·)		
	Date 09/09/2024	Full name of contributor out-of-sta Sridhar, Srikanth Contributor address; City; State; Zip Code	ite PAC (ID#:			Amount of Contribution (\$)	\$84.00
	Dringing aggr	Sugar Land, TX 77479		Employer (See Instructions	<u></u>		
	Physician Physician	pation / Job title (See Instructions)		Employer (See Instructions	•)		
	Date 09/12/2024	Stamatakos, Todd				Amount of Contribution (\$)	\$85.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 		
	Date 09/10/2024	Street, Austin	te PAC (ID#:			Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			,				

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 45/51 Rpt: 48/66	
2	FILER NAME Texas Socie	ty Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	on Filers)
4	Date 09/09/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$84.00
		Dallas, TX 75230				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#: Teegarden, Beth Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$62.50
		Galveston, TX 77555				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#: Thirawatananond, Tarone Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		San Antonio, TX 78230				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$259.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#: Townsend, Tyron Contributor address; City; State; Zip Code Georgetown, TX 78628			Amount of Contribution (\$)	\$1,000.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		<u> </u>				

	MONET	ARY POLITICAL CONTR	RIBUTIONS			SCHEDUL	E A1
	The Instru	ction Guide explains how to comp	olete this form.		1	Total pages Schedule A1: Sch: 46/51 Rpt: 49/66	
2	FILER NAME Texas Socie	y Of Anesthesiologists Political Action (Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 09/10/2024	 Full name of contributor out-of-st Tran, Connie Contributor address; City; State; Zip Contributor)	7	Amount of Contribution (\$)	\$250.00
		Houston, TX 77063					
8	Principal occu Physician	pation / Job title (See Instructions)	9 E	mployer (See Instructions))		
	Date 09/11/2024	Full name of contributor out-of-signal out-o	tate PAC (ID#:)		Amount of Contribution (\$)	\$84.00
_	Principal occu	Houston, TX 77005 pation / Job title (See Instructions)	E	mployer (See Instructions))		
	Physician						
	Date 09/12/2024	Tunink, Bryan	tate PAC (ID#:)		Amount of Contribution (\$)	\$62.50
		Southlake, TX 76092					
	Principal occu Physician	pation / Job title (See Instructions)	E	mployer (See Instructions))		
	Date 09/11/2024	Urich, Alissa	tate PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	oation / Job title (See Instructions)	E	mployer (See Instructions))		
	Date 09/20/2024	Vacula, Benjamin	tate PAC (ID#:d			Amount of Contribution (\$)	\$250.00
	Principal occu Physician	oation / Job title (See Instructions)	E	mployer (See Instructions))		
			l				

	MONET	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to	o complete this for	m.	1	Total pages Schedule A1: Sch: 47/51 Rpt: 50/66	
2	FILER NAME Texas Socie	ty Of Anesthesiologists Political	Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 09/10/2024	5 Full name of contributor Vidaurri, Lytorre6 Contributor address; City; State			7	Amount of Contribution (\$)	\$84.00
		Austin, TX 78726					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 09/11/2024	Full name of contributor Vigil, Erin Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code		•	Amount of Contribution (\$)	\$100.00
	Principal occu	Texas City, TX 77590 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Physician						
	Date 09/12/2024	Full name of contributor Vu-Boyer, Lisa Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	•	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 09/11/2024	Full name of contributor Waits, Alexandra Contributor address; City; State Houston, TX 77006	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/09/2024	Full name of contributor Wajima, Yutaka Contributor address; City; State Austin, TX 78731	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	s)		
			'				

MONETARY POLITICAL CONTRIBUTIONS					E A1	
	The Instruc	ruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 48/51 Rpt: 51/66	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 09/11/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
_		Tyler, TX 75708				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_ Weiss, Lisa Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$83.34
	Dringinal occu	Houston, TX 77018 pation / Job title (See Instructions)	Employer (See Instructions	_		
	Physician Physician	pation 7 30b title (See mistractions)	Employer (See instructions	')		
	Date 09/11/2024				Amount of Contribution (\$)	\$750.00
		Houston, TX 77024				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 08/28/2024 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	i)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/05/2024 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	5)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A		
	The Instru	Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 49/51 Rpt: 52/66	
2	FILER NAME Texas Socie	ry Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	n Filers)
4	Date 09/11/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$84.00
_		Frisco, TX 75034				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 09/10/2024	Full name of contributor			Amount of Contribution (\$)	\$84.00
	Dringing Lagge	Houston, TX 77030	Employer (Coo Instructions			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/09/2024 Wood, Ashley Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$84.00	
		McKinney, TX 75072				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/09/2024 Woods, Amy Contributor address; City; State; Zip Code Dallas, TX 75390				Amount of Contribution (\$)	\$84.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/10/2024 Wortham, Barry Contributor address; City; State; Zip Code San Antonio, TX 78232			Amount of Contribution (\$)	\$100.00	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE	DULE A1	
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 50/51 Rpt: 53/66		
2	FILER NAME Texas Socie	ty Of Anesthesiologists Political Action Committee		3	Filer ID (Ethics Commission 00024940	Filers)	
4	Date 09/12/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$83.34	
8	Principal occu	Houston, TX 77005 pation / Job title (See Instructions)	Employer (See Instructions	()			
	Physician			,			
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_Yolland, Michael Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$84.00	
		Galveston, TX 77555					
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:) Zaafran, Sherif Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$75.00	
		Houston, TX 77055					
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)			
	Date Full name of contributor out-of-state PAC (ID#:) 09/03/2024 Zaafran, Sherif Contributor address; City; State; Zip Code Houston, TX 77055			Amount of Contribution (\$)	\$75.00		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	()			
	Date Full name of contributor out-of-state PAC (ID#:) 09/10/2024 Zerwas, John Contributor address; City; State; Zip Code Richmond, TX 77406			Amount of Contribution (\$)	\$84.00		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)			

M	ONET	ARY POLITICAL CONTR	IBUTIOI	NS		SCHEDU	LE A1
Th	e Instru	ction Guide explains how to comp	ete this fo	rm.	1	Total pages Schedule A1: Sch: 51/51 Rpt: 54/66	
	ER NAME xas Socie	ty Of Anesthesiologists Political Action C	ommittee		3	Filer ID (Ethics Commission 00024940	on Filers)
	Date 5 Full name of contributor out-of-state PAC (ID#:) Zhao, Chad 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$100.00	
	ncipal occu ysician	Houston, TX 77096 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
Dat		Zuniga, Mario Contributor address; City; State; Zip Cod	e		•	Amount of Contribution (\$)	\$80.00
	ncipal occu ysician	Texas City, TX 77568 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
Dat 09/	te /25/2024	de Riese, Johannes Contributor address; City; State; Zip Cod	te PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	ncipal occu ysician	Amarillo, TX 79119 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		

PLEI	DGED CONTRIBUTION	DNS				SCHEDULE B
Т	he Instruction Guide explain	s how to comple	te this form.	1	Total pages Schedule Sch: 1/1 Rpt: 55/66	
FILER NAME Texas Society Of Anesthesiologists Political Action Committee				3		ommission Filers)
			e		00024940	,
4 TOTAL	OF UNITEMIZED PLEDGES			+	\$	0.00
5 Date	6 Full name of pledgor	out-of-state PAC (ID#:) 8		In-kind description
		_			pledge (\$)	(If applicable)
	7 Pledgor Address; C	ity; State; Zip Code			_	
			T			f Texas. Complete Schedule T.
10 Principal	occupation / Job title (See Instruction	S)	11 Employer (See Inst	tructi	ons)	

	LOANS				SCHEDULE E
	The Instructio	on Guide explains how to complete this	s form.		ages Schedule E: /1 Rpt: 56/66
2	FILER NAME Texas Society O	of Anesthesiologists Political Action Committee	e	3 Filer ID 000249	(Ethics Commission Filers) 940
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 Coll	ateral	15 Check if personal funds v	vere 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	on	21 Employer (See Instruction	ns)	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

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: 1/9 Rpt: 57/66	Texas Society Of Anesthesiologists Political Action 00024940
4 Date	5 Payee name
09/24/2024	Alders, Daniel
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	P. O. Box 8907
Expenditure from corporate funds	Tyler, TX 75711
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Campaign contribution
	Campaign continuution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
Date	Payee name
09/10/2024	Campbell, Donna
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	P. O. Box 171021
Ψ1,000.00	1. O. Box 111021
Expenditure from corporate funds	San Antonio, TX 78201
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
0 1 0 0 1 0	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
Date	Payee name
09/10/2024	Campos, Liz
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1028 Rigsby
Ψ500.00	1020 (Ng3b)
Expenditure from corporate funds	San Antonio, TX 78210
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	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	ר

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit 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
OT USE (or the Expense and Fished should)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	,
1 Total pages Schedule F1: Sch: 2/9 Rpt: 58/66	2 FILER NAME Texas Society Of Anesthesiologists Political Action 3 Filer ID (Ethics Commission Filers) 00024940
4 Date	5 Payee name
09/10/2024	Cortez, Philip
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	7919 Liberty Island
Expenditure from corporate funds	San Antonio, TX 78227
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
D-1-	
Date	Payee name
09/10/2024	Dorazio, Mark
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	P. O. Box 461341
Evponditure from	
Expenditure from corporate funds	San Antonio, TX 78246
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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/01	'
Date	Payee name
09/10/2024	Fairly, Caroline
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	1000 S. Tyler Street
	Apt. 10
Expenditure from	Amarillo, TX 79101
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel systems of Toyon Complete Schedule T
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
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Folding Expense Folding Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Texas Society Of Anesthesiologists Political Action 00024940
5 Payee name
Flores, Pete
7 Payee address; City; State; Zip Code
1 E. Greenway Plaza
Suite 225
Houston, TX 77046
T
(a) Category (See Categories listed at the top of this schedule) (b) Description
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
Campaign continuation
Candidate/Officeholder name Office sought Office held
Candidate/Officeriolder name Office sought Office neid
Payee name
Hernandez, Cassandra
Payee address; City; State; Zip Code
P. O. Box 1289
Addison, TX 75001
(a) Category (See Categories listed at the top of this schedule) (b) Description
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Campaign contribution
Candidate/Officeholder name Office sought Office held
Payee name
, and the second
Isaac, Carrie
Isaac, Carrie Payee address; City; State; Zip Code
Isaac, Carrie Payee address; City; State; Zip Code 100 Commons Road
Isaac, Carrie Payee address; City; State; Zip Code 100 Commons Road #7-125
Isaac, Carrie Payee address; City; State; Zip Code 100 Commons Road
Isaac, Carrie Payee address; City; State; Zip Code 100 Commons Road #7-125
Isaac, Carrie Payee address; City; State; Zip Code 100 Commons Road #7-125 Dripping Springs, TX 78620 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
Isaac, Carrie Payee address; City; State; Zip Code 100 Commons Road #7-125 Dripping Springs, TX 78620 (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
Isaac, Carrie Payee address; City; State; Zip Code 100 Commons Road #7-125 Dripping Springs, TX 78620 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
Isaac, Carrie Payee address; City; State; Zip Code 100 Commons Road #7-125 Dripping Springs, TX 78620 (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
Isaac, Carrie Payee address; City; State; Zip Code 100 Commons Road #7-125 Dripping Springs, TX 78620 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Campaign contribution Candidate/Officeholder name Office sought Office held
Isaac, Carrie Payee address; City; State; Zip Code 100 Commons Road #7-125 Dripping Springs, TX 78620 (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
Isaac, Carrie Payee address; City; State; Zip Code 100 Commons Road #7-125 Dripping Springs, TX 78620 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Campaign contribution Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filer	rs)
Sch: 4/9 Rpt: 60/66	Texas Society Of Anesthesiologists Political Action 00024940	
4 Date	5 Payee name	
09/10/2024	Johnson , Ann	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	P. O. Box 56386	
Expenditure from corporate funds	Houston, TX 77256	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
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	
09/24/2024	Johnson , Charlene	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,500.00	P. O. Box 925775	
Expenditure from		
corporate funds	Houston, TX 77292	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Campaign contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)

\$1,500.00

Payee name

LaHood, Marc

Payee address;

127 Encino Blanco Street

San Antonio, TX 78232

City;

(a) Category (See Categories listed at the top of this schedule)

Candidate/Officeholder/Political Committee

Contributions/Donations Made By

Date

09/24/2024

Amount (\$)

Expenditure from

corporate funds **PURPOSE**

OF

EXPENDITURE

State; Zip Code

(b) Description

Theck if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Campaign contribution

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	,
1 Total pages Schedule F1: Sch: 5/9 Rpt: 61/66	Texas Society Of Anesthesiologists Political Action 00024940
4 Date	5 Payee name
09/24/2024	Lalani, Suleman
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P. O. Box 6514
Expenditure from corporate funds	Houston, TX 77265
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/17/2024	Lujan, John
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	P. O. Box 14479
Funanditura from	
Expenditure from corporate funds	San Antonio, TX 78214
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 continuution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	o
Date	Payee name
09/17/2024	McQueeney, John
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	P. O. Box 100458
, ,	
Expenditure from corporate funds	Fort Worth, TX 76185
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
Commission ONUVIVIII	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Consultung Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	<u>_</u>
Sch: 6/9 Rpt: 62/66	Texas Society Of Anesthesiologists Political Action 00024940
4 Date	5 Payee name
09/11/2024	Menendez, Jose
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,000.00	P. O. Box 100833
Expenditure from corporate funds	San Antonio, TX 78201
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Campaign contribution 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
09/24/2024	Money, Brent
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	2606 Lee Street
. ,	
Expenditure from corporate funds	Greenville, TX 75401
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaign continuation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/17/2024	Ortiz, Solomon
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	P O Box 286
Expenditure from corporate funds	Corpus Christi, TX 78403
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 ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

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: 7/9 Rpt: 63/66	Texas Society Of Anesthesiologists Political Action 00024940
4 Date	5 Payee name
09/24/2024	Perez, Vince
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	P. O. Box 71309
, ,	
Expenditure from corporate funds	El Paso, TX 79917
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
• • • • • • • • • • • • • • • • • • • •	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
09/17/2024	Pierson, Katrina
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	P. O. Box 672
Expenditure from corporate funds	Rockwall, TX 75087
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
Commission ONLL V if discost	Candidate/Officeholder name Office sought Office held
Complete ONLY if direct expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
Date	Davies name
09/10/2024	Payee name Romero, Ramon
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	P. O. Box 181
Expenditure from corporate funds	Fort Worth, TX 76101
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/9 Rpt: 64/66	Texas Society Of Anesthesiologists Political Action 00024940
4 Date	5 Payee name
09/11/2024	Sparks, Kevin
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,000.00	2600 Mockingbird Lane
Expenditure from corporate funds	Midland, TX 79705
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
09/17/2024	Thompson, Senfronia
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	4828 Loop Central Drive
	No. 600
Expenditure from corporate funds	Houston, TX 77081
<u>'</u>	1
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
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
09/24/2024	Virdell, Wes
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	P. O. Box 147
φ1,500.00	1. O. BOX 141
Expenditure from	
corporate funds	Brady, TX 76825
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Sampaigh sommunon
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Git/Jawards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	39 - Gift/Awards/Memorials Expense Printing Expense Travel Out of District Cal 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: 9/9 Rpt: 65/66	Texas Society Of Anesthesiologists Political Action 00024940	
4 Date	5 Payee name	
09/24/2024	Wharton, Trey	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,500.00	P. O. Box 1242	
Expenditure from		
corporate funds	Huntsville, TX 77342	_
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
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 <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held	
experience to belief e.e.		_

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 66/66 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Society Of Anesthesiologists Political Action Committee 00024940 5 Name of person from whom amount is received 8 Amount (\$) 09/11/2024 \$3,000.00 Sparks, Kevin 6 Address of person from whom amount is received; City; State; Zip Code Midland, TX 79705 Purpose for which amount is received Check if political contribution returned to filer Check lost