

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00068176	2 Total pages filed: 48
3 COMMITTEE NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 10/07/2024	
		Date Hand-delivered or Date Postmarked	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3625 North Hall St Suite 800 Dallas, TX 75219	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Dr.	John	
	NICKNAME	LAST	SUFFIX
		Rosener	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	3625 North Hall Street Suite 800 Dallas, TX 75219		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	3625 North Hall Street Suite 800 Dallas, TX 75219		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	277-6096	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution (Attach PAC-DR)
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> 10th day after campaign treasurer termination
		<input type="checkbox"/> Runoff	
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	07/01/2024		09/26/2024
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year 11/05/2024	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> Other
		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee	13 Filer ID (Ethics Commission Filers) 00068176
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,300.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 80,287.69
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Dr. John Rosener

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - GPAC

17 COMMITTEE NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		18 Filer ID (Ethics Commission Filers) 00068176
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16,300.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/45 Rpt: 4/48
2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 08/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akaluso, Chinenye <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akaluso, Chinenye <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akaluso, Chinenye <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, Michael <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, Michael <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/45 Rpt: 5/48
2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, Michael <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$50.00
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Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrade, Emilio <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrade, Emilio <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
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Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, MacArthur <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

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2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 08/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, MacArthur <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$50.00
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Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, MacArthur <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brekke, Jeffrey <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brekke, Jeffrey <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brekke, Jeffrey <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
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2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 07/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Marc <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Marc <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Marc <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Glenn <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
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Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardini, Tiffany <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardini, Tiffany <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
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Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardini, Tiffany <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan, Calvin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
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2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan, Calvin <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan, Calvin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cirone, Anthony <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cirone, Anthony <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$0.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cirone, Anthony <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
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SCHEDULE A1

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2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 07/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney, Paul <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$100.00
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Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney, Paul <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney, Paul <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culpepper, Donnie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culpepper, Donnie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culpepper, Donnie <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deshpande, Pranav <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deshpande, Pranav <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
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Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deshpande, Pranav <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Draghinas, David <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/45 Rpt: 12/48
2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Draghinas, David <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$25.00
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Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Draghinas, David <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Stephen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Stephen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
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Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Stephen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/45 Rpt: 13/48
2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 07/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleishman, Ari <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleishman, Ari <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$25.00
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Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleishman, Ari <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foss, Prisila <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/45 Rpt: 14/48
2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 08/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foss, Prisila <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Tabitha <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Tabitha <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Tabitha <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Tony <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

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SCHEDULE A1

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4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Tony <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geiser, John <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geiser, John <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geiser, John <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Valentine <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

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SCHEDULE A1

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4 Date 08/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Valentine <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Valentine <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenesk, Niklas <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenesk, Niklas <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenesk, Niklas <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

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SCHEDULE A1

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4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haldeman, Richard <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$42.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haldeman, Richard <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haldeman, Richard <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale Wattiker, Brittani <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale Wattiker, Brittani <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

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4 Date 08/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale Wattiker, Brittani <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Christopher <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Christopher <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Christopher <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hein, Tillmann <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

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4 Date 08/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hein, Tillmann <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hein, Tillmann <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hemingway, Erik <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hemingway, Erik <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hemingway, Erik <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Metropolitan Anesthesia Consultants

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4 Date 07/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Highfill, Erin <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Highfill, Erin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Highfill, Erin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollenshead, Andy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollenshead, Andy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

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SCHEDULE A1

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2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 07/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollenshead, Andy <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Joe <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Joe <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Joe <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Zachary <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

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SCHEDULE A1

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2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Zachary	7 Amount of Contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106		
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Zachary	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Dallas, TX 75219-5106		
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karn, Jacquelin	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Dallas, TX 75219-5106		
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karn, Jacquelin	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Dallas, TX 75219-5106		
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karn, Jacquelin	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Dallas, TX 75219-5106		
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/45 Rpt: 23/48
2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 07/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koshy, Daniel <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koshy, Daniel <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koshy, Daniel <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lankford, Lawrence <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lankford, Lawrence <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/45 Rpt: 24/48
2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 07/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lankford, Lawrence	7 Amount of Contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106		
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahowald, Matt	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Dallas, TX 75219-5106		
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahowald, Matt	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Dallas, TX 75219-5106		
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahowald, Matt	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Dallas, TX 75219-5106		
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolis, Mark	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Dallas, TX 75219-5106		
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/45 Rpt: 25/48
2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolis, Mark <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolis, Mark <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Varghese <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Varghese <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Varghese <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/45 Rpt: 26/48
2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 07/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merchun, Christopher <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merchun, Christopher <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merchun, Christopher <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Christopher <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Christopher <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/45 Rpt: 27/48
2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 08/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Christopher <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moorman, Andrew <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moorman, Andrew <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moorman, Andrew <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Stan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Metropolitan Anesthesia Consultants

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/45 Rpt: 28/48
2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Stan <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Stan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Musick, Devin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Musick, Devin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Musick, Devin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/45 Rpt: 29/48
2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 07/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pace, Justin <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$80.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pace, Justin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pace, Justin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pang, Don <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pang, Don <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

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SCHEDULE A1

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2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 08/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pang, Don <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parikh, Monisha <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parikh, Monisha <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parikh, Monisha <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Muhammad <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

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SCHEDULE A1

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4 Date 07/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Muhammad <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Muhammad <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Paul <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Paul <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Paul <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

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SCHEDULE A1

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4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rane, Clarissa <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$42.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rane, Clarissa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rane, Clarissa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rane, Mihir <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rane, Mihir <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$42.00
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4 Date 07/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rane, Mihir <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rastogi, Akhil <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rastogi, Akhil <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rastogi, Akhil <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Remster, Jeffrey <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

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2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Remster, Jeffrey <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Remster, Jeffrey <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rew, Charles <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rew, Charles <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rew, Charles <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

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SCHEDULE A1

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2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 07/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rock, Kerry <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rock, Kerry <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rock, Kerry <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosener, John <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosener, John <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/45 Rpt: 36/48
2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 07/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosener, John <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salmon, Shelby <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salmon, Shelby <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salmon, Shelby <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santini, Mario <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/45 Rpt: 37/48
2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 07/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santini, Mario <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santini, Mario <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarmiento, Stephen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarmiento, Stephen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarmiento, Stephen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/45 Rpt: 38/48
2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 08/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saunders, Clark	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106		
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saunders, Clark	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Dallas, TX 75219-5106		
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saunders, Clark	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Dallas, TX 75219-5106		
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shu, Stephen	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Dallas, TX 75219-5106		
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shu, Stephen	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Dallas, TX 75219-5106		
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

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SCHEDULE A1

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2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
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Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shults, Justin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shults, Justin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shults, Justin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siskowski, Matthew <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

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SCHEDULE A1

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2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siskowski, Matthew <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siskowski, Matthew <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sistla, Aditya <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sistla, Aditya <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sistla, Aditya <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

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SCHEDULE A1

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2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 08/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sparkman, Caroline <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sparkman, Caroline <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sparkman, Caroline <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spieker, John <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stamatakos, Todd <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

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SCHEDULE A1

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2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stamatakos, Todd <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stamatakos, Todd <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steffek, Haden <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steffek, Haden <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steffek, Haden <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

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SCHEDULE A1

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4 Date 07/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sunny, Jamie <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sunny, Jamie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sunny, Jamie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Syed, Sannoor <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Syed, Sannoor <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

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SCHEDULE A1

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2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 08/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Syed, Sannoor <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taneja, Rishi <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taneja, Rishi <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taneja, Rishi <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toung, David <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

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SCHEDULE A1

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4 Date 08/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toung, David <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toung, David <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villegas, Melissa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villegas, Melissa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villegas, Melissa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

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SCHEDULE A1

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4 Date 07/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vu, Lisa <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vu, Lisa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vu, Lisa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weaver, Robert <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weaver, Robert <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

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4 Date 07/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weaver, Robert <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Mary <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Mary <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Mary <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yan, Dawn <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
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4 Date 07/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yan, Dawn <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yan, Dawn <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants