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

### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12	COMMITTEE NAME			13 Filer ID (Ethics Commission Filers)				
	Metropolitan Anesthesia	a Consultants, LLP Pol	itical Action Committee	0006817	76			
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported					
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
		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.)						
	CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00			
		2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	16,300.00			
	EXPENDITURE TOTALS							
		4. TOTAL POLITICA	L EXPENDITURES	\$	0.00			
	CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	80,287.69			
	OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00			
16	AFFIDAVIT	<u> </u>		<u> </u>				
			I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.					
			Dr. John	Rosener				
			Signature of Car	mpaign Trea	surer			
	AFFIX NOTARY	STAMP / SEAL ABOVE						
	Sworn to and subscribed	nis the	day					
	of	, 20, to certify v	which, witness my hand and seal of office.					
	Signature of officer add	ministering oath	Printed name of officer administering oath	Title of o	fficer administering oath			

#### **SUBTOTALS - GPAC**

## FORM **GPAC**COVER SHEET PG 3

		3 of 48
17 COMMITTEE NAME  Metropolitan Anesthesia Consultants, LLP Political Action Committee	<b>18</b> Filer ID 00068176	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 16,300.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	\$	
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	?	\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	IS	\$
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	IONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

	MONET	ARY POLITICAL (	CONTRIBUTIO	JNS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/45 Rpt: 4/48	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 08/15/2024	<ul><li>5 Full name of contributor Akaluso, Chinenye</li><li>6 Contributor address; City; St</li></ul>			7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 09/15/2024	Full name of contributor Akaluso, Chinenye Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	·	pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants 	
	Date 07/15/2024	Full name of contributor Akaluso, Chinenye  Contributor address; City; St  Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
	Dringinal accu	pation / Job title (See Instructions	N	Employer (See Instructions	رد 		
		ANESTHESIOLOGIST	5)	Metropolitan Anesthesia		onsultants	
	Date 08/15/2024	Full name of contributor Allison, Michael Contributor address; City; St				Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST	s)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 07/15/2024	Full name of contributor Allison, Michael Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
	Principal occu	nation / Job title (See Instructions	3)	Employer (See Instructions	<u> </u>		
		ANESTHESIOLOGIST	•	Metropolitan Anesthesia		onsultants	
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	

	MONEI	ARY POLITICAL (	CONTRIBUTION	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 2/45 Rpt: 5/48	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 09/15/2024	<ul><li>5 Full name of contributor Allison, Michael</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#: ate; Zip Code	)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	PHYSICIAN	pation / Job title (See Instructions ANESTHESIOLOGIST		Metropolitan Anesthesia			
	Date 09/15/2024	Full name of contributor Andrade, Emilio Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code	)		Amount of Contribution (\$)	\$50.00
	Delicational	Dallas, TX 75219-5106	, 1	Employer (See Instructions			
						onsultants	
	Date 08/15/2024	Full name of contributor Andrade, Emilio Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code	)	•	Amount of Contribution (\$)	\$50.00
	Dringing aggr	Dallas, TX 75219-5106	a I	Employer (See Instructions	<u>''</u>		
		pation / Job title (See Instructions ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 07/15/2024	Full name of contributor Andrade, Emilio Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#: ate; Zip Code		-	Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST	)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 07/15/2024	Full name of contributor Baker, MacArthur	out-of-state PAC (ID#: ate; Zip Code	)		Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions ANESTHESIOLOGIST	()	Employer (See Instructions Metropolitan Anesthesia		onsultants	
				ou opomari / modificali			

	MONEI	ARY POLITICAL (	JONTRIBUTIC	JNS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/45 Rpt: 6/48	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comn	nittee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 08/15/2024	Full name of contributor     Baker, MacArthur     Contributor address; City; Si		)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 09/15/2024	Full name of contributor Baker, MacArthur Contributor address; City; S	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106		1			
	·	pation / Job title (See Instructions	s)	Employer (See Instructions		ь.	
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants 	
	Date 09/15/2024	Full name of contributor Brekke, Jeffrey  Contributor address; City; S	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$50.00
	Delegaleration	Dallas, TX 75219-5106	-		<u></u>		
		pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 08/15/2024	Full name of contributor Brekke, Jeffrey				Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions ANESTHESIOLOGIST	s)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 07/15/2024	Full name of contributor Brekke, Jeffrey  Contributor address; City; Si  Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	JNS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/45 Rpt: 7/48	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comn	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 07/15/2024	<ul><li>5 Full name of contributor Brown, Marc</li><li>6 Contributor address; City; St</li></ul>			7	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 09/15/2024	Full name of contributor Brown, Marc Contributor address; City; St	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106		1			
	·	Principal occupation / Job title (See Instructions)  PHYSICIAN ANESTHESIOLOGIST  Mei				and the state	
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants 	
	Date 08/15/2024	Full name of contributor  Brown, Marc  Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code	)		Amount of Contribution (\$)	\$50.00
	D: : 1	Dallas, TX 75219-5106		T = 1 /0 1 1 1	Ĺ		
		pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 08/15/2024	Full name of contributor Bryant, Glenn Contributor address; City; St  Dallas, TX 75219-5106				Amount of Contribution (\$)	\$50.00
_	Principal occu	pation / Job title (See Instructions	.)	Employer (See Instructions	<u>-,</u>		
		ANESTHESIOLOGIST	) -	Metropolitan Anesthesia	-	onsultants	
	Date 09/15/2024	Full name of contributor Bryant, Glenn Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	(3)	Employer (See Instructions	<u> </u> s)		
		ANESTHESIOLOGIST	"	Metropolitan Anesthesia		onsultants	
				<u> </u>			

	MONE	ARY POLITICAL C	ONTRIBUTIO	JNS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/45 Rpt: 8/48	
	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
	Date 07/15/2024	<ul><li>5 Full name of contributor Bryant, Glenn</li><li>6 Contributor address; City; St</li></ul>			7	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 07/15/2024	Full name of contributor Cardini, Tiffany Contributor address; City; St	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
	•	pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	а С —	onsultants	
	Date 08/15/2024	Full name of contributor Cardini, Tiffany Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code	)		Amount of Contribution (\$)	\$50.00
	Dringing Lagra	Dallas, TX 75219-5106		Franksia (Cas Instructions	<u>-</u>		
		pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 09/15/2024	Full name of contributor Cardini, Tiffany Contributor address; City; St Dallas, TX 75219-5106		)		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST	<del>;</del> )	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 07/15/2024	Full name of contributor Chan, Calvin Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	07/15/2024 Principal occu	Chan, Calvin  Contributor address; City; St  Dallas, TX 75219-5106  pation / Job title (See Instructions	ate; Zip Code	Employer (See Instructions			

	MONEI	ARY POLITICAL (	JONTRIBUTIC	ONO		SCHEDULE	A1
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/45 Rpt: 9/48	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLF	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 09/15/2024	<ul><li>5 Full name of contributor Chan, Calvin</li><li>6 Contributor address; City; S</li></ul>		)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 08/15/2024	Full name of contributor Chan, Calvin Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	·	pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN ANESTHESIOLOGIST Metropolita			Metropolitan Anesthesia	a C	onsultants	
	Date 09/15/2024	Full name of contributor Cirone, Anthony  Contributor address; City; S	out-of-state PAC (ID#:_	)	•	Amount of Contribution (\$)	\$50.00
	Drive in all accoun	Dallas, TX 75219-5106		Franksian (Caa Instructions	<u>,                                     </u>		
		pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 07/15/2024	Full name of contributor Cirone, Anthony  Contributor address; City; S  Dallas, TX 75219-5106		)		Amount of Contribution (\$)	\$0.00
		pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 08/15/2024	Full name of contributor Cirone, Anthony Contributor address; City; S Dallas, TX 75219-5106	out-of-state PAC (ID#:_ tate; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL (	JONTRIBUTIC	JNS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/45 Rpt: 10/48	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLF	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 07/15/2024	<ul><li>5 Full name of contributor Courtney, Paul</li><li>6 Contributor address; City; S</li></ul>		)	7	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 09/15/2024	Full name of contributor Courtney, Paul Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	·	pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN ANESTHESIOLOGIST Metropolitan			Metropolitan Anesthesia	a C	onsultants ————————————————————————————————————	
	Date 08/15/2024	Full name of contributor Courtney, Paul Contributor address; City; S Dallas, TX 75219-5106	out-of-state PAC (ID#:_ tate; Zip Code			Amount of Contribution (\$)	\$50.00
	Dringinal accu	pation / Job title (See Instructions	-1	Employer (See Instructions	., 		
	•	ANESTHESIOLOGIST	5)	Metropolitan Anesthesia		onsultants	
	Date 08/15/2024	Full name of contributor Culpepper, Donnie Contributor address; City; S Dallas, TX 75219-5106		)		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia	-	onsultants	
	Date 07/15/2024	Full name of contributor Culpepper, Donnie	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$100.00
	Principal occu	nation / Job title (See Instructions	5)	Employer (See Instructions	5)		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	

	MONE	ARY POLITICAL (	ONTRIBUTIO	JNS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/45 Rpt: 11/48	
	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	Filers)
	Date 09/15/2024	<ul><li>5 Full name of contributor Culpepper, Donnie</li><li>6 Contributor address; City; St</li></ul>			7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 09/15/2024	Full name of contributor Deshpande, Pranav Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	•	rincipal occupation / Job title (See Instructions)  HYSICIAN ANESTHESIOLOGIST  Metrop					
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 08/15/2024	Full name of contributor  Deshpande, Pranav  Contributor address; City; St	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants 	
	Date 07/15/2024	Full name of contributor Deshpande, Pranav  Contributor address; City; St  Dallas, TX 75219-5106				Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 08/15/2024	Full name of contributor Draghinas, David Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	
				sasponaar, arosuriosit			

	MONEI	ARY POLITICAL (	ONTRIBUTIO	JNS		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/45 Rpt: 12/48	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	ı Filers)
4	Date 09/15/2024	<ul><li>5 Full name of contributor Draghinas, David</li><li>6 Contributor address; City; St</li></ul>		)	7	Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 07/15/2024	Full name of contributor Draghinas, David Contributor address; City; St	out-of-state PAC (ID#:_	)	•	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	•	pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN ANESTHESIOLOGIST Metropolitar			Metropolitan Anesthesia	a C	onsultants ————————————————————————————————————	
	Date 07/15/2024	Full name of contributor Ellis, Stephen  Contributor address; City; St  Dallas, TX 75219-5106	out-of-state PAC (ID#:_	)	•	Amount of Contribution (\$)	\$100.00
_	Principal occu	pation / Job title (See Instructions	•)	Employer (See Instructions	:) 		
		ANESTHESIOLOGIST	·)	Metropolitan Anesthesia		onsultants	
	Date 08/15/2024	Full name of contributor Ellis, Stephen  Contributor address; City; St  Dallas, TX 75219-5106		)	•	Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST	s)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 09/15/2024	Full name of contributor Ellis, Stephen Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
$\vdash$	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u>L</u>		
		ANESTHESIOLOGIST	,	Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL (	ONTRIBUTIO	JNS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/45 Rpt: 13/48	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comn	nittee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 07/15/2024	<ul><li>5 Full name of contributor Fleishman, Ari</li><li>6 Contributor address; City; St</li></ul>			7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 08/15/2024	Full name of contributor Fleishman, Ari Contributor address; City; St	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219-5106					
	·	pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN ANESTHESIOLOGIST Metropolitan A			Metropolitan Anesthesia	a C	onsultants ————————————————————————————————————	
	Date 09/15/2024	Full name of contributor Fleishman, Ari  Contributor address; City; St  Dallas, TX 75219-5106	out-of-state PAC (ID#:_	)	-	Amount of Contribution (\$)	\$25.00
_	Principal occu	pation / Job title (See Instructions	•)	Employer (See Instructions	s) 		
		ANESTHESIOLOGIST	"	Metropolitan Anesthesia		onsultants	
	Date 07/15/2024	Full name of contributor Foss, Prisila		<u> </u>		Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia	•	onsultants	
	Date 09/15/2024	Full name of contributor Foss, Prisila Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL (	ONTRIBUTIO	JNS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/45 Rpt: 14/48	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 08/15/2024	<ul><li>Full name of contributor Foss, Prisila</li><li>Contributor address; City; St</li></ul>			7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 07/15/2024	Full name of contributor Foster, Tabitha Contributor address; City; St	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$150.00
		Dallas, TX 75219-5106					
	·	pation / Job title (See Instructions	3)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 08/15/2024	Full name of contributor Foster, Tabitha  Contributor address; City; St	out-of-state PAC (ID#:_	)	•	Amount of Contribution (\$)	\$75.00
		Dallas, TX 75219-5106		·	L		
		pation / Job title (See Instructions	3)	Employer (See Instructions		B	
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 09/15/2024	Full name of contributor Foster, Tabitha  Contributor address; City; St  Dallas, TX 75219-5106			•	Amount of Contribution (\$)	\$75.00
		pation / Job title (See Instructions ANESTHESIOLOGIST	;)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 08/15/2024	Full name of contributor Garcia, Tony Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u>-</u>		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL (	CONTRIBUTION	JNS		SCHEDULE	E A1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/45 Rpt: 15/48	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLF	Political Action Comn	nittee	3	Filer ID (Ethics Commission 00068176	ı Filers)
4	Date 09/15/2024	<ul><li>5 Full name of contributor Garcia, Tony</li><li>6 Contributor address; City; S</li></ul>		)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 09/15/2024	Full name of contributor Geiser, John Contributor address; City; S	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$42.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 07/15/2024	Full name of contributor Geiser, John Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$84.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 08/15/2024	Full name of contributor Geiser, John Contributor address; City; S Dallas, TX 75219-5106		)	•	Amount of Contribution (\$)	\$42.00
	•	pation / Job title (See Instruction: ANESTHESIOLOGIST	s)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 09/15/2024	Full name of contributor Gibson, Valentine Contributor address; City; S Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u>.                                    </u>		
		ANESTHESIOLOGIST	-	Metropolitan Anesthesia		onsultants	
				1			

	MONEI	ARY POLITICAL (	NS		SCHEDUL	E <b>A1</b>	
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 13/45 Rpt: 16/48	
2	FILER NAME	Anesthesia Consultants, LLP	Political Action Commit	ttee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 08/15/2024	Full name of contributor     Gibson, Valentine     Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
8	PHYSICIAN	pation / Job title (See Instructions ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia			
	Date 07/15/2024	Full name of contributor Gibson, Valentine Contributor address; City; St	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$200.00
		Dallas, TX 75219-5106		Employer (See Instructions			
						onsultants	
	Date 09/15/2024	Full name of contributor Glenesk, Niklas  Contributor address; City; St  Dallas, TX 75219-5106	out-of-state PAC (ID#:ate; Zip Code	)		Amount of Contribution (\$)	\$50.00
_	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	<u> </u>		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date 08/15/2024	Full name of contributor Glenesk, Niklas Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#: ate; Zip Code	)		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST	)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 07/15/2024	Full name of contributor Glenesk, Niklas Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#: ate; Zip Code	)		Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions	(i)	Employer (See Instructions		o no ulto o to	
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsuitants	

MONE	IARY POLITICAL (	ONTRIBUTIO	CNIC		SCHEDULE	€ <b>A1</b>
The Instru	uction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/45 Rpt: 17/48	
2 FILER NAME Metropolita	E n Anesthesia Consultants, LLP	Political Action Comm	nittee	1	Filer ID (Ethics Commission 00068176	Filers)
4 Date 09/15/2024	<ul><li>5 Full name of contributor Haldeman, Richard</li><li>6 Contributor address; City; St</li></ul>		)	7	Amount of Contribution (\$)	\$42.00
	Dallas, TX 75219-5106					
	cupation / Job title (See Instructions	<b>(</b> )	9 Employer (See Instructions	•		
PHYSICIAN	N ANESTHESIOLOGIST		Metropolitan Anesthesia	a Co	nsultants	
Date 07/15/2024	Full name of contributor Haldeman, Richard Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$84.00
	Dallas, TX 75219-5106					
Principal occ	incipal occupation / Job title (See Instructions)  Employer (See Instructions)					
PHYSICIAN	N ANESTHESIOLOGIST		Metropolitan Anesthesia	a Co	nsultants	
Date 08/15/2024	Full name of contributor  Haldeman, Richard  Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code	)		Amount of Contribution (\$)	\$42.00
	Dallas, TX 75219-5106					
Principal occ	cupation / Job title (See Instructions	·)	Employer (See Instructions	s)		
PHYSICIAN	N ANESTHESIOLOGIST		Metropolitan Anesthesia	a Co	nsultants	
Date 07/15/2024	•				Amount of Contribution (\$)	\$50.00
	Dallas, TX 75219-5106					
•	rupation / Job title (See Instructions N ANESTHESIOLOGIST	·)	Employer (See Instructions Metropolitan Anesthesia		nsultants	
Date 09/15/2024	Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$25.00
Dringing occ	Dallas, TX 75219-5106  upation / Job title (See Instructions		Employer (See Instructions	s) 		
	N ANESTHESIOLOGIST	<i>)</i>	Metropolitan Anesthesia		nsultants	

	MONET	ARY POLITICAL (	ONTRIBUTIO	JNS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/45 Rpt: 18/48	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 08/15/2024	<ul> <li>Full name of contributor         Hale Wattiker, Brittani     </li> <li>Contributor address; City; St</li> </ul>			7	Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 08/15/2024	Full name of contributor Hayes, Christopher Contributor address; City; St	out-of-state PAC (ID#:_	)	•	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	•	pation / Job title (See Instructions	5)	Employer (See Instructions		<b>.</b>	
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants 	
	Date 07/15/2024	Full name of contributor Hayes, Christopher  Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code	)		Amount of Contribution (\$)	\$100.00
	D: : 1	Dallas, TX 75219-5106		- , ,, , ,	Ĺ		
		pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia		oncultante	
	FITSICIAN			Metropolitari Ariestriesia	а С Т		
	Date 09/15/2024	Full name of contributor Hayes, Christopher  Contributor address; City; St  Dallas, TX 75219-5106		)		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 09/15/2024	Full name of contributor Hein, Tillmann Contributor address; City; St  Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u>.                                    </u>		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	

MONEI	ARY POLITICAL CONT	RIBUTIONS	SCHEDULE A1
The Instruc	ction Guide explains how to con	nplete this form.	1 Total pages Schedule A1: Sch: 16/45 Rpt: 19/48
2 FILER NAME Metropolitan	Anesthesia Consultants, LLP Political	Action Committee	3 Filer ID (Ethics Commission Filers) 00068176
4 Date 08/15/2024	— — Hein. Tillmann	-state PAC (ID#:) Code	7 Amount of Contribution (\$) \$50.00
	Dallas, TX 75219-5106		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	
PHYSICIAN	ANESTHESIOLOGIST	Metropolitan Anesthesia	a Consultants
Date 07/15/2024	Full name of contributor	-state PAC (ID#:) Code	Amount of Contribution (\$) \$100.00
	Dallas, TX 75219-5106		
	pation / Job title (See Instructions)	Employer (See Instructions	
PHYSICIAN	ANESTHESIOLOGIST	Metropolitan Anesthesia	a Consultants
Date 07/15/2024	Full name of contributor out-of Hemingway, Erik Contributor address; City; State; Zip C	-state PAC (ID#:) Code	Amount of Contribution (\$) \$50.00
	Dallas, TX 75219-5106		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
CFO		Metropolitan Anesthesia	a Consultants
Date 08/15/2024	Full name of contributor out-of Hemingway, Erik Contributor address; City; State; Zip C	-state PAC (ID#:) Code	Amount of Contribution (\$) \$50.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions Metropolitan Anesthesia	
Date 09/15/2024	Full name of contributor out-of Hemingway, Erik Contributor address; City; State; Zip C	-state PAC (ID#:)	Amount of Contribution (\$) \$50.00
	Dallas, TX 75219-5106 pation / Job title (See Instructions)	Employer (See Instructions	
CFO		Metropolitan Anesthesia	a Consultants

	MONEI	ARY POLITICAL (	CONTRIBUTIO	JNS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/45 Rpt: 20/48	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comn	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 07/15/2024	<ul><li>5 Full name of contributor Highfill, Erin</li><li>6 Contributor address; City; St</li></ul>		)	7	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 09/15/2024	Full name of contributor Highfill, Erin Contributor address; City; Si		)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	·	pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 08/15/2024	Full name of contributor Highfill, Erin Contributor address; City; Si	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106		1			
		pation / Job title (See Instructions	s)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants 	
	Date 08/15/2024	Full name of contributor Hollenshead, Andy  Contributor address; City; Si  Dallas, TX 75219-5106		)	•	Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST	s)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 09/15/2024	Full name of contributor Hollenshead, Andy Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u></u> S)		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	

	MONET	ARY POLITICAL (	JONTRIBUTIC	ONO		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 18/45 Rpt: 21/48	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 07/15/2024	<ul><li>Full name of contributor Hollenshead, Andy</li><li>Contributor address; City; S</li></ul>			7	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 07/15/2024	Full name of contributor Jackson, Joe Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
	•	pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 09/15/2024	Full name of contributor  Jackson, Joe  Contributor address; City; S	out-of-state PAC (ID#:_  tate; Zip Code			Amount of Contribution (\$)	\$50.00
	Driveries Lesson	Dallas, TX 75219-5106	2)	Franks var (Caa Instructions	<u>-,</u>		
		pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 08/15/2024	Full name of contributor Jackson, Joe Contributor address; City; S Dallas, TX 75219-5106				Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia	•	onsultants	
	Date 07/15/2024	Full name of contributor Jones, Zachary  Contributor address; City; S  Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u>l</u> s)		
		ANESTHESIOLOGIST	-,			onsultants	
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	

	MONEI	ARY POLITICAL (	ONTRIBUTIO	JNS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/45 Rpt: 22/48	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 09/15/2024	<ul><li>5 Full name of contributor Jones, Zachary</li><li>6 Contributor address; City; St</li></ul>		)	7	Amount of Contribution (\$)	\$200.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 08/15/2024	Full name of contributor Jones, Zachary  Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$200.00
		Dallas, TX 75219-5106					
	·	pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 08/15/2024	Full name of contributor Karn, Jacqulin Contributor address; City; St	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106			Ĺ		
		pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
					T		
	Date  O7/15/2024  Full name of contributor  Out-of-state PAC (ID#:_ O7/15/2024  Karn, Jacqulin  Contributor address; City; State; Zip Code  Dallas, TX 75219-5106		)		Amount of Contribution (\$)	\$100.00	
		pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 09/15/2024	Full name of contributor Karn, Jacqulin Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL (	ONTRIBUTIO	JNS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 20/45 Rpt: 23/48	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 07/15/2024	<ul><li>Full name of contributor Koshy, Daniel</li><li>Contributor address; City; Si</li></ul>		)	7	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 08/15/2024	Full name of contributor Koshy, Daniel Contributor address; City; Si	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	·	pation / Job title (See Instructions	3)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 09/15/2024	Full name of contributor Koshy, Daniel Contributor address; City; Si	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$50.00
	D: : 1	Dallas, TX 75219-5106		T = 1 /0 1 1 1	Ĺ		
		pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants ————————————————————————————————————	
	Date 09/15/2024	Full name of contributor Lankford, Lawrence Contributor address; City; Si Dallas, TX 75219-5106			•	Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions ANESTHESIOLOGIST	s)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 08/15/2024	Full name of contributor Lankford, Lawrence Contributor address; City; Si Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL (	JONTRIBUTIC	JNS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 21/45 Rpt: 24/48	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLF	Political Action Comn	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 07/15/2024	Full name of contributor     Lankford, Lawrence     Contributor address; City; S		)	7	Amount of Contribution (\$)	\$200.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 07/15/2024	Full name of contributor  Mahowald, Matt  Contributor address; City; S	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106		1			
	Principal occupation / Job title (See Instructions)  Employer (See Instructions)  PHYSICIAN ANESTHESIOLOGIST  Metropolitan Ane						
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants 	
	Date 09/15/2024	Full name of contributor  Mahowald, Matt  Contributor address; City; S	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$50.00
	Delegaleration	Dallas, TX 75219-5106	-		<u></u>		
		pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 08/15/2024	Full name of contributor Mahowald, Matt				Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions ANESTHESIOLOGIST	s)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 08/15/2024	Full name of contributor Margolis, Mark  Contributor address; City; S  Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u>.                                    </u>		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	
	THOMA	7.11.2010.2010.1		Metropolitari Ariestifesia		onsaltants	

	MONEI	ARY POLITICAL (	CONTRIBUTIO	JNS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 22/45 Rpt: 25/48	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 09/15/2024	<ul><li>5 Full name of contributor Margolis, Mark</li><li>6 Contributor address; City; St</li></ul>		)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 07/15/2024	Full name of contributor  Margolis, Mark  Contributor address; City; Si	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
	·	pation / Job title (See Instructions	s)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants 	
	Date 09/15/2024	Full name of contributor  Matthews, Varghese  Contributor address; City; Si	out-of-state PAC (ID#:_ tate; Zip Code	)	•	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants 	
	Date 08/15/2024	Full name of contributor Matthews, Varghese Contributor address; City; Si Dallas, TX 75219-5106			•	Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 07/15/2024	Full name of contributor Matthews, Varghese Contributor address; City; Si Dallas, TX 75219-5106	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL (	JONTRIBUTIC	JNS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 23/45 Rpt: 26/48	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comn	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 07/15/2024	<ul><li>Full name of contributor</li><li>Merchun, Christopher</li><li>Contributor address; City; Si</li></ul>		)	7	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 09/15/2024	Full name of contributor Merchun, Christopher Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	·	pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN ANESTHESIOLOGIST			Metropolitan Anesthesia	a C	onsultants	
	Date 08/15/2024	Full name of contributor  Merchun, Christopher  Contributor address; City; S	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions	5)	Employer (See Instructions)			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants 	
	Date 09/15/2024	Full name of contributor Miller, Christopher  Contributor address; City; S  Dallas, TX 75219-5106		)	•	Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 07/15/2024	Full name of contributor Miller, Christopher Contributor address; City; S Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions)			
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	

MONE	TARY POLITICAL C	ONTRIBUTIO	CNI		SCHEDUL	E <b>A1</b>	
The Instru	uction Guide explains how	to complete this fo	orm.		es Schedule A1: 45 Rpt: 27/48		
2 FILER NAME Metropolita	: n Anesthesia Consultants, LLP	Political Action Comm	ittee	3 Filer ID 0006817	(Ethics Commissio	n Filers)	
4 Date 08/15/2024	Full name of contributor     Miller, Christopher     Contributor address; City; Sta			7 Amount o	f Contribution (\$)	\$100.00	
	Dallas, TX 75219-5106						
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instructions	s)			
PHYSICIAN	I ANESTHESIOLOGIST		Metropolitan Anesthesia	a Consultants	5		
Date 09/15/2024	Full name of contributor  Moorman, Andrew  Contributor address; City; Sta	out-of-state PAC (ID#:_		Amount o	f Contribution (\$)	\$50.00	
	Dallas, TX 75219-5106						
Principal occ	upation / Job title (See Instructions)		Employer (See Instructions	s)			
PHYSICIAN ANESTHESIOLOGIST			Metropolitan Anesthesia	a Consultants	5		
Date 08/15/2024	Full name of contributor  Moorman, Andrew  Contributor address; City; Sta	out-of-state PAC (ID#:		Amount o	f Contribution (\$)	\$50.00	
	Dallas, TX 75219-5106						
Principal occ	upation / Job title (See Instructions)		Employer (See Instructions	Employer (See Instructions)			
PHYSICIAN	I ANESTHESIOLOGIST		Metropolitan Anesthesia	a Consultants	3		
Date 07/15/2024	Full name of contributor Moorman, Andrew  Contributor address; City; Sta	out-of-state PAC (ID#:_	)	Amount o	f Contribution (\$)	\$100.00	
•	upation / Job title (See Instructions) I ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia		6		
Date 07/15/2024	Full name of contributor  Morton, Stan  Contributor address; City; Sta	out-of-state PAC (ID#:_ate; Zip Code	)		f Contribution (\$)	\$50.00	
	Dallas, TX 75219-5106						
Principal occ CEO	upation / Job title (See Instructions)		Employer (See Instructions Metropolitan Anesthesia		5		

IVI	IONET	ARY POLITICAL C	ONTRIBUTIO	INS	SCHEDULE A1		
Th	ne Instruc	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 25/45 Rpt: 28/48		
	ER NAME	Anesthesia Consultants, LLP	Political Action Comm	ittee	3 Filer ID (Ethics Commission Filers) 00068176		
<b>4</b> Da <sup>2</sup>	te /15/2024	<ul><li>5 Full name of contributor Morton, Stan</li><li>6 Contributor address; City; St</li></ul>		)	7 Amount of Contribution (\$) \$50.		
		Dallas, TX 75219-5106					
8 Pri		pation / Job title (See Instructions	)	Employer (See Instructions     Metropolitan Anesthesia	a Consultants		
Da:	ite /15/2024	Full name of contributor  Morton, Stan  Contributor address; City; St	out-of-state PAC (ID#:_	)	Amount of Contribution (\$) \$50.		
Dri	noinal occur	Dallas, TX 75219-5106 pation / Job title (See Instructions	\	Employer (See Instructions	2)		
	CEO			Metropolitan Anesthesia			
Da:	te /15/2024	Full name of contributor Musick, Devin Contributor address; City; St	out-of-state PAC (ID#:	)	Amount of Contribution (\$) \$50.		
D.:		Dallas, TX 75219-5106  upation / Job title (See Instructions)  Employer (See Instructions					
		ANESTHESIOLOGIST	)	Metropolitan Anesthesia Consultants			
Da:	te /15/2024	Full name of contributor Musick, Devin Contributor address; City; St			Amount of Contribution (\$) \$100.		
		Dallas, TX 75219-5106 pation / Job title (See Instructions ANESTHESIOLOGIST	)	Employer (See Instructions Metropolitan Anesthesia			
Da		Full name of contributor  Musick, Devin  Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code	)	Amount of Contribution (\$) \$50.		
	ncinal occu	Dallas, TX 75219-5106 pation / Job title (See Instructions	)	Employer (See Instructions	<u> </u> 		
Pri	ncipai occu						

	MONEI	ARY POLITICAL (	JONTRIBUTIC	JNS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 26/45 Rpt: 29/48	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 07/15/2024	<ul><li>5 Full name of contributor Pace, Justin</li><li>6 Contributor address; City; S</li></ul>		)	7	Amount of Contribution (\$)	\$80.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 08/15/2024	Full name of contributor Pace, Justin Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$40.00
		Dallas, TX 75219-5106					
	•	pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN ANESTHESIOLOGIST			Metropolitan Anesthesia	a C	onsultants	
	Date 09/15/2024	Full name of contributor Pace, Justin  Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code	)	•	Amount of Contribution (\$)	\$40.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions	s)	Employer (See Instructions)			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants ————————————————————————————————————	
	Date 09/15/2024	Full name of contributor Pang, Don Contributor address; City; S Dallas, TX 75219-5106				Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia	•	onsultants	
	Date 07/15/2024	Full name of contributor Pang, Don	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$100.00
$\vdash$	Principal occu	pation / Job title (See Instructions	<u> </u>	Employer (See Instructions	<u>I</u> S)		
		ANESTHESIOLOGIST	•	Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL (	JONTRIBUTIC	JNS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 27/45 Rpt: 30/48	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	ı Filers)
4	Date 08/15/2024	<ul><li>Full name of contributor Pang, Don</li><li>Contributor address; City; S</li></ul>		)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 07/15/2024	Full name of contributor Parikh, Monisha Contributor address; City; S	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
	•	pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN ANESTHESIOLOGIST			Metropolitan Anesthesia	a C	onsultants	
	Date 09/15/2024	Full name of contributor Parikh, Monisha  Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code	)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106			Ĺ		
		pation / Job title (See Instructions	5)	Employer (See Instructions		o no ulto nto	
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants 	
	Date 08/15/2024	Full name of contributor Parikh, Monisha  Contributor address; City; S  Dallas, TX 75219-5106			•	Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 08/15/2024	Full name of contributor Patel, Muhammad  Contributor address; City; Si  Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	

	MONET	ARY POLITICAL (	CONTRIBUTIO	JNS		SCHEDUL	E <b>A1</b>	
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 28/45 Rpt: 31/48		
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)	
4	Date 07/15/2024	<ul><li>Full name of contributor Patel, Muhammad</li><li>Contributor address; City; S</li></ul>		)	7	Amount of Contribution (\$)	\$100.00	
		Dallas, TX 75219-5106						
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	5)			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants		
	Date 09/15/2024	Full name of contributor Patel, Muhammad Contributor address; City; S	out-of-state PAC (ID#:_	)	•	Amount of Contribution (\$)	\$50.00	
		Dallas, TX 75219-5106						
	•	pation / Job title (See Instructions	5)	Employer (See Instructions				
	PHYSICIAN ANESTHESIOLOGIST			Metropolitan Anesthesia	a C	onsultants		
	Date 09/15/2024	Full name of contributor Perry, Paul Contributor address; City; S	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$100.00	
		Dallas, TX 75219-5106						
		pation / Job title (See Instructions	5)	Employer (See Instructions)				
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants		
	Date 07/15/2024	Full name of contributor Perry, Paul Contributor address; City; S Dallas, TX 75219-5106		)		Amount of Contribution (\$)	\$100.00	
	•	pation / Job title (See Instructions ANESTHESIOLOGIST	s)	Employer (See Instructions Metropolitan Anesthesia	-	onsultants		
	Date 08/15/2024	Full name of contributor Perry, Paul Contributor address; City; Si Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00	
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions)				
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants		

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 29/45 Rpt: 32/48	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 09/15/2024	<ul><li>5 Full name of contributor Rane, Clarissa</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:ate; Zip Code	)	7	Amount of Contribution (\$)	\$42.00
		Dallas, TX 75219-5106					
8	PHYSICIAN	pation / Job title (See Instructions ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia			
	Date 07/15/2024	Full name of contributor Rane, Clarissa  Contributor address; City; St	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$84.00
		Dallas, TX 75219-5106			<u></u>		
		pation / Job title (See Instructions ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 08/15/2024	Full name of contributor Rane, Clarissa Contributor address; City; St	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$42.00
	Dringing aggr	Dallas, TX 75219-5106 pation / Job title (See Instructions)  Employer (See Instructions)			<u>''</u>		
		ANESTHESIOLOGIST		Metropolitan Anesthesia C		onsultants	
	Date 09/15/2024	Full name of contributor Rane, Mihir Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$42.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	<u> </u>		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 08/15/2024	Full name of contributor Rane, Mihir Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:	)	-	Amount of Contribution (\$)	\$42.00
		pation / Job title (See Instructions		Employer (See Instructions		oncultante	
	PHISICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	1 C	บารนแสกเร	

	MONEI	ARY POLITICAL (	ONTRIBUTIO	JNS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 30/45 Rpt: 33/48	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 07/15/2024	<ul><li>Full name of contributor Rane, Mihir</li><li>Contributor address; City; St</li></ul>		)	7	Amount of Contribution (\$)	\$84.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 08/15/2024	Full name of contributor Rastogi, Akhil Contributor address; City; Si	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219-5106					
	·	pation / Job title (See Instructions	3)	Employer (See Instructions			
	PHYSICIAN ANESTHESIOLOGIST			Metropolitan Anesthesia	a C	onsultants	
	Date 07/15/2024	Full name of contributor Rastogi, Akhil Contributor address; City; Si	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Delegale at a second	Dallas, TX 75219-5106			<u>-</u>		
		pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions)  Metropolitan Anesthesia Consultants			
	Date 09/15/2024	Full name of contributor Rastogi, Akhil Contributor address; City; Si Dallas, TX 75219-5106				Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions ANESTHESIOLOGIST	s)	Employer (See Instructions Metropolitan Anesthesia	•	onsultants	
	Date 08/15/2024	Full name of contributor Remster, Jeffrey  Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions	;)	Employer (See Instructions	L s)		
		ANESTHESIOLOGIST	,	Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL (	ONTRIBUTIO	JNS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 31/45 Rpt: 34/48	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 09/15/2024	Full name of contributor     Remster, Jeffrey     Contributor address; City; St	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 07/15/2024	Full name of contributor Remster, Jeffrey Contributor address; City; St	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	·	pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN ANESTHESIOLOGIST			Metropolitan Anesthesia	a C	onsultants	
	Date 07/15/2024	Full name of contributor Rew, Charles  Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$100.00
	Dringing con	Dallas, TX 75219-5106 pation / Job title (See Instructions)  Employer (See Instructions)			<u></u>		
		pation / Job title (See Instructions ANESTHESIOLOGIST	)	Metropolitan Anesthesia		onsultants	
	Date 09/15/2024	Full name of contributor Rew, Charles  Contributor address; City; St  Dallas, TX 75219-5106				Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST	s)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 08/15/2024	Full name of contributor Rew, Charles  Contributor address; City; St  Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	s)		
		ANESTHESIOLOGIST	"	Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL (	JONTRIBUTIC	JNS		SCHEDULI	E <b>A1</b>	
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/45 Rpt: 35/48		
2	FILER NAME Metropolitan	Anesthesia Consultants, LLF	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)	
4	Date 07/15/2024	<ul><li>Full name of contributor Rock, Kerryn</li><li>Contributor address; City; S</li></ul>		)	7	Amount of Contribution (\$)	\$100.00	
		Dallas, TX 75219-5106						
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	5)			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants		
	Date 08/15/2024	Full name of contributor Rock, Kerryn Contributor address; City; S	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$50.00	
		Dallas, TX 75219-5106		1				
	·	pation / Job title (See Instructions	s)	Employer (See Instructions		and the state		
	PHYSICIAN ANESTHESIOLOGIST			Metropolitan Anesthesia	a C	onsultants 		
	Date 09/15/2024	Full name of contributor Rock, Kerryn Contributor address; City; S Dallas, TX 75219-5106	out-of-state PAC (ID#:_  tate; Zip Code	)		Amount of Contribution (\$)	\$50.00	
	Dringinal occu	pation / Job title (See Instructions	-1	Employer (See Instructions	-, 			
		ANESTHESIOLOGIST	5)	Metropolitan Anesthesia Consultants				
	Date 08/15/2024	Full name of contributor Rosener, John Contributor address; City; S Dallas, TX 75219-5106		)		Amount of Contribution (\$)	\$25.00	
		pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia	•	onsultants		
	Date 09/15/2024	Full name of contributor Rosener, John Contributor address; City; S Dallas, TX 75219-5106	out-of-state PAC (ID#:_ tate; Zip Code			Amount of Contribution (\$)	\$25.00	
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions)				
		ANESTHESIOLOGIST	-	Metropolitan Anesthesia		onsultants		
				<u>.</u>				

	MONEI	ARY POLITICAL (	CONTRIBUTIO	JNS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 33/45 Rpt: 36/48	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comn	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 07/15/2024	<ul><li>Full name of contributor Rosener, John</li><li>Contributor address; City; Si</li></ul>		)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 07/15/2024	Full name of contributor Salmon, Shelby Contributor address; City; Si	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
	·	pation / Job title (See Instructions	s)	Employer (See Instructions			
	PHYSICIAN ANESTHESIOLOGIST			Metropolitan Anesthesia	а С —	onsultants 	
	Date 09/15/2024	Full name of contributor Salmon, Shelby Contributor address; City; Si	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Dringinal occu	Dallas, TX 75219-5106  ation / Job title (See Instructions)  Employer (See Instructions			-, 		
		ANESTHESIOLOGIST	9	Metropolitan Anesthesia		onsultants	
	Date 08/15/2024	Full name of contributor Salmon, Shelby  Contributor address; City; St				Amount of Contribution (\$)	\$50.00
_	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u>s)</u>		
		ANESTHESIOLOGIST	,	Metropolitan Anesthesia		onsultants	
	Date 09/15/2024	Full name of contributor Santini, Mario	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$50.00
H	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	s) 		
		ANESTHESIOLOGIST	,,	Metropolitan Anesthesia		onsultants	
				<u>.                                    </u>			

WONE	TARY POLITICAL CO	NIKIBUTIO	CVI	SCHED	ULE <b>A1</b>
The Instru	action Guide explains how to	complete this fo	rm.	1 Total pages Schedule A1 Sch: 34/45 Rpt: 37/48	:
2 FILER NAME Metropolitar	: n Anesthesia Consultants, LLP Po	Ditical Action Commi	ttee	3 Filer ID (Ethics Commis 00068176	ssion Filers)
4 Date 07/15/2024		out-of-state PAC (ID#: ; Zip Code	)	7 Amount of Contribution (\$	\$100.00
	Dallas, TX 75219-5106				
8 Principal occu	upation / Job title (See Instructions)	ę	<b>9</b> Employer (See Instructions	s)	
PHYSICIAN	I ANESTHESIOLOGIST		Metropolitan Anesthesia	a Consultants	
Date 08/15/2024	Full name of contributor  Santini, Mario  Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code		Amount of Contribution (\$	\$50.00
	Dallas, TX 75219-5106	_			
Principal occi	upation / Job title (See Instructions)		Employer (See Instructions	s)	
PHYSICIAN	I ANESTHESIOLOGIST		Metropolitan Anesthesia	a Consultants	
Date 07/15/2024	Full name of contributor  Sarmiento, Stephen  Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code		Amount of Contribution (\$	\$200.00
	Dallas, TX 75219-5106				
Principal occi	upation / Job title (See Instructions)		Employer (See Instructions	s)	
PHYSICIAN	I ANESTHESIOLOGIST		Metropolitan Anesthesia	a Consultants	
Date 08/15/2024	Contributor address; City; State			Amount of Contribution (\$	\$100.00
	Dallas, TX 75219-5106				
•	upation / Job title (See Instructions) I ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia		
Date 09/15/2024	Full name of contributor Sarmiento, Stephen Contributor address; City; State Dallas, TX 75219-5106	out-of-state PAC (ID#: ; Zip Code		Amount of Contribution (\$	\$100.00
Principal occi	upation / Job title (See Instructions)		Employer (See Instructions	s)	
	ANESTHESIOLOGIST		Metropolitan Anesthesia		
		1			

	MONEI	ARY POLITICAL (	CONTRIBUTIO	JNS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 35/45 Rpt: 38/48	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 08/15/2024	<ul><li>5 Full name of contributor Saunders, Clark</li><li>6 Contributor address; City; St</li></ul>		)	7	Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	6)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 07/15/2024	Full name of contributor Saunders, Clark Contributor address; City; St	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	·	pation / Job title (See Instructions	3)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 09/15/2024	Full name of contributor Saunders, Clark  Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219-5106		<u> </u>	Ĺ		
		pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 08/15/2024	Full name of contributor Shu, Stephen Contributor address; City; St Dallas, TX 75219-5106		)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions ANESTHESIOLOGIST	s)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 09/15/2024	Contributor address; City; St	out-of-state PAC (ID#:_		-	Amount of Contribution (\$)	\$50.00
	Date of the	Dallas, TX 75219-5106		Faralta (O. 1. 1. 1.	<u>-</u>		
		pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 36/45 Rpt: 39/48	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 07/15/2024	<ul><li>5 Full name of contributor</li><li>Shu, Stephen</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: ite; Zip Code	)	7	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
8		pation / Job title (See Instructions) ANESTHESIOLOGIST	9	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 09/15/2024	Full name of contributor Shults, Justin Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions) ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 07/15/2024	Full name of contributor Shults, Justin Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu	Dallas, TX 75219-5106 pation / Job title (See Instructions)		Employer (See Instructions	·,		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	
	Date 08/15/2024	Full name of contributor Shults, Justin Contributor address; City; Sta Dallas, TX 75219-5106	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 07/15/2024	Full name of contributor Siskowski, Matthew Contributor address; City; Sta Dallas, TX 75219-5106	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$200.00
		pation / Job title (See Instructions)		Employer (See Instructions		oncultante	
	PHISICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia		บารนแสทเร	

	WONET	ARY POLITICAL (	JONTRIBUTIC	CNC		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 37/45 Rpt: 40/48	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comn	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 09/15/2024	<ul><li>5 Full name of contributor Siskowski, Matthew</li><li>6 Contributor address; City; St</li></ul>		)	7	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	6)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 08/15/2024	Full name of contributor Siskowski, Matthew Contributor address; City; Si	out-of-state PAC (ID#:_	)	•	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
	•	pation / Job title (See Instructions	3)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 07/15/2024	Full name of contributor Sistla, Aditya Contributor address; City; Si	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106		<del> </del>			
		pation / Job title (See Instructions ANESTHESIOLOGIST	3)	Employer (See Instructions Metropolitan Anesthesia		oncultante	
	PHYSICIAN			Metropolitan Anestriesia	1 C	Unsulants	
	Date 08/15/2024	Full name of contributor Sistla, Aditya Contributor address; City; Si Dallas, TX 75219-5106		)		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST	s)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 09/15/2024	Full name of contributor Sistla, Aditya Contributor address; City; Si Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u>-</u> -		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	

	MONEI	ARY POLITICAL (	JONTRIBUTIC	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 38/45 Rpt: 41/48	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comn	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 08/15/2024	<ul><li>5 Full name of contributor Sparkman, Caroline</li><li>6 Contributor address; City; S</li></ul>		)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 09/15/2024	Full name of contributor Sparkman, Caroline Contributor address; City; S	out-of-state PAC (ID#:_	)	•	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	•	pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 07/15/2024	Full name of contributor Sparkman, Caroline Contributor address; City; S	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants 	
	Date 08/15/2024	Full name of contributor Spieker, John Contributor address; City; S Dallas, TX 75219-5106		)		Amount of Contribution (\$)	\$500.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST	s)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 08/15/2024	Full name of contributor Stamatakos, Todd Contributor address; City; Si Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL (	JONTRIBUTIC	JNS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 39/45 Rpt: 42/48	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comn	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 09/15/2024	<ul><li>5 Full name of contributor Stamatakos, Todd</li><li>6 Contributor address; City; St</li></ul>		)	7	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 07/15/2024	Full name of contributor Stamatakos, Todd Contributor address; City; Si	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$200.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 07/15/2024	Full name of contributor Steffek, Haden Contributor address; City; Si	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$300.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 09/15/2024	Full name of contributor Steffek, Haden Contributor address; City; St		)		Amount of Contribution (\$)	\$150.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 08/15/2024	Full name of contributor Steffek, Haden Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$150.00
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	s)		
		ANESTHESIOLOGIST	•	Metropolitan Anesthesia		onsultants	

	MONE	ARY POLITICAL (	ONTRIBUTIO	JNS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 40/45 Rpt: 43/48	
	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
	Date 07/15/2024	<ul><li>5 Full name of contributor Sunny, Jamie</li><li>6 Contributor address; City; St</li></ul>			7	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 09/15/2024	Full name of contributor Sunny, Jamie Contributor address; City; Si	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	•	pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	а С —	onsultants 	
	Date 08/15/2024	Full name of contributor Sunny, Jamie Contributor address; City; Si	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Data da al acces	Dallas, TX 75219-5106	`	F	<u>-</u>		
	•	pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia		oncultante	
	PHISICIAN			Metropolitari Ariestriesia	1 C		
	Date 07/15/2024	Full name of contributor Syed, Sannoor  Contributor address; City; Si  Dallas, TX 75219-5106		)		Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST	s)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 09/15/2024	Full name of contributor Syed, Sannoor Contributor address; City; Si Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL (	ONTRIBUTIO	JNS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 41/45 Rpt: 44/48	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comn	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 08/15/2024	<ul><li>5 Full name of contributor Syed, Sannoor</li><li>6 Contributor address; City; St</li></ul>		)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 09/15/2024	Full name of contributor Taneja, Rishi Contributor address; City; Si	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106		<del>1</del>			
	·	pation / Job title (See Instructions	3)	Employer (See Instructions		No	
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants 	
	Date 07/15/2024	Full name of contributor Taneja, Rishi  Contributor address; City; Si	out-of-state PAC (ID#:_	)	-	Amount of Contribution (\$)	\$100.00
	Drive in all accoun	Dallas, TX 75219-5106		Franksian (Cas Instructions	<u>-,</u>		
		pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia		oncultante	
	PHYSICIAN	ANESTRESIOLOGIST		Metropolitan Anestriesia	а С —	Unsulants	
	Date 08/15/2024	Full name of contributor Taneja, Rishi Contributor address; City; Si Dallas, TX 75219-5106		)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions ANESTHESIOLOGIST	s)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 07/15/2024	Full name of contributor Toung, David Contributor address; City; Si Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	JNS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 42/45 Rpt: 45/48	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 08/15/2024	<ul><li>5 Full name of contributor Toung, David</li><li>6 Contributor address; City; St</li></ul>		)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 09/15/2024	Full name of contributor Toung, David Contributor address; City; St	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	·	pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants 	
	Date 07/15/2024	Full name of contributor Villegas, Melissa  Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code	)		Amount of Contribution (\$)	\$100.00
	Dringing con	Dallas, TX 75219-5106	<u> </u>	Employer (Co.) Instructions	<u></u>		
		pation / Job title (See Instructions ANESTHESIOLOGIST	)	Employer (See Instructions Metropolitan Anesthesia		oncultante	
			_	Metropolitari Ariestriesia	<del>1 C</del>		
	Date 09/15/2024	Full name of contributor Villegas, Melissa  Contributor address; City; St  Dallas, TX 75219-5106		)	-	Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 08/15/2024	Full name of contributor Villegas, Melissa Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	

	WONET	ARY POLITICAL C	ONTRIBUTIO	CNIC		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 43/45 Rpt: 46/48	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 07/15/2024	<ul><li>Full name of contributor</li><li>Vu, Lisa</li><li>Contributor address; City; St</li></ul>		)	7	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 09/15/2024	Full name of contributor Vu, Lisa Contributor address; City; St		)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	•	pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants 	
	Date 08/15/2024	Full name of contributor Vu, Lisa Contributor address; City; St	out-of-state PAC (ID#:_	)	-	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions	3)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsuitants ————————————————————————————————————	
	Date 08/15/2024	Full name of contributor Weaver, Robert  Contributor address; City; St  Dallas, TX 75219-5106		)		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST	s)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 09/15/2024	Full name of contributor Weaver, Robert Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
			÷)			onsultants	

IN	NONEI	ARY POLITICAL (	ONTRIBUTIO	ONO		SCHEDUL	E A1
Т	he Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 44/45 Rpt: 47/48	
	ILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comn	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
	Pate 17/15/2024	<ul><li>Full name of contributor Weaver, Robert</li><li>Contributor address; City; St</li></ul>		)	7	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
<b>8</b> P	rincipal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	s)		
Р	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Pate 17/15/2024	Full name of contributor West, Mary Contributor address; City; St				Amount of Contribution (\$)	\$84.00
		Dallas, TX 75219-5106					
	•	pation / Job title (See Instructions	3)	Employer (See Instructions			
P	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	ate 8/15/2024	Full name of contributor West, Mary Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code		•	Amount of Contribution (\$)	\$42.00
		Dallas, TX 75219-5106					
Р	rincipal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
Р	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Pate 19/15/2024	Full name of contributor West, Mary Contributor address; City; St Dallas, TX 75219-5106				Amount of Contribution (\$)	\$42.00
P	rincipal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u>L</u>		
	•	ANESTHESIOLOGIST	,	Metropolitan Anesthesia		onsultants	
D	Pate 19/15/2024	Full name of contributor Yan, Dawn Contributor address; City; St	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106		1			
		pation / Job title (See Instructions ANESTHESIOLOGIST	;)	Employer (See Instructions Metropolitan Anesthesia		onsultants	

	MONETARY POLITICAL CONTRIBU	TIONS				SCHEDU	LE <b>A1</b>
	The Instruction Guide explains how to complete the	his form.				Schedule A1: Rpt: 48/48	
2	FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action C	Committee			iler ID (E 0068176	thics Commissi	on Filers)
4	Date 07/15/2024  5 Full name of contributor out-of-state PAC Yan, Dawn 6 Contributor address; City; State; Zip Code	(ID#:		<b>7</b> A	mount of C	Contribution (\$)	\$100.00
8	Dallas, TX 75219-5106  Principal occupation / Job title (See Instructions)	9 Empl	oyer (See Instructions	)			
ľ	PHYSICIAN ANESTHESIOLOGIST		opolitan Anesthesia		sultants		
	Date Full name of contributor out-of-state PAC  98/15/2024 Yan, Dawn  Contributor address; City; State; Zip Code		)			Contribution (\$)	\$50.00
	Dallas, TX 75219-5106						
	Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		oyer (See Instructions opolitan Anesthesia		sultants		