

**MONTHLY FILING GENERAL-PURPOSE
COMMITTEE CAMPAIGN FINANCE REPORT**

**FORM MPAC
COVER SHEET PG 1**

<p>The MPAC Instruction Guide explains how to complete this form.</p>	<p>1 Filer ID (Ethics Commission Filers) 00024940</p>	<p>2 Total pages filed: 28</p>
---	--	---

<p>3 COMMITTEE NAME Texas Society Of Anesthesiologists Political Action Committee</p>	<p>OFFICE USE ONLY</p>
--	-------------------------------

<p>4 COMMITTEE ADDRESS</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 401 W. 15th St. #990 Austin, TX 78701</p>
-----------------------------------	---

Date Received	ELECTRONICALLY FILED
Date Hand-delivered or Date Postmarked	10/28/2024

<p>5 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR FIRST MI Dr. Kristyn B.</p> <hr/> <p>NICKNAME LAST SUFFIX Ingram</p>	<p>Receipt # Amount</p> <hr/> <p>Date Processed</p> <hr/> <p>Date Imaged</p>
---	---	--

<p>6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 401 West 15th Street, Suite 990 Austin, TX 78701</p>
---	--

<p>7 CAMPAIGN TREASURER MAILING ADDRESS</p>	<p>STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 401 W. 15th St. #990 Austin, TX 78701</p>
--	--

<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION (512) 370-1659</p>
--	--

<p>9 REPORT TYPE</p>	<p><input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)</p>
-----------------------------	--

<p>10 MONTHLY REPORT FILING DEADLINE</p>	<p><input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input checked="" type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5</p>
---	---

<p>11 PERIOD COVERED</p>	<p>Month Day Year THROUGH Month Day Year 09/26/2024 THROUGH 10/25/2024</p>
---------------------------------	--

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Texas Society Of Anesthesiologists Political Action Committee	13 Filer ID (Ethics Commission Filers) 00024940
---	---

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)	\$ 7,209.58
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 48,651.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 228,898.39
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. Kristyn B. Ingram

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 - MPAC

17 COMMITTEE NAME Texas Society Of Anesthesiologists Political Action Committee		18 Filer ID (Ethics Commission Filers) 00024940
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,209.58
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 48,651.00
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
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: 1/17 Rpt: 4/28
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abouleish, Amr <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77059	7 Amount of Contribution (\$) \$85.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alquicira-Macedo, Fernando <hr/> Contributor address; City; State; Zip Code Houston, TX 77085	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anton, James <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ata, Monica <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bacak, Christina <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/17 Rpt: 5/28
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ball, Timothy	7 Amount of Contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code College Station, TX 77845		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergeron, Brandy	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Beaumont, TX 77726		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Zoe	Amount of Contribution (\$) \$8.33
Contributor address; City; State; Zip Code Houston, TX 77025		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan, Joseph	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Buda, TX 78610		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, Luke	Amount of Contribution (\$) \$85.00
Contributor address; City; State; Zip Code Houston, TX 77042		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/17 Rpt: 6/28
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casey, Chelsea <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546	7 Amount of Contribution (\$) \$42.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clanton, David <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78256	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danley, Matthew <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davila-Perez, Ruben <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DiGiovanni, Ryan <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/17 Rpt: 7/28
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drees, Jeffrey	7 Amount of Contribution (\$) \$85.00
6 Contributor address; City; State; Zip Code Corsicana, TX 75110		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dupont, Cedric	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Rollingwood, TX 78746		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddings, Joseph	Amount of Contribution (\$) \$85.00
Contributor address; City; State; Zip Code Austin, TX 78759		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Stephen	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code Dallas, TX 75219		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erian, Ralph	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code San Antonio, TX 78212		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/17 Rpt: 8/28
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farley, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78759	7 Amount of Contribution (\$) \$25.71
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Dina <hr/> Contributor address; City; State; Zip Code Houston, TX 77096	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giam, Patrick <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glover, Chris <hr/> Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gu, Lisa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/17 Rpt: 9/28
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gurkowski, Mary Ann <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78240	7 Amount of Contribution (\$) \$83.34
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hancher, Shannon <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardman, Bailor <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey, Benjamin <hr/> Contributor address; City; State; Zip Code Houston, TX 77055	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Havalda, Diane <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/17 Rpt: 10/28
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Raul <hr/> 6 Contributor address; City; State; Zip Code Rio Grande City, TX 78582	7 Amount of Contribution (\$) \$42.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Highfill, Erin <hr/> Contributor address; City; State; Zip Code Garland, TX 75044	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hines, Clayton <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77705	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huang, Henry <hr/> Contributor address; City; State; Zip Code Houston, TX 77055	Amount of Contribution (\$) \$20.83
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutson, Larry <hr/> Contributor address; City; State; Zip Code Temple, TX 76502	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/17 Rpt: 11/28
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingram, Kristyn <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79912	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jameson, Lauren <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Kalan <hr/> Contributor address; City; State; Zip Code Salado, TX 76571	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Daniel <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Zachary <hr/> Contributor address; City; State; Zip Code Frisco, TX 75036	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/17 Rpt: 12/28
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karnes, Paden	7 Amount of Contribution (\$) \$84.00
	6 Contributor address; City; State; Zip Code Houston, TX 77030	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khorsand, Sarah	Amount of Contribution (\$) \$84.00
	Contributor address; City; State; Zip Code Dallas, TX 75229	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolle, Bracken	Amount of Contribution (\$) \$84.00
	Contributor address; City; State; Zip Code Houston, TX 77042	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Konvicka, James	Amount of Contribution (\$) \$84.00
	Contributor address; City; State; Zip Code Belton, TX 76513	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kroger, John	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code League City, TX 77573	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/17 Rpt: 13/28
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kwater, Andrzej	7 Amount of Contribution (\$) \$84.00
6 Contributor address; City; State; Zip Code Houston, TX 77009		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasseter, Adam	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code Austin, TX 78704		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindberg, Scott	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Katy, TX 77494		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Littlejohn, Martin	Amount of Contribution (\$) \$42.00
Contributor address; City; State; Zip Code San Antonio, TX 78254		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maloney, Kenneth	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code Cypress, TX 77429		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/17 Rpt: 14/28
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markham, Travis	7 Amount of Contribution (\$) \$84.00
6 Contributor address; City; State; Zip Code Houston, TX 77030		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McWilliams, Sara	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code Boerne, TX 78006		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mehta, Jaideep	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code Austin, TX 78731		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merchun, Christopher	Amount of Contribution (\$) \$41.67
Contributor address; City; State; Zip Code Dallas, TX 75219		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mercier, David	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code Dallas, TX 75229		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/17 Rpt: 15/28
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Christopher <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76015	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moorman, Andrew <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moulin, Victor <hr/> Contributor address; City; State; Zip Code Houston, TX 77059	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mouzi-Wofford, Lisa <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Normand, Katherine <hr/> Contributor address; City; State; Zip Code Houston, TX 77079	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/17 Rpt: 16/28
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ok, John <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75251	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Jeremie <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Cooper <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79430	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rahlf, Thomas <hr/> Contributor address; City; State; Zip Code Houston, TX 77079	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebal, Brett <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/17 Rpt: 17/28
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, LoriJean	7 Amount of Contribution (\$) \$84.00
6 Contributor address; City; State; Zip Code Dallas, TX 75230		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Remster, Jeffrey	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code Dallas, TX 75206		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Jeffrey	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code League City, TX 77573		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rondeau, Bryan	Amount of Contribution (\$) \$83.34
Contributor address; City; State; Zip Code Temple, TX 76502		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutland, Lindsey	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code Austin, TX 78723		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/17 Rpt: 18/28
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saluja, Vijay	7 Amount of Contribution (\$) \$41.67
6 Contributor address; City; State; Zip Code Frisco, TX 75035		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarmiento, Stephen	Amount of Contribution (\$) \$85.00
Contributor address; City; State; Zip Code Plano, TX 75093		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selassie, Rahel	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code Manvel, TX 77578		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shu, Stephen	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code Dallas, TX 75219		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stamatakos, Todd	Amount of Contribution (\$) \$85.00
Contributor address; City; State; Zip Code Frisco, TX 75034		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/17 Rpt: 19/28
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teegarden, Beth <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77555	7 Amount of Contribution (\$) \$62.50
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tsai, January <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tunink, Bryan <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vu-Boyer, Lisa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiss, Lisa <hr/> Contributor address; City; State; Zip Code Houston, TX 77018	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/17 Rpt: 20/28
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Kristen <hr/> 6 Contributor address; City; State; Zip Code Addison, TX 75001	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Mary <hr/> Contributor address; City; State; Zip Code Irving, TX 75061	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Crystal <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaafan, Sherif <hr/> Contributor address; City; State; Zip Code Houston, TX 77055	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 21/28

2 FILER NAME
Texas Society Of Anesthesiologists Political Action Committee

3 Filer ID (Ethics Commission Filers)
00024940

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/7 Rpt: 22/28	2 FILER NAME Texas Society Of Anesthesiologists Political Action	3 Filer ID (Ethics Commission Filers) 00024940
--	--	--

4 Date 10/01/2024	5 Payee name Abbott, Greg
-----------------------------	-------------------------------------

6 Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P. O. Box 308 Austin, TX 78767
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
---------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 10/24/2024	Payee name Abbott, Greg
--------------------	----------------------------

Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P. O. Box 308 Austin, TX 78767
---	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 10/02/2024	Payee name Barry, Jeff
--------------------	---------------------------

Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4418 Broadway Street Pearland, TX 77581
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/7 Rpt: 23/28	2 FILER NAME Texas Society Of Anesthesiologists Political Action	3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/01/2024	5 Payee name Bumgarner, Ben	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5150 Kensington Ct. Flower Mound, TX 75022	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2024	Payee name Button, Angie Chen (Ms.)	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P. O. Box 832748 Richardson, TX 75083	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/09/2024	Payee name Creighton, Brandon	
Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2257 N. Loop 336, Suite 140-336 Conroe, TX 77301	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/7 Rpt: 24/28	2 FILER NAME Texas Society Of Anesthesiologists Political Action	3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/01/2024	5 Payee name Curry, Pat	
6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 204 Woodhew Drive Waco, TX 76712	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/17/2024	Payee name Davis, Aicha	
Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P. O. Box 71 DeSoto, TX 75115	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2024	Payee name DeAyala, Mano	
Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12335 Kingsride Lane, #416 Houston, TX 77024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/7 Rpt: 25/28	2 FILER NAME Texas Society Of Anesthesiologists Political Action	3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/09/2024	5 Payee name Garcia, Linda	
6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1908 Haddock Drive Mesquite, TX 75149	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/09/2024	Payee name Hughes, Bryan	
Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P. O. Box 450 Mineola, TX 75773	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2024	Payee name Kercheville, Scott	
Amount (\$) \$67.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 312 Pearl Parkway Building 4 Apt. 4709 San Antonio, TX 78215	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution withdrawn	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution withdrawn
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/7 Rpt: 26/28	2 FILER NAME Texas Society Of Anesthesiologists Political Action	3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/01/2024	5 Payee name Leach, Jeff	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 800 Glen Rose Drive Allen, TX 75013	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/17/2024	Payee name Lozano, J. M.	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 727 Arroyo Drive Kingsville, TX 78363	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/18/2024	Payee name Magill, Linda	
Amount (\$) \$84.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2406 Blue Bonnet Blvd Houston, TX 77030	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution withdrawn	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution withdrawn
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/7 Rpt: 27/28	2 FILER NAME Texas Society Of Anesthesiologists Political Action	3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/17/2024	5 Payee name Martinez, Armando	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P. O. Box 1651 Weslaco, TX 78599	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2024	Payee name Parker, Tan	
Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P. O. Box 271741 Flower Mound, TX 75027-1741	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2024	Payee name Patrick, Dan	
Amount (\$) \$8,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P. O. Box 685085 Austin, TX 78768	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/7 Rpt: 28/28	2 FILER NAME Texas Society Of Anesthesiologists Political Action	3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/01/2024	5 Payee name Patterson, Jared	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P. O. Box 5419 Frisco, TX 75035	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2024	Payee name Richardson, Keresa	
Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P. O. Box 1179 McKinney, TX 75070	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2024	Payee name Shaheen, Matt	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3917 Malton Drive Plano, TX 75025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held