

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)	\$ 11,429.87
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 44,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 196,328.26
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	\$ 11,429.87
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 checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 44,000.00
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: 1/29 Rpt: 4/40
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/14/2024	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 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Stacey <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allred, Anna <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/13/2024	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 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) An, Daniel <hr/> Contributor address; City; State; Zip Code Fulshear, TX 77441	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: 2/29 Rpt: 5/40
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anton, James <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77009	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arunkumar, Radha <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 11/14/2024	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 11/05/2024	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)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ball, Timothy <hr/> Contributor address; City; State; Zip Code College Station, TX 77845	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: 3/29 Rpt: 6/40
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beitzel, Michael <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79602	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berndt, R. Barry <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77702	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bracken, Christopher <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Zoe <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan, Joseph <hr/> Contributor address; City; State; Zip Code Buda, TX 78610	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: 4/29 Rpt: 7/40
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Brad <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79602	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, Luke <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casey, Chelsea <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Causey, Sommer <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan, Calvin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	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: 5/29 Rpt: 8/40
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clanton, David	7 Amount of Contribution (\$) \$84.00
6 Contributor address; City; State; Zip Code San Antonio, TX 78256		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danley, Matthew	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code Fort Worth, TX 76109		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dave, Siddharth	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code Lucas, TX 75002		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davila-Perez, Ruben	Amount of Contribution (\$) \$21.00
Contributor address; City; State; Zip Code Houston, TX 77057		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewan, Brian	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code Austin, TX 78731		
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: 6/29 Rpt: 9/40
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drees, Jeffrey <hr/> 6 Contributor address; City; State; Zip Code Corsicana, TX 75110	7 Amount of Contribution (\$) \$85.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dupont, Cedric <hr/> Contributor address; City; State; Zip Code Rollingwood, TX 78746	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddings, Joseph <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Stephen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emelife, Patrick <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75054	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: 7/29 Rpt: 10/40
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erian, Ralph <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78212	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farmer, Lisa <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fay, James <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fischer, Stefanie <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/14/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/29 Rpt: 11/40
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foss, Prisila	7 Amount of Contribution (\$) \$84.00
6 Contributor address; City; State; Zip Code Allen, TX 75013		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gandhi, Samir	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code San Antonio, TX 78229		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia-Bigger, Judy	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code Round Rock, TX 78665		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Kelly	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code San Antonio, TX 78257		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giam, Patrick	Amount of Contribution (\$) \$42.00
Contributor address; City; State; Zip Code Houston, TX 77005		
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: 9/29 Rpt: 12/40
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbons, Stacey <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenesk, Niklas <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/13/2024	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 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guragain, Richesh <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gurkowski, Mary Ann <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	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: 10/29 Rpt: 13/40
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hagberg, Carin <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77030	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/08/2024	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 11/14/2024	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 11/20/2024	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 11/13/2024	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: 11/29 Rpt: 14/40
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/06/2024	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 11/14/2024	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 11/08/2024	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 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hofkamp, Michael <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollenshead, Andy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	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: 12/29 Rpt: 15/40
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huang, Henry <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77055	7 Amount of Contribution (\$) \$20.83
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurlburt, Brian <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77702	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/13/2024	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)
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingram, Kristyn <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/12/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/29 Rpt: 16/40
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Kalan <hr/> 6 Contributor address; City; State; Zip Code Salado, TX 76571	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Chauncey <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77355	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/14/2024	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)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karnes, Paden <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 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenjarski, Thomas <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	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: 14/29 Rpt: 17/40
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kercheville, Scott <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78215	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khorsand, Sarah <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, R. Baker <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koehler, Michelle <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolle, Bracken <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	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: 15/29 Rpt: 18/40
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Konvicka, James	7 Amount of Contribution (\$) \$84.00
6 Contributor address; City; State; Zip Code Belton, TX 76513		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koppang, Erik	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code Fair Oaks, TX 78015		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/01/2024	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)
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kwater, Andrzej	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code Houston, TX 77009		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/14/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/29 Rpt: 19/40
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindberg, Scott	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Katy, TX 77494		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/13/2024	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 11/13/2024	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)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markham, Travis	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code Houston, TX 77030		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masel, Brian	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code Galveston, TX 77555		
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: 17/29 Rpt: 20/40
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McWilliams, Sara <hr/> 6 Contributor address; City; State; Zip Code Boerne, TX 78006	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mehta, Jaideep <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merchun, Christopher <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mercier, David <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Christopher <hr/> Contributor address; City; State; Zip Code Arlington, TX 76015	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: 18/29 Rpt: 21/40
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Adam	7 Amount of Contribution (\$) \$84.00
6 Contributor address; City; State; Zip Code New Braunfels, TX 78132		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moorman, Andrew	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 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreland, Jennie	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code Austin, TX 78746		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moulin, Victor	Amount of Contribution (\$) \$41.67
Contributor address; City; State; Zip Code Houston, TX 77059		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mouzi-Wofford, Lisa	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code Houston, TX 77007		
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: 19/29 Rpt: 22/40
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muro, Rene <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79922	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/13/2024	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)
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norrell, Stacy <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77355	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nwokolo, Omonele <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 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Odeh, Jaffer <hr/> Contributor address; City; State; Zip Code Dallas, TX 75390	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: 20/29 Rpt: 23/40
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/08/2024	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 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Jaime <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padakandla, Udaya <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pandya, Varuna <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/14/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/29 Rpt: 24/40
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Mary Dale <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78404	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/12/2024	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 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pivalizza, Evan <hr/> Contributor address; City; State; Zip Code Tyler, TX 75708	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plagenhoef, Jeffrey <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rahlfs, 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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/29 Rpt: 25/40
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rane, Mihir <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75209	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/14/2024	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)
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebello, Elizabeth <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 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, LoriJean <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Remster, Jeffrey <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206	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: 23/29 Rpt: 26/40
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Jeffrey <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Alan <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79430	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rochkind, Jessica <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rondeau, Bryan <hr/> Contributor address; City; State; Zip Code Temple, TX 76502	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutland, Lindsey <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	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: 24/29 Rpt: 27/40
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/08/2024	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 11/14/2024	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 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, John	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code Keller, TX 76248		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/14/2024	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 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sen, Sudipta	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code Houston, TX 77025		
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: 25/29 Rpt: 28/40
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheppard, Shaina <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78664	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shu, Stephen <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 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sridhar, Srikanth <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stamatakos, Todd <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Street, Austin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	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: 26/29 Rpt: 29/40
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taneja, Rishi <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75230	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teegarden, Beth <hr/> Contributor address; City; State; Zip Code Galveston, TX 77555	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/13/2024	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 11/14/2024	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 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vidaurri, Lytorre <hr/> Contributor address; City; State; Zip Code Austin, TX 78726	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: 27/29 Rpt: 30/40
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vu-Boyer, Lisa <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wajima, Yutaka <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/13/2024	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)
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Kristen <hr/> Contributor address; City; State; Zip Code Addison, TX 75001	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/05/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/29 Rpt: 31/40
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitman, Frances	7 Amount of Contribution (\$) \$84.00
6 Contributor address; City; State; Zip Code Frisco, TX 75034		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, George	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code Houston, TX 77030		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Ashley	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code McKinney, TX 75072		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Amy	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code Dallas, TX 75390		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Crystal	Amount of Contribution (\$) \$83.34
Contributor address; City; State; Zip Code Houston, TX 77005		
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: 29/29 Rpt: 32/40
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 11/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yolland, Michael	7 Amount of Contribution (\$) \$84.00
6 Contributor address; City; State; Zip Code Galveston, TX 77555		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaafan, Sherif	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code Houston, TX 77055		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zerwas, John	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code Richmond, TX 77406		
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: 33/40

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)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 34/40
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 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: 1/6 Rpt: 35/40	2 FILER NAME Texas Society Of Anesthesiologists Political Action	3 Filer ID (Ethics Commission Filers) 00024940
--	--	--

4 Date 10/26/2024	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 10/26/2024	Payee name Dyson, Paul
--------------------	---------------------------

Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4040 State Highway 6S Suite 200 College Station, TX 77845
--	---

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 10/26/2024	Payee name Eckhardt, Sarah
--------------------	-------------------------------

Amount (\$) \$3,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P. O. Box 301586 Austin, TX 78703
--	--

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: 2/6 Rpt: 36/40	2 FILER NAME Texas Society Of Anesthesiologists Political Action	3 Filer ID (Ethics Commission Filers) 00024940
--	--	--

4 Date 10/26/2024	5 Payee name Hernandez, Ana
-----------------------------	---------------------------------------

6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P. O. Box 15538 Houston, TX 77220
---	---

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 11/12/2024	Payee name Hinojosa , Adam
--------------------	-------------------------------

Amount (\$) \$3,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P. O. Box 18301 Corpus Christi, TX 78480
--	---

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 10/26/2024	Payee name Holt, Janis
--------------------	---------------------------

Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P. O. Box 1311 Silsbee, TX 77656
--	---

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: 3/6 Rpt: 37/40	2 FILER NAME Texas Society Of Anesthesiologists Political Action	3 Filer ID (Ethics Commission Filers) 00024940
--	--	--

4 Date 10/26/2024	5 Payee name Kerwin, Helen
-----------------------------	--------------------------------------

6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 420 Grand Avenue Glen Rose, TX 76043
---	--

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 10/26/2024	Payee name Louderback, AJ
--------------------	------------------------------

Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P. O. Box 1792 Victoria, TX 77902
--	--

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 11/12/2024	Payee name McLaughlin, Don
--------------------	-------------------------------

Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P. O. Box 1707 Uvalde, TX 78802
--	--

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: 4/6 Rpt: 38/40	2 FILER NAME Texas Society Of Anesthesiologists Political Action	3 Filer ID (Ethics Commission Filers) 00024940
--	--	--

4 Date 10/26/2024	5 Payee name Morgan, Matt
-----------------------------	-------------------------------------

6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 503 FN 359 Suite 130 Richmond, TX 77406
---	--

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 10/26/2024	Payee name Olcott, Mike
--------------------	----------------------------

Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P. O. Box 247 Aledo, TX 76008
--	--

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 11/13/2024	Payee name Patrick, Dan
--------------------	----------------------------

Amount (\$) \$5,000.00 <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: 5/6 Rpt: 39/40	2 FILER NAME Texas Society Of Anesthesiologists Political Action	3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/26/2024	5 Payee name Perry, Charles	
6 Amount (\$) \$3,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P. O. Box 94806 Lubbock, TX 79493	
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 10/26/2024	Payee name Reynolds, Ron	
Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6140 Hwy 6 South Suite 233 Missouri City, TX 77459	
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 10/26/2024	Payee name Schoolcraft, Alan	
Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8647 FM 725 McQueeney, TX 78123	
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: 6/6 Rpt: 40/40	2 FILER NAME Texas Society Of Anesthesiologists Political Action	3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/26/2024	5 Payee name Shofner, Joanne	
6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 638A N. University Drive #177 Nacogdoches, TX 75961	
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 10/26/2024	Payee name Slawson, Shelby	
Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P. O. Box 286 Stephenville, TX 76401	
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 11/12/2024	Payee name Villalobos, Denise	
Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 10330 Kingsbury Drive Corpus Christi, TX 78410	
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