

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 |
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| | | |
|---|--|--------------|
| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |

| | | |
|-------------------------------|---|---------------|
| 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 16,424.37 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 0.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 212,752.63 |
| 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 | \$ 16,424.37 |
| 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 | \$ 0.00 |
| 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

| | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/34 Rpt: 4/39 |
| 2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00024940 |
| 4 Date 12/12/2024 | 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 77059-3120 | 7 Amount of Contribution (\$) \$85.00 |
| 8 Principal occupation / Job title (See Instructions) Physician | | 9 Employer (See Instructions) |
| Date 12/09/2024 | 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 12/10/2024 | 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 12/11/2024 | 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 12/10/2024 | 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

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|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/34 Rpt: 5/39 |
| 2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00024940 |
| 4 Date 12/12/2024 | 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 12/10/2024 | 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 12/13/2024 | 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 12/04/2024 | 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 12/12/2024 | 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

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/34 Rpt: 6/39 |
| 2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00024940 |
| 4 Date 12/10/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beitzel, Michael | 7 Amount of Contribution (\$) \$84.00 |
| 6 Contributor address; City; State; Zip Code Abilene, TX 79602-1176 | | |
| 8 Principal occupation / Job title (See Instructions) Physician | | 9 Employer (See Instructions) |
| Date 12/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berndt, R. Barry | Amount of Contribution (\$) \$84.00 |
| Contributor address; City; State; Zip Code Beaumont, TX 77702 | | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boswell, David | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code San Angelo, TX 76904-8912 | | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bracken, Christopher | Amount of Contribution (\$) \$84.00 |
| Contributor address; City; State; Zip Code San Antonio, TX 78240-1729 | | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/11/2024 | 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) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/34 Rpt: 7/39 |
| 2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00024940 |
| 4 Date 12/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan, Joseph <hr/> 6 Contributor address; City; State; Zip Code Buda, TX 78610 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Physician | | 9 Employer (See Instructions) |
| Date 12/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Brad <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602-3425 | Amount of Contribution (\$) \$84.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Amber <hr/> Contributor address; City; State; Zip Code Houston, TX 77030 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/11/2024 | 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 12/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casey, Chelsea <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546-0591 | Amount of Contribution (\$) \$42.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/34 Rpt: 8/39 |
| 2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00024940 |
| 4 Date 12/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catton, Evan | 7 Amount of Contribution (\$) \$25.00 |
| 6 Contributor address; City; State; Zip Code Tyler, TX 75709 | | |
| 8 Principal occupation / Job title (See Instructions) Physician | | 9 Employer (See Instructions) |
| Date 12/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Causey, Sommer | Amount of Contribution (\$) \$84.00 |
| Contributor address; City; State; Zip Code Galveston, TX 77554 | | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan, Calvin | 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 12/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chao-Knize, Yuan-Jiun Nicole | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Austin, TX 78759 | | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clanton, David | Amount of Contribution (\$) \$84.00 |
| Contributor address; City; State; Zip Code San Antonio, TX 78256 | | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/34 Rpt: 9/39 |
| 2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00024940 |
| 4 Date 12/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craft, Hadyn <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77008 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Physician | | 9 Employer (See Instructions) |
| Date 12/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dangler, Lori Ann <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584-9488 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/04/2024 | 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 12/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dave, Siddharth <hr/> Contributor address; City; State; Zip Code Lucas, TX 75002 | Amount of Contribution (\$) \$84.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/04/2024 | 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) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/34 Rpt: 10/39 |
| 2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00024940 |
| 4 Date 12/09/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewan, Brian <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731-3504 | 7 Amount of Contribution (\$) \$84.00 |
| 8 Principal occupation / Job title (See Instructions) Physician | | 9 Employer (See Instructions) |
| Date 12/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drees, Jeffrey <hr/> Contributor address; City; State; Zip Code Corsicana, TX 75110-1518 | Amount of Contribution (\$) \$85.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/12/2024 | 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 12/06/2024 | 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 12/13/2024 | 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) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 8/34 Rpt: 11/39 |
| 2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00024940 |
| 4 Date 12/09/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emelife, Patrick <hr/> 6 Contributor address; City; State; Zip Code Grand Prairie, TX 75054 | 7 Amount of Contribution (\$) \$84.00 |
| 8 Principal occupation / Job title (See Instructions) Physician | | 9 Employer (See Instructions) |
| Date 12/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erian, Ralph <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212 | Amount of Contribution (\$) \$84.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/10/2024 | 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 12/10/2024 | 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 12/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fischer, Stefanie <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551-1568 | 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: 9/34 Rpt: 12/39 |
| 2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00024940 |
| 4 Date 12/16/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Dina <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77096 | 7 Amount of Contribution (\$) \$84.00 |
| 8 Principal occupation / Job title (See Instructions) Physician | | 9 Employer (See Instructions) |
| Date 12/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foshee, Sarah <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-2912 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foss, Prisila <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 12/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Funston, Joe <hr/> Contributor address; City; State; Zip Code Galveston, TX 77555-0591 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gandhi, Samir <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229 | 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: 10/34 Rpt: 13/39 |
| 2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00024940 |
| 4 Date 12/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia-Bigger, Judy <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78665 | 7 Amount of Contribution (\$) \$84.00 |
| 8 Principal occupation / Job title (See Instructions) Physician | | 9 Employer (See Instructions) |
| Date 12/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Kelly <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78257-1758 | Amount of Contribution (\$) \$84.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/12/2024 | 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 12/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbons, Stacey <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 12/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glensk, 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) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 11/34 Rpt: 14/39 |
| 2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00024940 |
| 4 Date 12/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glover, Chris <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 12/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guess, Rebecca <hr/> Contributor address; City; State; Zip Code Waco, TX 76712 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunst, Matthew <hr/> Contributor address; City; State; Zip Code Tyler, TX 75707 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/10/2024 | 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 12/12/2024 | 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 78240-1729 | 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: 12/34 Rpt: 15/39 |
| 2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00024940 |
| 4 Date 12/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hagberg, Carin | 7 Amount of Contribution (\$) \$84.00 |
| 6 Contributor address; City; State; Zip Code Houston, TX 77030-3722 | | |
| 8 Principal occupation / Job title (See Instructions) Physician | | 9 Employer (See Instructions) |
| Date 12/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hancher, Shannon | Amount of Contribution (\$) \$84.00 |
| Contributor address; City; State; Zip Code Bellaire, TX 77401 | | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardman, Bailor | Amount of Contribution (\$) \$84.00 |
| Contributor address; City; State; Zip Code Dallas, TX 75205 | | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey, Benjamin | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Houston, TX 77055 | | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Havalda, Diane | Amount of Contribution (\$) \$84.00 |
| Contributor address; City; State; Zip Code San Antonio, TX 78258-3176 | | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 13/34 Rpt: 16/39 |
| 2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00024940 |
| 4 Date 12/12/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, W. Brendan | 7 Amount of Contribution (\$) \$250.00 |
| 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109-4609 | | |
| 8 Principal occupation / Job title (See Instructions) Physician | | 9 Employer (See Instructions) |
| Date 12/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Raul | Amount of Contribution (\$) \$42.00 |
| Contributor address; City; State; Zip Code Rio Grande City, TX 78582 | | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Highfill, Erin | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Garland, TX 75044 | | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hines, Clayton | Amount of Contribution (\$) \$45.00 |
| Contributor address; City; State; Zip Code Beaumont, TX 77705 | | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hofkamp, Michael | Amount of Contribution (\$) \$84.00 |
| Contributor address; City; State; Zip Code Round Rock, TX 78681 | | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 14/34 Rpt: 17/39 |
| 2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00024940 |
| 4 Date 12/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollenshead, Andy <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219 | 7 Amount of Contribution (\$) \$84.00 |
| 8 Principal occupation / Job title (See Instructions) Physician | | 9 Employer (See Instructions) |
| Date 12/11/2024 | 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 12/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurlburt, Brian <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77726 | Amount of Contribution (\$) \$84.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/11/2024 | 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 12/10/2024 | 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) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 15/34 Rpt: 18/39 |
| 2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00024940 |
| 4 Date 12/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jameson, Lauren | 7 Amount of Contribution (\$) \$8.33 |
| 6 Contributor address; City; State; Zip Code Houston, TX 77098 | | |
| 8 Principal occupation / Job title (See Instructions) Physician | | 9 Employer (See Instructions) |
| Date 12/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Kalan | Amount of Contribution (\$) \$84.00 |
| Contributor address; City; State; Zip Code Salado, TX 76571 | | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Chauncey | Amount of Contribution (\$) \$84.00 |
| Contributor address; City; State; Zip Code Magnolia, TX 77355 | | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Zachary | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Frisco, TX 75036 | | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenjarski, Thomas | Amount of Contribution (\$) \$84.00 |
| Contributor address; City; State; Zip Code Dallas, TX 75243 | | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 16/34 Rpt: 19/39 |
| 2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00024940 |
| 4 Date 12/10/2024 | 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 12/12/2024 | 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 12/09/2024 | 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 12/09/2024 | 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 12/12/2024 | 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

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 17/34 Rpt: 20/39 |
| 2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00024940 |
| 4 Date 12/20/2024 | 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 12/10/2024 | 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 78015-4627 | | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/04/2024 | 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 12/20/2024 | 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 12/11/2024 | 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) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 18/34 Rpt: 21/39 |
| 2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00024940 |
| 4 Date 12/18/2024 | 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 12/11/2024 | 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 12/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luong, Linh | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Houston, TX 77030 | | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 11/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mackey, David | Amount of Contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code Houston, TX 77030 | | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/11/2024 | 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

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 19/34 Rpt: 22/39 |
| 2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00024940 |
| 4 Date 12/13/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolis, Mark <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) Physician | | 9 Employer (See Instructions) |
| Date 12/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markham, Travis <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 12/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masel, Brian <hr/> Contributor address; City; State; Zip Code Galveston, TX 77555 | Amount of Contribution (\$) \$84.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGehee, Frank <hr/> Contributor address; City; State; Zip Code Midland, TX 79704 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McWilliams, Sara <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) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 20/34 Rpt: 23/39 |
| 2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00024940 |
| 4 Date 12/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mehta, Jaideep <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731 | 7 Amount of Contribution (\$) \$84.00 |
| 8 Principal occupation / Job title (See Instructions) Physician | | 9 Employer (See Instructions) |
| Date 12/12/2024 | 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 12/13/2024 | 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 12/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merutka, Nicholas <hr/> Contributor address; City; State; Zip Code Houston, TX 77002 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Christopher <hr/> Contributor address; City; State; Zip Code Arlington, TX 76015-3604 | Amount of Contribution (\$) \$84.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 21/34 Rpt: 24/39 |
| 2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00024940 |
| 4 Date 12/09/2024 | 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 78132-0110 | | |
| 8 Principal occupation / Job title (See Instructions) Physician | | 9 Employer (See Instructions) |
| Date 12/04/2024 | 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 12/10/2024 | 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 12/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mousa, Victoria | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Conroe, TX 77304 | | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/11/2024 | 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

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 22/34 Rpt: 25/39 |
| 2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00024940 |
| 4 Date 12/09/2024 | 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 12/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Vincent <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-7046 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/11/2024 | 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 12/09/2024 | 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 12/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nwokolo, Omoniele <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) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 23/34 Rpt: 26/39 |
| 2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00024940 |
| 4 Date 12/09/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Odeh, Jaffer | 7 Amount of Contribution (\$) \$84.00 |
| 6 Contributor address; City; State; Zip Code Dallas, TX 75390-9068 | | |
| 8 Principal occupation / Job title (See Instructions) Physician | | 9 Employer (See Instructions) |
| Date 12/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ok, John | Amount of Contribution (\$) \$84.00 |
| Contributor address; City; State; Zip Code Dallas, TX 75251-2237 | | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ombaba, Siang | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code San Antonio, TX 78260 | | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Jaime | Amount of Contribution (\$) \$84.00 |
| Contributor address; City; State; Zip Code Houston, TX 77025 | | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osborn, Matthew | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Seguin, TX 78155 | | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 24/34 Rpt: 27/39 |
| 2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00024940 |
| 4 Date 12/10/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padakandla, Udaya <hr/> 6 Contributor address; City; State; Zip Code Carrollton, TX 75010 | 7 Amount of Contribution (\$) \$84.00 |
| 8 Principal occupation / Job title (See Instructions) Physician | | 9 Employer (See Instructions) |
| Date 12/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pandya, Vrunda <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006-1802 | Amount of Contribution (\$) \$84.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/12/2024 | 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 12/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Mary Dale <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78404 | Amount of Contribution (\$) \$84.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/11/2024 | 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) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 25/34 Rpt: 28/39 |
| 2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00024940 |
| 4 Date 12/09/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pivalizza, Evan <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75708 | 7 Amount of Contribution (\$) \$84.00 |
| 8 Principal occupation / Job title (See Instructions) Physician | | 9 Employer (See Instructions) |
| Date 12/11/2024 | 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 12/13/2024 | 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) |
| Date 12/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rane, Mihir <hr/> Contributor address; City; State; Zip Code Dalas, TX 75209 | Amount of Contribution (\$) \$84.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasch, Deborah <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006-8591 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 26/34 Rpt: 29/39 |
| 2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00024940 |
| 4 Date 12/13/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebal, Brett | 7 Amount of Contribution (\$) \$84.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78746 | | |
| 8 Principal occupation / Job title (See Instructions) Physician | | 9 Employer (See Instructions) |
| Date 12/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebello, Elizabeth | Amount of Contribution (\$) \$84.00 |
| Contributor address; City; State; Zip Code Houston, TX 77005 | | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, LoriJean | Amount of Contribution (\$) \$84.00 |
| Contributor address; City; State; Zip Code Dallas, TX 75230 | | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/04/2024 | 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 12/12/2024 | 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 77573-6273 | | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 27/34 Rpt: 30/39 |
| 2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00024940 |
| 4 Date 12/10/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Alan | 7 Amount of Contribution (\$) \$84.00 |
| 6 Contributor address; City; State; Zip Code Lubbock, TX 79416 | | |
| 8 Principal occupation / Job title (See Instructions) Physician | | 9 Employer (See Instructions) |
| Date 12/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rochkind, Jessica | Amount of Contribution (\$) \$84.00 |
| Contributor address; City; State; Zip Code Galveston, TX 77551 | | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roland, Gavin | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Missouri City, TX 77489 | | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/11/2024 | 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 12/09/2024 | 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

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 28/34 Rpt: 31/39 |
| 2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00024940 |
| 4 Date 12/10/2024 | 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 12/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samples, Darren | Amount of Contribution (\$) \$62.50 |
| Contributor address; City; State; Zip Code Helotes, TX 78023 | | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/12/2024 | 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 12/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlegel, Levi | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Dallas, TX 75201 | | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/09/2024 | 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 76248-4203 | | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 29/34 Rpt: 32/39 |
| 2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00024940 |
| 4 Date 12/12/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selassie, Rahel <hr/> 6 Contributor address; City; State; Zip Code Manvel, TX 77578 | 7 Amount of Contribution (\$) \$84.00 |
| 8 Principal occupation / Job title (See Instructions) Physician | | 9 Employer (See Instructions) |
| Date 12/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sen, Sudipta <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-1604 | Amount of Contribution (\$) \$84.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheppard, Shaina <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664 | Amount of Contribution (\$) \$84.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/04/2024 | 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 12/12/2024 | 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) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 30/34 Rpt: 33/39 |
| 2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00024940 |
| 4 Date 12/10/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Street, Austin <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75229-2722 | 7 Amount of Contribution (\$) \$84.00 |
| 8 Principal occupation / Job title (See Instructions) Physician | | 9 Employer (See Instructions) |
| Date 12/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taneja, Rishi <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 12/13/2024 | 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 12/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Laura <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459 | Amount of Contribution (\$) \$259.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/11/2024 | 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) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 31/34 Rpt: 34/39 |
| 2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00024940 |
| 4 Date 12/12/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tunink, Bryan <hr/> 6 Contributor address; City; State; Zip Code Southlake, TX 76092 | 7 Amount of Contribution (\$) \$62.50 |
| 8 Principal occupation / Job title (See Instructions) Physician | | 9 Employer (See Instructions) |
| Date 12/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vidaurri, Lytorre <hr/> Contributor address; City; State; Zip Code Austin, TX 78726-1453 | Amount of Contribution (\$) \$84.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/12/2024 | 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 12/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waits, Alexandra <hr/> Contributor address; City; State; Zip Code Houston, TX 77006 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/09/2024 | 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) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 32/34 Rpt: 35/39 |
| 2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00024940 |
| 4 Date 12/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiss, Lisa <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77018 | 7 Amount of Contribution (\$) \$83.34 |
| 8 Principal occupation / Job title (See Instructions) Physician | | 9 Employer (See Instructions) |
| Date 11/27/2024 | 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 12/04/2024 | 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 12/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitman, Frances <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034 | Amount of Contribution (\$) \$84.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, George <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) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 33/34 Rpt: 36/39 |
| 2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00024940 |
| 4 Date 12/09/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Ashley <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75072 | 7 Amount of Contribution (\$) \$84.00 |
| 8 Principal occupation / Job title (See Instructions) Physician | | 9 Employer (See Instructions) |
| Date 12/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Amy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75390-9068 | Amount of Contribution (\$) \$84.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/17/2024 | 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 12/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yolland, Michael <hr/> Contributor address; City; State; Zip Code Galveston, TX 77555 | Amount of Contribution (\$) \$84.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |
| Date 12/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaafran, Sherif <hr/> Contributor address; City; State; Zip Code Houston, TX 77055-7016 | Amount of Contribution (\$) \$75.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 34/34 Rpt: 37/39 |
| 2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00024940 |
| 4 Date 12/10/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zerwas, John | 7 Amount of Contribution (\$) \$84.00 |
| | 6 Contributor address; City; State; Zip Code Richmond, TX 77406 | |
| 8 Principal occupation / Job title (See Instructions) Physician | | 9 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: 38/39

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: 39/39 |
| 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) |