MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 00024940 2 Total pages filed: 39						
3 COMMITTEE NAME		•	OFFICE USE ONLY			
Texas Society Of A	Anesthesiologists Political Action Committe	ee	Date Received			
			ELECTRONICALLY FILED			
			01/03/2025			
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP				
ADDRESS	401 W. 15th St. #990					
	Austin, TX 78701		Date Hand-delivered or Date Postmarked			
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount			
NAME	Dr. Kristyn B	b.	лесер <i>і #</i> Апоції			
			Date Processed			
	NICKNAME LAST	SUFFIX				
	Ingram		Date Imaged			
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; STA	ATE; ZIP CODE			
TREASURER	401 West 15th Street, Suite 990					
STREET ADDRESS						
(Residence or Business)	Austin, TX 78701					
7 CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE			
TREASURER MAILING	401 W. 15th St. #990					
ADDRESS						
Change of Address	Austin, TX 78701					
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION				
TREASURER PHONE	(512) 370-1659					
9 REPORT TYPE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)			
10 MONTHLY						
REPORT FILING	X January 5 April	I 5 July 5	October 5			
DEADLINE	February 5 May	5 August 5	November 5			
	March 5 June		December 5			
11 PERIOD COVERED	Month Day Year	THROUGH Month	Day Year			
	11/26/2024	12/25/2	024			
GO TO PAGE 2						
Forms provided by Te		thics.state.tx.us	Version V4.1.0.5dd2ace2			

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME	hosiologists Dolition		13 Filer ID	(Ethics Commission Filers)
Texas Society Of Anest	nesiologists Political A		00024940	
14 COMMITTEE ACTIVITY	 Candidates (Identify by name or, if applicable, classify by party.) 	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	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	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA	·	¢	
	(OTHER THAN PLEI	DGES, LOANS, OR GUARANTEES OF LOANS)	\$	16,424.37
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	212,752.63
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	rhe \$	0.00
16 AFFIDAVIT	1			
		I swear, or affirm, under penalty of pe true and correct and includes all inform under Title 15, Election Code.		
		_	n B. Ingram	
		Signature of Ca	mpaign Treasu	rer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, ti	nis the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ninistering oath	Printed name of officer administering oath	Title of offic	cer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

FORM MPAC COVER SHEET PG 3

3 of 39

17 COMMITTE	(Ethics Commission File	ers)				
Texas So						
19 SCHEDULI	E SUBTOTALS		SUBTOTAL AMO			
NAME OF	SCHEDULE					
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 16,	,424.37		
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00		
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00		
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$			
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION OR	\$			
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$			
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$			
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION					
9. X	9. X SCHEDULE E: LOANS					
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	0.00		
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00		
12. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	0.00		
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00		
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$			
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$			

SUBTOTALS - MPAC

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/34 Rpt: 4/39	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Socie	y Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/12/2024	Abouleish, Amr				\$85.00
		6 Contributor address; City; State; Zip Code				+00.00
		Contributor address, City, State, Zip Code				
		Houston, TX 77059-3120				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> ເ)		
	Physician			-)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/09/2024	Allen, Stacey				\$84.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78230				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/10/2024	Allred, Anna				\$84.00
		Richmond, TX 77469				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/11/2024	Alquicira-Macedo, Fernando				\$84.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77085				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	12/10/2024	An, Daniel				\$84.00
		Contributor address; City; State; Zip Code				
		Fulshear, TX 77441				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
⊢			1			

	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 2/34 Rpt: 5/39	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Socie	y Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/12/2024	Anton, James	/	ľ	(1)	\$84.00
		6 Contributor address; City; State; Zip Code				<i>+0</i>
		Contributor address, City, State, Zip Code				
		Houston, TX 77009				
8	Principal occu		9 Employer (See Instructions	<u> </u> ເ)		
ľ	Physician			,		
⊢	Date	Full name of contributor out-of-state PAC (ID#:)	<u> </u>	Amount of Contribution (\$)	
	12/10/2024	Arunkumar, Radha)			\$84.00
	12/10/2024					ψ04.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77030				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	Physician			"		
╞	-			_	Amount of Contribution (ft)	
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$84.00
	12/13/2024					Φ04.00
		Contributor address; City; State; Zip Code				
		Allen, TX 75013				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ټ)		
	Physician	,		,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/04/2024	Bacak, Christina)		Amount of Contribution (\$)	\$84.00
	12/04/2024					ψ04.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78704				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	Physician			"		
╞	-			_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢150.00
	12/12/2024					\$150.00
		Contributor address; City; State; Zip Code				
		College Station TX 7794E				
⊢	Drinoinal	College Station, TX 77845	Employer (Cashatturting			
1		pation / Job title (See Instructions)	Employer (See Instructions	5)		
⊢	Physician					
1						
1						

	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/34 Rpt: 6/39	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Socie	y Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/10/2024	Beitzel, Michael	,			\$84.00
		6 Contributor address; City; State; Zip Code				+0
		Contributor address, City, State, Zip Code				
		Abilene, TX 79602-1176				
	Drincinal occu		Employer (See Instructions	<u> </u>		
ľ	Physician			9		
╘	-					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/09/2024	Berndt, R. Barry				\$84.00
		Contributor address; City; State; Zip Code				
		Beaumont, TX 77702				
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/13/2024	Boswell, David				\$100.00
		Contributor address; City; State; Zip Code				
		San Angelo, TX 76904-8912				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Physician					
F	Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/10/2024	Bracken, Christopher				\$84.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78240-1729				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Physician					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/11/2024	Brown, Zoe				\$8.33
	12,11,2021					¢0.00
		Contributor address, City, State, Zip Code				
		Houston, TX 77025				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
1	Physician)		
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	The Instrue	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/34 Rpt: 7/39	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Socie	y Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/11/2024	Bryan, Joseph				\$100.00
		6 Contributor address; City; State; Zip Code				
		Buda, TX 78610				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/11/2024	Butler, Brad				\$84.00
		Contributor address; City; State; Zip Code		1		
		Abilene, TX 79602-3425				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/16/2024	Campbell, Amber				\$125.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77030				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician			_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/11/2024	Carroll, Luke				\$85.00
		Contributor address; City; State; Zip Code				
		Houston TX 77042				
_	Drinoinal agou	Houston, TX 77042 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician		Employer (See Instructions)		
╘						
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢40.00
	12/18/2024	Casey, Chelsea				\$42.00
		Contributor address; City; State; Zip Code				
		Friendswood, TX 77546-0591				
⊢	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ։)		
	Physician			·)		
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	The Instru	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/34 Rpt: 8/39	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Socie	y Of Anesthesiologists Political A	ction Committee			00024940	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/11/2024	Catton, Evan					\$25.00
		6 Contributor address; City; State;	Zip Code				
		Tyler, TX 75709					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	;)		
	Physician						
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/11/2024	Causey, Sommer					\$84.00
		Contributor address; City; State;					
		,,,	F				
		Galveston, TX 77554					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician						
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/09/2024	Chan, Calvin	· _	······································			\$84.00
		Contributor address; City; State;	Zip Code				
		,,,	F				
		Dallas, TX 75219					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Physician						
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/12/2024	Chao-Knize, Yuan-Jiun Nicole	e				\$250.00
		Contributor address; City; State;	Zip Code				
		Austin, TX 78759					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Physician						
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/13/2024	Clanton, David					\$84.00
		Contributor address; City; State;	Zip Code				
		San Antonio, TX 78256					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician						
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/34 Rpt: 9/39	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Socie	y Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/11/2024	Craft, Hadyn				\$25.00
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77008				
8	Principal occu		9 Employer (See Instructions	<u>ا</u> ز)		
	Physician			,		
				<u> </u>		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	#050.00
	12/11/2024	Dangler, Lori Ann				\$250.00
		Contributor address; City; State; Zip Code				
		Pearland, TX 77584-9488				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/04/2024	Danley, Matthew				\$84.00
		Contributor address; City; State; Zip Code		1		
		Fort Worth, TX 76109				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/11/2024	Dave, Siddharth				\$84.00
		Contributor address; City; State; Zip Code				
		Lucas, TX 75002				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	Physician			,		
╞	-			<u> </u>		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	#01.00
	12/04/2024					\$21.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77057				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
1						

	The Instrue	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 7/34 Rpt: 10/39		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		y Of Anesthesiologists Political Action Committee			00024940	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/09/2024	Dewan, Brian				\$84.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78731-3504				
8		pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/04/2024	Drees, Jeffrey				\$85.00
		Contributor address; City; State; Zip Code				
		Corsicana, TX 75110-1518				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/12/2024	Dupont, Cedric				\$100.00
		Rollingwood, TX 78746				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Physician					
	Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/06/2024	Eddings, Joseph				\$85.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78759				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Physician					
	Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/13/2024	Ellis, Stephen				\$84.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75219				
F	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Physician					
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	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 8/34 Rpt: 11/39	
2	FILER NAME			3	Filer ID (Ethics Commission	i Filers)
	Texas Socie	ty Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor out-of-state PAC (ID#	:)	7	Amount of Contribution (\$)	
	12/09/2024	Emelife, Patrick				\$84.00
		6 Contributor address; City; State; Zip Code				
		Grand Prairie, TX 75054				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#	t:)	Γ	Amount of Contribution (\$)	
	12/13/2024	Erian, Ralph				\$84.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78212	<u>.</u>			
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#)	Γ	Amount of Contribution (\$)	
	12/10/2024	Farmer, Lisa				\$84.00
		Contributor address; City; State; Zip Code				
	Duincipal acou	Galveston, TX 77551		Ĺ		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	-			-		
	Date	Full name of contributor out-of-state PAC (ID#)		Amount of Contribution (\$)	÷04.00
	12/10/2024	Fay, James				\$84.00
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78628				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> נו		
	Physician			<i>)</i>		
╞	-	Full name of contributor out-of-state PAC (ID#		Г	Amount of Contribution (\$)	
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID# Fischer, Stefanie	:)			\$84.00
	12/10/2024					Φ0 4 .00
		Contributor address; City; State; Zip Code				
		Galveston, TX 77551-1568				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 3)		
	Physician	, , , , , , , , , , , , , , , , , , ,		-,		
⊢						

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 9/34 Rpt: 12/39
2 FILER NAME 3	3 Filer ID (Ethics Commission Filers)
Texas Society Of Anesthesiologists Political Action Committee	00024940
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7	7 Amount of Contribution (\$)
12/16/2024 Ford, Dina	\$84.00
6 Contributor address; City; State; Zip Code	
Houston, TX 77096	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Physician	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/23/2024 Foshee, Sarah	\$250.00
Contributor address; City; State; Zip Code	
Houston, TX 77005-2912	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Physician	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/09/2024 Foss, Prisila	\$84.00
Contributor address; City; State; Zip Code	
Allen, TX 75013	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Physician	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/18/2024 Funston, Joe	\$250.00
Contributor address; City; State; Zip Code	
Colverter TX 77EEE 0E01	
Galveston, TX 77555-0591	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/10/2024 Gandhi, Samir	\$84.00
Contributor address; City; State; Zip Code	
San Antonio, TX 78229	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Physician	

	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/34 Rpt: 13/39	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Socie	ty Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/11/2024	Garcia-Bigger, Judy				\$84.00
		6 Contributor address; City; State; Zip Code				
		Round Rock, TX 78665				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/10/2024	Gardner, Kelly	/			\$84.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78257-1758				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions			
	Physician					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/12/2024	Giam, Patrick	/			\$42.00
		Contributor address; City; State; Zip Code				+ 12100
		Contributor address, City, State, Zip Code				
		Houston, TX 77005				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	.		
	Physician					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/10/2024	Gibbons, Stacey				\$84.00
		Contributor address; City; State; Zip Code				
		League City, TX 77573				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/09/2024	Glenesk, Niklas				\$84.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75206				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 ;)		
	Physician					
⊢						

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 11/34 Rpt: 14/39
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Socie	ty Of Anesthesiologists Political Action Committee		00024940
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
12/11/2024	Glover, Chris		\$84.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77030		
	pation / Job title (See Instructions)	9 Employer (See Instructions	
Physician			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/18/2024	Guess, Rebecca		\$250.00
	Contributor address; City; State; Zip Code		
	Waco, TX 76712		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/02/2024	Gunst, Matthew		\$250.00
	Contributor address; City; State; Zip Code		
	Tyler, TX 75707		
	upation / Job title (See Instructions)	Employer (See Instructions	
Physician			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/10/2024	Guragain, Richesh		\$84.00
	Contributor address; City; State; Zip Code		
	League city, TX 77573	•	
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
12/12/2024	Gurkowski, Mary Ann		\$83.34
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78240-1729		
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Physician			
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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 12/34 Rpt: 15/39	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		ty Of Anesthesiologists Political Action Committee	9		00024940	
4	Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7	Amount of Contribution (\$)	
	12/11/2024	Hagberg, Carin				\$84.00
		6 Contributor address; City; State; Zip Code		1		
		Houston, TX 77030-3722				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Physician	, , , , , , , , , , , , , , , , , , ,		,		
⊨	Date	Full name of contributor Out-of-state PAC (ID;		Г	Amount of Contribution (\$)	
	12/10/2024	Hancher, Shannon	///			\$84.00
	12/10/2024					Q04.00
		Contributor address; City; State; Zip Code				
		Bellaire, TX 77401				
_	Dringingloggy		Employer (Coo Instruction			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician			_		
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	12/12/2024	Hardman, Bailor				\$84.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75205				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	12/19/2024	Harvey, Benjamin				\$100.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77055				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
╞	Date	Full name of contributor out-of-state PAC (ID#		Г	Amount of Contribution (\$)	
	12/11/2024	Havalda, Diane	/·····································			\$84.00
	10,11,2021			ł		¢0 1.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78258-3176				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician)		
⊢	TYSICIALI					
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/34 Rpt: 16/39	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Socie	y Of Anesthesiologists Political Action Committee			00024940	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/12/2024	Hayes, W. Brendan	/	-	(1)	\$250.00
	12,12,2021	6 Contributor address; City; State; Zip Code				\$200.00
		Contributor address, City, State, Zip Code				
		Fort Worth, TX 76109-4609				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> ເ)		
ľ	Physician			,		
⊢	-	Full name of contributor Out-of-state PAC (ID#:			Amount of Contribution (⁴)	
	Date 12/04/2024)		Amount of Contribution (\$)	¢42.00
	12/04/2024	Hernandez, Raul				\$42.00
		Contributor address; City; State; Zip Code				
		Rio Grande City, TX 78582				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	Physician)		
╘						
	Date)		Amount of Contribution (\$)	
	12/13/2024					\$100.00
		Contributor address; City; State; Zip Code				
		Garland, TX 75044				
_	Dringing ogg	pation / Job title (See Instructions)	Employer (See Instructions			
	Physician			<i>י</i> י		
╞	-			_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	# 15 00
	12/05/2024	Hines, Clayton				\$45.00
		Contributor address; City; State; Zip Code				
		Decument TV 7770F				
	Duin aire al a sau	Beaumont, TX 77705	Frankriger (Oser hastmatism	Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician			_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/09/2024	Hofkamp, Michael				\$84.00
		Contributor address; City; State; Zip Code				
L		Round Rock, TX 78681				
I		pation / Job title (See Instructions)	Employer (See Instructions	5)		
L	Physician					
1						

The	Instru	tion Guide explains how to complete	this form.	1	Total pages Schedule A1: Sch: 14/34 Rpt: 17/39	
2 FILE	R NAME			3	Filer ID (Ethics Commission	n Filers)
Теха	as Societ	y Of Anesthesiologists Political Action Comm	ittee		00024940	
4 Date	,	5 Full name of contributor out-of-state PA	C (ID#:	_) 7	Amount of Contribution (\$)	
12/1	1/2024	Hollenshead, Andy				\$84.00
		6 Contributor address; City; State; Zip Code				
		Dallas, TX 75219				
		pation / Job title (See Instructions)	9 Employer (See Inst	tructions)		
Phys	sician					
Date		Full name of contributor out-of-state PA	C (ID#:		Amount of Contribution (\$)	
12/1	1/2024	Huang, Henry				\$20.83
		Contributor address; City; State; Zip Code				
		Houston, TX 77055				
	•	pation / Job title (See Instructions)	Employer (See Inst	ructions)		
Pnys	sician					
Date			C (ID#:		Amount of Contribution (\$)	
12/0	9/2024	Hurlburt, Brian				\$84.00
		Contributor address; City; State; Zip Code				
		Decument TV 77706				
Drine		Beaumont, TX 77726				
	sician	pation / Job title (See Instructions)	Employer (See Inst	ructions)		
Date		Full name of contributor out-of-state PA	C (ID#:		Amount of Contribution (\$)	±150.00
12/1	.1/2024	Hutson, Larry				\$150.00
		Contributor address; City; State; Zip Code				
		Temple, TX 76502				
Princ	rinal occu	pation / Job title (See Instructions)	Employer (See Inst	ructions)		
	sician			lucuonoj		
		Full name of contributor Out-of-state PA		,	Amount of Contribution (¢)	
Date 12/1	0/2024	Full name of contributor 🛛 out-of-state PA	C (ID#:)	Amount of Contribution (\$)	\$84.00
12/1	.0/2024					Ψ0 4 .00
		Contributor address; City; State; Zip Code				
		El Paso, TX 79912				
Princ	cipal occu	pation / Job title (See Instructions)	Employer (See Inst	ructions)		
	sician					
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	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 15/34 Rpt: 18/39	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Socie	ty Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/11/2024	Jameson, Lauren				\$8.33
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77098				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Physician					
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/09/2024	Jenkins, Kalan			-	\$84.00
		Contributor address; City; State; Zip Code				
		I				
		Salado, TX 76571				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/10/2024	Jones, Chauncey				\$84.00
		Contributor address; City; State; Zip Code				
		Magnolia, TX 77355				
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/12/2024	Jones, Zachary				\$100.00
		Contributor address; City; State; Zip Code				
		Frisco, TX 75036				
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/11/2024	Kenjarski, Thomas				\$84.00
		Contributor address; City; State; Zip Code				
		Delles TX 75242				
	Deir singl oppu	Dallas, TX 75243	Employer (Cas Instructions	<u> </u>		
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician					

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 16/34 Rpt: 19/39	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		y Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/10/2024	Kercheville, Scott				\$84.00
		6 Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78215				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Physician			<i>,</i>		
	-			<u> </u>		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	#04.00
	12/12/2024	Khorsand, Sarah				\$84.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75229				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/09/2024	King, R. Baker	/			\$84.00
		Contributor address, City, State, Zip Code				
		San Antonio, TX 78232				
⊢	Dringing ogg		Employer (See Instructions	<u> </u>		
	Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	FIIYSICIAII			_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/09/2024	Koehler, Michelle				\$84.00
		Contributor address; City; State; Zip Code		1		
		New Braunfels, TX 78132				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Physician					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	12/12/2024	Kolle, Bracken				\$84.00
	12/12/2024					Ψ04.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77042		Ĺ		
I		pation / Job title (See Instructions)	Employer (See Instructions	5)		
L	Physician					
1						

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 17/34 Rpt: 20/39
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Socie	ty Of Anesthesiologists Political Action Committee		00024940
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/20/2024	Konvicka, James		\$84.0
	6 Contributor address; City; State; Zip Code		
	Belton, TX 76513		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/10/2024	Koppang, Erik		\$84.0
	Contributor address; City; State; Zip Code		
	Fair Oaks, TX 78015-4627		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/04/2024	Kroger, John	/	\$20.0
	League City, TX 77573		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Physician			
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/20/2024	Kwater, Andrzej		\$84.0
	Contributor address; City; State; Zip Code		
	Houston, TX 77009		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	
Physician			
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/11/2024	Lasseter, Adam	/	\$84.0
	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	Austin, TX 78704		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	l s)
Physician		, , , , , , , , , , , , , , , , , , , ,	·
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 18/34 Rpt: 21/39	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Texas Socie	y Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/18/2024	Lindberg, Scott	/			\$100.00
		6 Contributor address; City; State; Zip Code				+200.00
		Contributor address, City, State, Zip Code				
		Katy, TX 77494				
ŀ	Drincipal occu		9 Employer (See Instructions	<u> </u>		
ľ	Physician)		
	FIIYSICIAII			_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/11/2024	Littlejohn, Martin				\$42.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78254				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/11/2024	Luong, Linh				\$25.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77030				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	. 5)		
	Physician					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/27/2024	Mackey, David	/			\$1,000.00
		Contributor address; City; State; Zip Code				
		contributor address, ony, state, zip code				
		Houston, TX 77030				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	Physician			,		
⊨	-			<u> </u>	Amount of Contribution (f)	
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$84.00
	12/11/2024					Φ04.00
		Contributor address; City; State; Zip Code				
		Cuproce TX 77420				
┡	Deinstrad	Cypress, TX 77429		<u> </u>		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/34 Rpt: 22/39	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		y Of Anesthesiologists Political Action Committee			00024940	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/13/2024	Margolis, Mark				\$250.00
		6 Contributor address; City; State; Zip Code		1		
		Dallas, TX 75219				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/12/2024	Markham, Travis				\$84.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77030				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
⊢	Date	Full name of contributor out-of-state PAC (ID#:_)	Г	Amount of Contribution (\$)	
	12/09/2024	Masel, Brian				\$84.00
		Galveston, TX 77555				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>.</u> 5)		
	Physician					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/16/2024	McGehee, Frank)		(1)	\$500.00
		Contributor address; City; State; Zip Code				
		contributor address, city, state, zip code				
		Midland, TX 79704				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	1 5)		
	Physician			,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	<u> </u>	Amount of Contribution (\$)	
	12/11/2024	McWilliams, Sara)			\$84.00
	12/11/2024			-		Ψ04.00
		Contributor address; City; State; Zip Code				
		Boerne, TX 78006				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> נו		
	Physician			7)		
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 20/34 Rpt: 23/39	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		ty Of Anesthesiologists Political Action Committee			00024940	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/11/2024	Mehta, Jaideep				\$84.00
	ł	6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78731				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/12/2024	Merchun, Christopher				\$41.67
		Contributor address; City; State; Zip Code		ł		
		Dallas, TX 75219				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/13/2024	Mercier, David				\$84.00
				ł		
		Dallas, TX 75229				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/12/2024	Merutka, Nicholas				\$25.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77002				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/12/2024	Miller, Christopher				\$84.00
		Contributor address; City; State; Zip Code		1		
		Arlington, TX 76015-3604				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 21/34 Rpt: 24/39	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Socie	y Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/09/2024	Moore, Adam	/			\$84.00
		6 Contributor address; City; State; Zip Code				<i>+0</i>
		Contributor address, City, State, Zip Code				
		New Braunfels, TX 78132-0110				
0	Principal occu		9 Employer (See Instructions	<u> </u> י)		
ľ	Physician			<i>•</i>)		
╘						
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/04/2024	Moorman, Andrew				\$84.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75219				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/10/2024	Moulin, Victor				\$41.67
		Contributor address; City; State; Zip Code				
		Houston, TX 77059				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Physician					
F	Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/11/2024	Mousa, Victoria	,			\$25.00
		Contributor address; City; State; Zip Code				
		Conroe, TX 77304				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Physician	, , ,		,		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	`		Amount of Contribution (\$)	
	12/11/2024)		Amount of Contribution (\$)	\$84.00
	12/11/2024					φ04.00
		Contributor address; City; State; Zip Code				
		Houston TX 77007				
⊢	Deinstrad	Houston, TX 77007				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
∟	Physician					
L						

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 22/34 Rpt: 25/39	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Socie	ty Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/09/2024	Muro, Rene				\$84.00
		6 Contributor address; City; State; Zip Code				
		El Paso, TX 79922				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> ة)		
	Physician					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/12/2024	Nelson, Vincent	/		,	\$250.00
		Contributor address; City; State; Zip Code				··
		Houston, TX 77007-7046				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Physician	· ·				
⊨	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>)	Γ	Amount of Contribution (\$)	
	12/11/2024	Normand, Katherine	/			\$84.00
		Contributor address; City; State; Zip Code				+0
		I				
		Houston, TX 77079				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/09/2024	Norrell, Stacy			-	\$84.00
		Contributor address; City; State; Zip Code				
		I				
		Magnolia, TX 77355				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/09/2024	Nwokolo, Omonele				\$84.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77030				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					

	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 23/34 Rpt: 26/39		
2	FILER NAME			3	Filer ID (Ethics Commission	i Filers)
	Texas Socie	ty Of Anesthesiologists Political Action Committee			00024940	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/09/2024	Odeh, Jaffer				\$84.00
		6 Contributor address; City; State; Zip Code				
		Dallas, TX 75390-9068				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
╞						
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 04.00
	12/10/2024	Ok, John				\$84.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75251-2237				
⊢	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician			'		
╞	Date	Full name of contributor Out-of-state PAC (ID#:	`		Amount of Contribution (\$)	
	12/11/2024	Full name of contributor out-of-state PAC (ID#: Ombaba, Siang)		Amount of Contribution (\$)	\$250.00
	12/11/2024					φ230.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78260				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/11/2024	Ortiz, Jaime				\$84.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77025				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/12/2024	Osborn, Matthew				\$25.00
		Contributor address; City; State; Zip Code				
L	<u> </u>	Seguin, TX 78155	- - - - - - - - - -	Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician					
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	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 24/34 Rpt: 27/39	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Societ	ty Of Anesthesiologists Political Action Committee			00024940	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/10/2024	Padakandla, Udaya				\$84.00
		6 Contributor address; City; State; Zip Code				
		l				
		Carrollton, TX 75010				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/10/2024	Pandya, Vrunda				\$84.00
	Contributor address; City; State; Zip Code					
		l				
		Boerne, TX 78006-1802				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/12/2024	Perry, Jeremie				\$84.00
		Contributor address; City; State; Zip Code				
		Abilana TV 70606				
\vdash	Dringingl occu	Abilene, TX 79606 pation / Job title (See Instructions)	Employer (Soo Instructions	<u> </u>		
	Physician		Employer (See Instructions	5)		
╘	-					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	#04.00
	12/10/2024	Peterson, Mary Dale				\$84.00
		Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78404				
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician			"		
⊢	-			<u> </u>	Amount of Contribution (#)	
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#: Phillips, Cooper)		Amount of Contribution (\$)	\$41.67
	12/11/2024					Φ 41.0 7
		Contributor address; City; State; Zip Code				
		Lubbock, TX 79430				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L;)		
	Physician	,	— F - J - (-	,		
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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				3	Filer ID (Ethics Commission	ו Filers)
	Texas Socie	ty Of Anesthesiologists Political Action	n Committee			00024940	
4	Date	5 Full name of contributor out-of	f-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/09/2024	Pivalizza, Evan	· · · · · · ·				\$84.00
		6 Contributor address; City; State; Zip C	nde				• -
	I		2000				
	l						
	l	Tyler, TX 75708					
8	Principal occu	pation / Job title (See Instructions)	!	9 Employer (See Instructions	. 5)		
	Physician						
⊨	Date	Full name of contributor	f-state PAC (ID#:)		Amount of Contribution (\$)	
	12/11/2024	Plagenhoef, Jeffrey	- Jacob	/			\$84.00
		Contributor address; City; State; Zip C	nde				+ - -
	l		2000				
	I						
	I	Southlake, TX 76092					
\vdash	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	. 5)		
	Physician						
⊨	Date	Full name of contributor	f-state PAC (ID#:)		Amount of Contribution (\$)	
	12/13/2024	Rahlfs, Thomas					\$83.34
		Contributor address; City; State; Zip C	ode.				·
	I		2000				
	I						
	I	Houston, TX 77079					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician						
⊨	Date	Full name of contributor out-of	f-state PAC (ID#:)		Amount of Contribution (\$)	
	12/11/2024	Rane, Mihir					\$84.00
	I	Contributor address; City; State; Zip C	Code				
	I						
	I						
		Dalas, TX 75209					
Γ		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician						
	Date	Full name of contributor out-of	f-state PAC (ID#:)		Amount of Contribution (\$)	
	12/06/2024	Rasch, Deborah					\$250.00
		Contributor address; City; State; Zip C	Code		1		
	I						
	l						
		Boerne, TX 78006-8591					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician						

	The Instruc	ction Guide explains how to complete thi	1	Total pages Schedule A1: Sch: 26/34 Rpt: 29/39		
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Socie	ty Of Anesthesiologists Political Action Committe	e		00024940	
4	Date	5 Full name of contributor out-of-state PAC (II		7	Amount of Contribution (\$)	
	12/13/2024	Rebal, Brett				\$84.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78746				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Physician					
⊨	Date	Full name of contributor out-of-state PAC (II	 D#:)	Γ	Amount of Contribution (\$)	
	12/10/2024	Rebello, Elizabeth	,		()	\$84.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77005				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					
╞	Date	Full name of contributor out-of-state PAC (II	 D#:)	Γ	Amount of Contribution (\$)	
	12/12/2024	Reed, LoriJean	/			\$84.00
		Dallas, TX 75230				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					
	Date	Full name of contributor out-of-state PAC (II	 D#:)	Γ	Amount of Contribution (\$)	
	12/04/2024	Remster, Jeffrey				\$84.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75206				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					
⊨	Date	Full name of contributor 🛛 out-of-state PAC (II	 D#:)	Γ	Amount of Contribution (\$)	
	12/12/2024	Richards, Jeffrey				\$84.00
		Contributor address; City; State; Zip Code				
		League City, TX 77573-6273				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					
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	The Instrue	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 27/34 Rpt: 30/39	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Socie	y Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor Out-of-state PAC (ID#	÷	7	Amount of Contribution (\$)	
	12/10/2024	Rivera, Alan				\$84.00
		6 Contributor address; City; State; Zip Code				
		Lubbock, TX 79416				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#	*)		Amount of Contribution (\$)	
	12/11/2024	Rochkind, Jessica				\$84.00
		Contributor address; City; State; Zip Code				
		Galveston, TX 77551				
	-	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#	:)		Amount of Contribution (\$)	
	12/11/2024	Roland, Gavin				\$25.00
		Contributor address; City; State; Zip Code		1		
		Missouri City, TX 77489		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician			_		
	Date	Full name of contributor out-of-state PAC (ID#	±)		Amount of Contribution (\$)	
	12/11/2024	Rondeau, Bryan				\$83.34
		Contributor address; City; State; Zip Code				
		Temple, TX 76502				
_	Dringing ogg	pation / Job title (See Instructions)	Employer (See Instructions	$\frac{1}{2}$		
	Physician		Employer (See Instructions	»)		
╞	_			_		
	Date	Full name of contributor out-of-state PAC (ID#	:)		Amount of Contribution (\$)	¢04.00
	12/09/2024					\$84.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78723				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ו</u> ג)		
	Physician			-)		
⊢	,					

	The Instrue	ction Guide explains how to complete this fo	vrm.	1	Total pages Schedule A1: Sch: 28/34 Rpt: 31/39	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Socie	ty Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/10/2024	Saluja, Vijay				\$41.67
		6 Contributor address; City; State; Zip Code				
		Frisco, TX 75035				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/11/2024	Samples, Darren				\$62.50
		Contributor address; City; State; Zip Code				
		Helotes, TX 78023				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/12/2024	Sarmiento, Stephen				\$85.00
		Contributor address; City; State; Zip Code				
		Plano, TX 75093				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/11/2024	Schlegel, Levi				\$250.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75201				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/09/2024	Scott, John				\$84.00
		Contributor address; City; State; Zip Code				
		Keller, TX 76248-4203				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician					

	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 29/34 Rpt: 32/39	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Socie	ty Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/12/2024	Selassie, Rahel				\$84.00
		6 Contributor address; City; State; Zip Code				
		· · · · · · · · · · · · · · · · · · ·				
		Manvel, TX 77578				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/11/2024	Sen, Sudipta				\$84.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77025-1604				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/09/2024	Sheppard, Shaina			• •	\$84.00
		Contributor address; City; State; Zip Code		1		
		Round Rock, TX 78664				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/04/2024	Shu, Stephen				\$84.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75219				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/12/2024	Stamatakos, Todd				\$85.00
		Contributor address; City; State; Zip Code				
		Frisco, TX 75034				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
1						

MONETARY POLITICAL CONTRIBUTIONS **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 30/34 Rpt: 33/39 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Society Of Anesthesiologists Political Action Committee 00024940 **5** Full name of contributor 7 Amount of Contribution (\$) 4 Date out-of-state PAC (ID#:_

	12/10/2024	Street, Austin			\$84.00
		6 Contributor address; City; State; Zip Code			
		Dallas, TX 75229-2722			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Physician				
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	12/09/2024	Taneja, Rishi			\$84.00
		Contributor address; City; State; Zip Code			
		Dallas, TX 75230			
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician				
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	12/13/2024	Teegarden, Beth			\$62.50
		Contributor address; City; State; Zip Code			
		Galveston, TX 77555			
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician	· · · ·	,		
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	12/11/2024	Torres, Laura			\$259.00
		Contributor address; City; State; Zip Code			
		Missouri City, TX 77459			
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician				
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	*• • • •
	12/11/2024	Tsai, January			\$84.00
		Contributor address; City; State; Zip Code			
		Houston, TX 77005			
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician	· · · ·	· · · · · · · · · · · · · · · · · · ·		
⊢					

	The Instruc	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 31/34 Rpt: 34/39	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Socie	ty Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/12/2024	Tunink, Bryan				\$62.50
		6 Contributor address; City; State; Zip Code				
	ſ					
	ſ					
	ſ	Southlake, TX 76092				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> 5)		
Ĩ	Physician			-)		
╞	-			<u> </u>	Amount of Contribution (ft)	
	Date	Full name of contributor out-of-state PAC (ID#:))		Amount of Contribution (\$)	#04.00
	12/10/2024	Vidaurri, Lytorre				\$84.00
		Contributor address; City; State; Zip Code				
	ſ					
	ſ					
		Austin, TX 78726-1453				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/12/2024	Vu-Boyer, Lisa				\$100.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75219				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/18/2024	Waits, Alexandra			· · · · · · · · · · · · · · · · · · ·	\$25.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77006				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ו</u> ג)		
	Physician			-,		
⊨	-	Full name of contributor out-of-state PAC (ID#:	<u> </u>	1	Amount of Contribution (¢)	
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#: Wajima, Yutaka)		Amount of Contribution (\$)	\$84.00
	12/09/2024	-				Φ04.00
		Contributor address; City; State; Zip Code				
		Austin TV 70701				
⊢		Austin, TX 78731		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					

	The Instrue	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/34 Rpt: 35/39	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Socie	y Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/11/2024	Weiss, Lisa				\$83.34
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77018				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/27/2024	Wells, Kristen				\$84.00
		Contributor address; City; State; Zip Code				
		Addison, TX 75001				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/04/2024	West, Mary				\$25.00
		Contributor address; City; State; Zip Code				
		Irving, TX 75061				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/11/2024	Whitman, Frances				\$84.00
		Contributor address; City; State; Zip Code				
⊢	Drineirelessu	Frisco, TX 75034				
	Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	-			_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	*• • • • •
	12/10/2024	Williams, George				\$84.00
		Contributor address; City; State; Zip Code				
		Houston TX 77020				
┡	Drinoinal accord	Houston, TX 77030	Employer (See Instruction			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	り		
⊢	пузыан					

	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 33/34 Rpt: 36/39	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		ty Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/09/2024	Wood, Ashley				\$84.00
		6 Contributor address; City; State; Zip Code				
		McKinney, TX 75072				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
╞	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	12/09/2024	Woods, Amy	/		Allount of Contribution (+)	\$84.00
	12,00,2.2	Contributor address; City; State; Zip Code				* •
	Contributor address, City, State, zip Code					
		Dallas, TX 75390-9068				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/17/2024	Wright, Crystal				\$83.34
		Contributor address; City; State; Zip Code				
		Lauston TV 77005				
\vdash	Brincipal occu	Houston, TX 77005 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician)		
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/10/2024	Yolland, Michael				\$84.00
		Contributor address; City; State; Zip Code				
		Galveston, TX 77555				
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/10/2024	Zaafran, Sherif				\$75.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77055-7016				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician)		
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	MONET	ARY POLITICAL CONTRIBUTIONS	5	SCHEDULE A1		
	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 out-of-state PAC (ID#: Zerwas, John 6 Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$) \$84.00		
8	Principal occu	Richmond, TX 77406 pation / Job title (See Instructions) 9 E	mployer (See Instructions	ns)		
	Physician					

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule B: Sch: 1/1 Rpt: 38/39				
2	FILER NAME	E		3	Filer ID	(Ethics (Commission Filers)	
	Texas Society Of Anesthesiologists Political Action Committee				00024940			
4	TOTAL OF	UNITEMIZED PLEDGES			\$			0.00
5	Date	6 Full name of pledgor Out-of-state PA	NC (ID#:)	8	Amount of pledge (\$)	9 	9 In-kind description (If applicable)	
		7 Pledgor Address; City; State; Zip) Code		Check if trave	l I I el outside	of Texas. Complete Sch	iedule T.
10 Principal occupation / Job title (See Instructions)			11 Employer (See Instru	ictio	ns)			

LOANS					SCHEDUL	_E E
The Instructio	ges Schedule E: L Rpt: 39/39					
2 FILER NAME Texas Society O	(Ethics Commission I 940	Filers)				
⁴ TOTAL OF UN		\$	0.00			
5 Date of loan	5 Date of loan 7 Name of lender Out-of-state PAC (ID#:					
6 Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate11 Maturity Date	
12 Principal occupatio	on / Job title (See Instructions)		13 Employer (See Instructions	5)		
14 Description of Coll	ateral		15 Check if personal funds we	ere deposited	l into political account (See Instructions)	
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guarantee	ed (\$)
not applicable	18 Guarantor address; City;	State;	Zip Code			
20 Principal occupation)n		21 Employer (See Instructions	5)		
			I			