

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00068176	<b>2</b> Total pages filed: 37
<b>3</b> COMMITTEE NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 01/15/2025	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3625 North Hall St Suite 800 Dallas, TX 75219		
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Dr. John <hr/> NICKNAME LAST SUFFIX Rosener		
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3625 North Hall Street Suite 800 Dallas, TX 75219		
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3625 North Hall Street Suite 800 Dallas, TX 75219		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 277-6096		
<b>9</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
<b>10</b> PERIOD COVERED	Month Day Year      THROUGH      Month Day Year 10/27/2024      12/31/2024		
<b>11</b> ELECTION	ELECTION DATE      ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 11/05/2024 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Metropolitan Anesthesia Consultants, LLP Political Action Committee	<b>13 Filer ID</b> (Ethics Commission Filers) 00068176
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Dan Patrick State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,600.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 11,000.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 66,039.68
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 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. John Rosener  
\_\_\_\_\_  
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

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

<b>12 COMMITTEE NAME</b> Metropolitan Anesthesia Consultants, LLP Political Action Committee	<b>13 Filer ID</b> (Ethics Commission Filers) 00068176
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Brent Hagenbuch State Senator
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Venton Jones State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

# SUBTOTALS - GPAC

<b>17 COMMITTEE NAME</b> Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>18 Filer ID</b> (Ethics Commission Filers) 00068176
<b>19 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,600.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 11,000.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,379.71
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/31 Rpt: 5/37
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 10/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Akaluso, Chinenye <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Akaluso, Chinenye <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allison, Michael <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allison, Michael <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Andrade, Emilio <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/31 Rpt: 6/37
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 10/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Andrade, Emilio <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker, MacArthur <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker, MacArthur <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brekke, Jeffrey <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brekke, Jeffrey <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/31 Rpt: 7/37
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Marc <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Marc <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bryant, Glenn <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bryant, Glenn <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cardini, Tiffany <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/31 Rpt: 8/37
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cardini, Tiffany <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chan, Calvin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chan, Calvin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cirone, Anthony <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cirone, Anthony <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/31 Rpt: 9/37
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Courtney, Paul <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Courtney, Paul <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Culpepper, Donnie <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Culpepper, Donnie <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Deshpande, Pranav <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/31 Rpt: 10/37
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 10/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Deshpande, Pranav <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Draghinas, David <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Draghinas, David <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ellis, Stephen <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ellis, Stephen <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/31 Rpt: 11/37
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fleishman, Ari <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fleishman, Ari <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foss, Prisila <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foss, Prisila <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foster, Tabitha <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/31 Rpt: 12/37
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foster, Tabitha <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Tony <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Tony <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Geiser, John <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Geiser, John <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/31 Rpt: 13/37
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibson, Valentine <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibson, Valentine <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Glenesk, Niklas <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Glenesk, Niklas <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haldeman, Richard <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/31 Rpt: 14/37
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haldeman, Richard <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$)  \$42.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hale Wattiker, Brittani <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hale Wattiker, Brittani <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hayes, Christopher <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hayes, Christopher <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/31 Rpt: 15/37
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 10/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hein, Tillmann <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hein, Tillmann <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hemingway, Erik <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hemingway, Erik <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Highfill, Erin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/31 Rpt: 16/37
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Highfill, Erin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hollenshead, Andy <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hollenshead, Andy <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jackson, Joe <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jackson, Joe <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/31 Rpt: 17/37
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 12/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Zachary <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Zachary <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Zachary <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Karn, Jacquelin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Karn, Jacquelin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/31 Rpt: 18/37
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Koshy, Daniel	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106		
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Koshy, Daniel	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Dallas, TX 75219-5106		
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kwon, Min	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Dallas, TX 75219-5106		
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kwon, Min	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Dallas, TX 75219-5106		
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lankford, Lawrence	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Dallas, TX 75219-5106		
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/31 Rpt: 19/37
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 10/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lankford, Lawrence <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mahowald, Matt <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mahowald, Matt <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Margolis, Mark <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Margolis, Mark <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/31 Rpt: 20/37
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 10/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Matthews, Varghese <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Matthews, Varghese <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Merchun, Christopher <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Merchun, Christopher <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Christopher <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/31 Rpt: 21/37
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Christopher <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moorman, Andrew <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moorman, Andrew <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morton, Stan <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morton, Stan <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/31 Rpt: 22/37
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 10/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Musick, Devin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Musick, Devin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pace, Justin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pace, Justin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pang, Don <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/31 Rpt: 23/37
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pang, Don <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parikh, Monisha <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parikh, Monisha <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patel, Muhammad <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patel, Muhammad <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/31 Rpt: 24/37
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perry, Paul <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perry, Paul <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perry, Paul <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rane, Clarissa <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rane, Clarissa <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/31 Rpt: 25/37
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 10/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rane, Mihir <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$)  \$42.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rane, Mihir <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rastogi, Akhil <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rastogi, Akhil <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Remster, Jeffrey <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/31 Rpt: 26/37
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Remster, Jeffrey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rew, Charles <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rew, Charles <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rock, Kerry <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rock, Kerry <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/31 Rpt: 27/37
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 10/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rosener, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rosener, John <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salmon, Shelby <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salmon, Shelby <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Santini, Mario <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/31 Rpt: 28/37
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Santini, Mario <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sarmiento, Stephen <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sarmiento, Stephen <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saunders, Clark <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saunders, Clark <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/31 Rpt: 29/37
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shu, Stephen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shu, Stephen <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shults, Justin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shults, Justin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Siskowski, Matthew <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/31 Rpt: 30/37
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 10/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Siskowski, Matthew <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sistla, Aditya <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sistla, Aditya <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sparkman, Caroline <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sparkman, Caroline <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/31 Rpt: 31/37
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 10/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stamatakos, Todd <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stamatakos, Todd <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Steffek, Haden <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Steffek, Haden <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sunny, Jamie <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/31 Rpt: 32/37
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sunny, Jamie	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106		
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Syed, Sannoor	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Dallas, TX 75219-5106		
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Syed, Sannoor	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Dallas, TX 75219-5106		
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Taneja, Rishi	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Dallas, TX 75219-5106		
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Taneja, Rishi	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Dallas, TX 75219-5106		
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/31 Rpt: 33/37
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Toung, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Toung, David <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villegas, Melissa <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villegas, Melissa <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vu, Lisa <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/31 Rpt: 34/37
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vu, Lisa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weaver, Robert <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weaver, Robert <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) West, Mary <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) West, Mary <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/31 Rpt: 35/37
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 10/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yan, Dawn	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
<b>Date</b> 11/30/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yan, Dawn	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 36/37	<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action	<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 12/09/2024	<b>5</b> Payee name Brent Hagenbuch Campaign	
<b>6</b> Amount (\$) \$5,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2800 Shoreline Dr #310  Denton, TX 76210-4410	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 12/05/2024	Payee name Texans for Dan Patrick	
Amount (\$) \$5,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 685085  Austin, TX 78768-5085	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 12/13/2024	Payee name Venton Jones For Texas	
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1075 Griffin St, West  Dallas, TX 75215-1026	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political	3 Filer ID (Ethics Commission Filers) 00068176
4 Date 12/10/2024	5 Payee name King, Karen	
6 Amount (\$)  916.86 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 4285 Glenhurst Lane  Frisco, TX 75033	
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See instructions for examples of acceptable categories) Solicitation/Fundraising Expense	<b>(b) Description</b> (See instructions regarding type of information required.) Reimbursement for Fundraising Expenses
Date 11/17/2024	Payee name Sarmiento, Stephen	
Amount (\$)  369.50 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3625 N Hall St Ste 800  Dallas, TX 75219	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See instructions for examples of acceptable categories) Travel Out of District	<b>(b) Description</b> (See instructions regarding type of information required.) Travel and Lodging for a Fundraiser
Date 12/04/2024	Payee name Sarmiento, Stephen	
Amount (\$)  93.35 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3625 N Hall St Ste 800  Dallas, TX 75219	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See instructions for examples of acceptable categories) Travel Out of District	<b>(b) Description</b> (See instructions regarding type of information required.) Rental Car Expense