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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID (Ethics Commission Filers)			
Metropolitan Anesthes	sia Consultants, LLP Pol	itical Action Committee	00068176			
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Dan Patrick State Representa	ıtive			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00		
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	8,600.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00		
	4. TOTAL POLITICA	L EXPENDITURES	\$	11,000.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	66,039.68		
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00		
16 AFFIDAVIT			<u> </u>			
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.				
		Dr. Johr	n Rosener			
		Signature of Ca	ımpaign Treasurer			
AFFIX NOTAR	Y STAMP / SEAL ABOVE					
Sworn to and subscribe	ed before me, by the said	, ti	his the	day		
		which, witness my hand and seal of office.				
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer	administering oath		

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 3 of 37

				rage 3 01 37
			13 Filer ID	(Ethics Commission Filers)
			00068176	
1. Candidates (Identify by name or, if applicable, classify by party.)		Brent Hagenbuch State Senato	r	
	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.)				
1. Candidates	1	Venton Jones State Representa	ative	
(Identify by name or, if applicable, classify by party.)				
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders Assisted				
applicable, classify by party.)				
	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Opposed 3. Opposed B. Opposed B. Opposed 3. Opposed 3. Opposed 3. Opposed	(Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 4. Supported Venton Jones State Representational State Representation of election and nature of issue.) B. Opposed 4. Supported B. Opposed 5. Measures (Describe by date and location of election and nature of issue.) B. Opposed 6. Supported 7. Supported 8. Supported 8. Opposed 9. Opposed 1. Supported 2. Measures (Describe by date and location of election and nature of issue.) 8. Opposed	a Consultants, LLP Political Action Committee 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 4. Supported Describe by date and location of election and nature of issue.) A. Supported Describe by date and location of election and nature of issue.) A. Supported Describe by date and location of election and nature of issue.) A. Supported Describe by date and location of election and nature of issue.) B. Opposed Describe by date and location of election and nature of issue.) B. Opposed

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			4 of 37
17 COMMITTEE NAME Metropolitan Anesthesia Consultants, LLP Political Action Comm	mittee	18 Filer ID 00068176	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTION	DNS		\$ 8,600.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL	_ CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS			\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORGANIZATION	\$		
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTED LABOR ORGANIZATION	JTIONS FROM CORPORA	ATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPO	RATION OR LABOR ORG	ANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CO	DRPORATION OR LABOR	!	\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM COI	RPORATION OR LABOR (ORGANIZATION	\$
9. SCHEDULE E: LOANS			\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM PO	LITICAL CONTRIBUTION	S	\$ 11,000.00
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM	POLITICAL CONTRIBUTION	ONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CA	ARD		\$
14. X SCHEDULE I: NON-POLITICAL EXPENDITURES FROM	POLITICAL CONTRIBUTION	ONS	\$ 1,379.71
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS TO FILER	, AND CONTRIBUTIONS	RETURNED	\$

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/31 Rpt: 5/37	
2	FILER NAME	Anasthasia Cansultanta IIID	Dolitical Action Commit	ttaa	3	Filer ID (Ethics Commission	Filers)
	-	Anesthesia Consultants, LLP			L	00068176	
4	Date 10/31/2024	Full name of contributor Akaluso, Chinenye Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
•	Dringing Loop	Dallas, TX 75219-5106	٥	Content (Content times			
8		pation / Job title (See Instructions	[8	Employer (See Instructions Matrapolitan Appathacis		ongultanta	
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	1 C	onsulants ————————————————————————————————————	
	Date 11/30/2024	Full name of contributor Akaluso, Chinenye Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	·)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 10/31/2024	Full name of contributor Allison, Michael Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		•	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	•	pation / Job title (See Instructions	5)	Employer (See Instructions		oncultanta	
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	i C	Unsulants	
	Date 11/30/2024	Full name of contributor Allison, Michael Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	·)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 11/30/2024	Full name of contributor Andrade, Emilio Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions ANESTHESIOLOGIST)	Employer (See Instructions Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL (ONTRIBUTIO	JNS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/31 Rpt: 6/37	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 10/31/2024	5 Full name of contributor Andrade, Emilio6 Contributor address; City; St)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 11/30/2024	Full name of contributor Baker, MacArthur Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	•	pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 10/31/2024	Full name of contributor Baker, MacArthur Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 10/31/2024	Full name of contributor Brekke, Jeffrey Contributor address; City; St Dallas, TX 75219-5106				Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 11/30/2024	Full name of contributor Brekke, Jeffrey Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions ANESTHESIOLOGIST	s)	Employer (See Instructions Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 3/31 Rpt: 7/37	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 11/30/2024	5 Full name of contributor Brown, Marc6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106	<u></u>				
8	PHYSICIAN	pation / Job title (See Instructions) ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia			
	Date 10/31/2024	Full name of contributor Brown, Marc Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106			L		
		pation / Job title (See Instructions) ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 11/30/2024	Full name of contributor Bryant, Glenn Contributor address; City; Sta	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$50.00
L	Principal occu	Dallas, TX 75219-5106 pation / Job title (See Instructions)	1	Employer (See Instructions	s)		
		ANESTHESIOLOGIST		Metropolitan Anesthesia			
	Date 10/31/2024	Full name of contributor Bryant, Glenn Contributor address; City; Sta Dallas, TX 75219-5106)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 10/31/2024	Full name of contributor Cardini, Tiffany Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions)		Employer (See Instructions		o no ulto nto	
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsuitants	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 4/31 Rpt: 8/37	
2	FILER NAME	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 11/30/2024	Full name of contributor Cardini, Tiffany Contributor address; City; St.	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	PHYSICIAN	pation / Job title (See Instructions ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia			
	Date 11/30/2024	Full name of contributor Chan, Calvin Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106			L		
		pation / Job title (See Instructions) ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 10/31/2024	Full name of contributor Chan, Calvin Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
L	Principal occu	Dallas, TX 75219-5106 pation / Job title (See Instructions	<u> </u>	Employer (See Instructions	;) 		
		ANESTHESIOLOGIST	,	Metropolitan Anesthesia		onsultants	
	Date 11/30/2024	Full name of contributor Cirone, Anthony Contributor address; City; St. Dallas, TX 75219-5106	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 10/31/2024	Full name of contributor Cirone, Anthony Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions)	Employer (See Instructions		o no ulto into	
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/31 Rpt: 9/37	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 11/30/2024	5 Full name of contributor Courtney, Paul6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	PHYSICIAN	pation / Job title (See Instructions ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia			
	Date 10/31/2024	Full name of contributor Courtney, Paul Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106	,		Ĺ		
		pation / Job title (See Instructions ANESTHESIOLOGIST)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 10/31/2024	Full name of contributor Culpepper, Donnie Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$50.00
	Deinsinal	Dallas, TX 75219-5106	,	Faralassa (Oasalassasiisas			
		pation / Job title (See Instructions ANESTHESIOLOGIST)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 11/30/2024	Full name of contributor Culpepper, Donnie Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 11/30/2024	Full name of contributor Deshpande, Pranav Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions ANESTHESIOLOGIST)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
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	MONEI	ARY POLITICAL (CONTRIBUTION	JNS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/31 Rpt: 10/37	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comn	nittee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 10/31/2024	5 Full name of contributor Deshpande, Pranav6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 11/30/2024	Full name of contributor Draghinas, David Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219-5106					
	·	pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 10/31/2024	Full name of contributor Draghinas, David Contributor address; City; S Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$25.00
_	Dringing con				, 		
		pation / Job title (See Instructions ANESTHESIOLOGIST	o)	Metropolitan Anesthesia		onsultants	
	Date 10/31/2024	Full name of contributor Ellis, Stephen Contributor address; City; Si Dallas, TX 75219-5106			•	Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST	s)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 11/30/2024	Full name of contributor Ellis, Stephen Contributor address; City; S Dallas, TX 75219-5106	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$50.00
	Principal occu	lpation / Job title (See Instructions	s)	Employer (See Instructions	<u>L</u>		
		ANESTHESIOLOGIST	,	Metropolitan Anesthesia		onsultants	
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	MONEI	ARY POLITICAL (ONTRIBUTIO	JNS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/31 Rpt: 11/37	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 11/30/2024	5 Full name of contributor Fleishman, Ari6 Contributor address; City; St)	7	Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 10/31/2024	Full name of contributor Fleishman, Ari Contributor address; City; St	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219-5106					
	•	pation / Job title (See Instructions	3)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 11/30/2024	Full name of contributor Foss, Prisila Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
_	Dringing coou	pation / Job title (See Instructions	.)	Employer (See Instructions	<u>'</u>		
		ANESTHESIOLOGIST)	Metropolitan Anesthesia		onsultants	
	Date 10/31/2024	Full name of contributor Foss, Prisila Contributor address; City; St Dallas, TX 75219-5106			•	Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST	s)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 10/31/2024	Full name of contributor Foster, Tabitha Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$75.00
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u>. </u>		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 8/31 Rpt: 12/37	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 11/30/2024	5 Full name of contributorFoster, Tabitha6 Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$75.00
L		Dallas, TX 75219-5106	1-				
8	PHYSICIAN	pation / Job title (See Instructions) ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia			
	Date 10/31/2024	Full name of contributor Garcia, Tony Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Delicational	Dallas, TX 75219-5106		Fundamental			
		pation / Job title (See Instructions) ANESTHESIOLOGIST	'	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 11/30/2024	Full name of contributor Garcia, Tony Contributor address; City; Sta	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$50.00
	Deinsinal assu	Dallas, TX 75219-5106 pation / Job title (See Instructions)		Frankriger (Cook landswictions	<u></u>		
		ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 10/31/2024	Full name of contributor Geiser, John Contributor address; City; Sta Dallas, TX 75219-5106	out-of-state PAC (ID#:		-	Amount of Contribution (\$)	\$42.00
	•	pation / Job title (See Instructions))	Employer (See Instructions			
L		ANESTHESIOLOGIST		Metropolitan Anesthesia	a C		
	Date 11/30/2024	Full name of contributor Geiser, John Contributor address; City; Sta Dallas, TX 75219-5106	out-of-state PAC (ID#: atte; Zip Code		•	Amount of Contribution (\$)	\$42.00
		pation / Job title (See Instructions)		Employer (See Instructions		oncultante	
	PHISICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	1 C	บารนแสกเร	

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 9/31 Rpt: 13/37	
2	FILER NAME	Anasthasia Cansultanta IIID	Dolitical Action Commit	ttaa	3	Filer ID (Ethics Commission 00068176	n Filers)
Ļ	-	Anesthesia Consultants, LLP			Ļ		
4	Date 11/30/2024	5 Full name of contributorGibson, Valentine6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Dallas, TX 75219-5106 pation / Job title (See Instructions) c	Employer (See Instructions			
ľ		ANESTHESIOLOGIST)	Metropolitan Anesthesia		oncultante	
	FITTSICIAN	ANESTTIESIOLOGIST		wetropolitari Ariestriesia	1 C		
	Date 10/31/2024	Full name of contributor Gibson, Valentine Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 11/30/2024	Full name of contributor Glenesk, Niklas Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	Principal occu	nation / Job title (See Instructions	3)	Employer (See Instructions	<u>L</u> S)		
		ANESTHESIOLOGIST	,	Metropolitan Anesthesia	C	onsultants	
	Date 10/31/2024	Full name of contributor Glenesk, Niklas Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 10/31/2024	Full name of contributor Haldeman, Richard Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$42.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions ANESTHESIOLOGIST	(3)	Employer (See Instructions Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 10/31 Rpt: 14/37	
2	FILER NAME	Anesthesia Consultants, LLP	Political Action Commit	ttee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/30/2024	Haldeman, Richard					\$42.00
		6 Contributor address; City; Si	tate; Zip Code				
		Dallas, TX 75219-5106					
8		pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/30/2024	Hale Wattiker, Brittani					\$25.00
		Contributor address; City; Si	tate; Zip Code				
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/31/2024	Hale Wattiker, Brittani					\$25.00
		Contributor address; City; Si	tate; Zip Code				
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	11/30/2024	Hayes, Christopher					\$50.00
		Contributor address; City; Si	tate; Zip Code		1		
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u>L</u> S)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/31/2024	Hayes, Christopher					\$50.00
		Contributor address; City; Si	tate; Zip Code				
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u>L</u> S)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
			<u>'</u>				

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 11/31 Rpt: 15/37	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 10/31/2024	5 Full name of contributor Hein, Tillmann6 Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	PHYSICIAN	pation / Job title (See Instructions) ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia			
	Date 11/30/2024	Full name of contributor Hein, Tillmann Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions) ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 11/30/2024	Full name of contributor Hemingway, Erik Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106	<u></u>				
	Principal occu CFO	pation / Job title (See Instructions)		Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 10/31/2024	Full name of contributor Hemingway, Erik Contributor address; City; Sta Dallas, TX 75219-5106	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 10/31/2024	Full name of contributor Highfill, Erin Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)	-	Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions)		Employer (See Instructions		oncultante	
	PHISICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	1 C	บารนแสกเร	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 12/31 Rpt: 16/37	
2	FILER NAME	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 11/30/2024	Full name of contributor Highfill, Erin Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	PHYSICIAN	pation / Job title (See Instructions ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia			
	Date 10/31/2024	Full name of contributor Hollenshead, Andy Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions ANESTHESIOLOGIST)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 11/30/2024	Full name of contributor Hollenshead, Andy Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
H	Principal occu	Dallas, TX 75219-5106 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	
	Date 11/30/2024	Full name of contributor Jackson, Joe Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 10/31/2024	Full name of contributor Jackson, Joe Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions)	Employer (See Instructions		oncultanta	
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	i C	onsullants	

	WONE	ARY POLITICAL C	ONTRIBUTIO	CNI		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/31 Rpt: 17/37	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 12/31/2024	5 Full name of contributor Jones, Zachary6 Contributor address; City; St			7	Amount of Contribution (\$)	\$200.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 11/30/2024	Full name of contributor Jones, Zachary Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$200.00
		Dallas, TX 75219-5106					
	•	pation / Job title (See Instructions	3)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 10/31/2024	Full name of contributor Jones, Zachary Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$200.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions	s)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants ————————————————————————————————————	
	Date 10/31/2024	Full name of contributor Karn, Jacqulin Contributor address; City; St Dallas, TX 75219-5106)		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 11/30/2024	Full name of contributor Karn, Jacqulin Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	
		pation / Job title (See Instructions	s)			onsultants	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 14/31 Rpt: 18/37	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 11/30/2024	Full name of contributor Koshy, Daniel Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	PHYSICIAN	pation / Job title (See Instructions) ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia			
	Date 10/31/2024	Full name of contributor Koshy, Daniel Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Deire die alle access	Dallas, TX 75219-5106		Formalisman (October American			
		pation / Job title (See Instructions) ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 10/31/2024	Full name of contributor Kwon, Min Contributor address; City; Sta	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$50.00
	Principal occu	Dallas, TX 75219-5106 pation / Job title (See Instructions)	i	Employer (See Instructions	·)		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	
	Date 11/30/2024	Full name of contributor Kwon, Min Contributor address; City; Sta Dallas, TX 75219-5106	out-of-state PAC (ID#: ite; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 11/30/2024	Full name of contributor Lankford, Lawrence Contributor address; City; Sta Dallas, TX 75219-5106	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions)		Employer (See Instructions		oncultante	
	PHISICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	บารนแสทเธ	

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 15/31 Rpt: 19/37	
2	FILER NAME	A continue in Occasional III B	Dell'i el Aerice Consei		3	Filer ID (Ethics Commission	n Filers)
	-	Anesthesia Consultants, LLP		ttee 	L	00068176	
4	Date 10/31/2024	Full name of contributor Lankford, Lawrence Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Dallas, TX 75219-5106 pation / Job title (See Instructions		Employer (See Instructions			
o		ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia		oncultante	
	FITSICIAN	ANESTRESIOLOGIST		wetropolitan Ariestriesia	1 C		
	Date 10/31/2024	Full name of contributor Mahowald, Matt Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 11/30/2024	Full name of contributor Mahowald, Matt Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u>		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 10/31/2024	Full name of contributor Margolis, Mark Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 11/30/2024	Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
_	Dringing!	Dallas, TX 75219-5106	. 1	Employer (Coo Instruction	,, 		
		pation / Job title (See Instructions ANESTHESIOLOGIST)	Employer (See Instructions Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 16/31 Rpt: 20/37	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	ttee		00068176	
4	Date 10/31/2024	5 Full name of contributor Matthews, Varghese 6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
8	Dringing Logg	Dallas, TX 75219-5106	. le	D. Employer (See Instructioner			
ľ		pation / Job title (See Instructions ANESTHESIOLOGIST	5)	9 Employer (See Instructions Metropolitan Anesthesia		oncultante	
	FITSICIAN			wetropolitan Ariestriesia			
	Date 11/30/2024	Full name of contributor Matthews, Varghese Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date 10/31/2024	Full name of contributor Merchun, Christopher Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u>. </u>		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date 11/30/2024	Full name of contributor Merchun, Christopher Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date 10/31/2024	Full name of contributor Miller, Christopher Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
_	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u> </u>		
		ANESTHESIOLOGIST	"	Metropolitan Anesthesia		onsultants	
				,			

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 17/31 Rpt: 21/37	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 11/30/2024	5 Full name of contributor Miller, Christopher6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
8		pation / Job title (See Instructions	9	1 7 (
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants ————————————————————————————————————	
	Date 10/31/2024	Full name of contributor Moorman, Andrew Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date 11/30/2024	Full name of contributor Moorman, Andrew Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions ANESTHESIOLOGIST	(3)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 10/31/2024	Full name of contributor Morton, Stan Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 11/30/2024	Full name of contributor Morton, Stan Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 18/31 Rpt: 22/37	
2	FILER NAME	A contract Occupies to the	Delitical Auto-Conseil		3	Filer ID (Ethics Commission	Filers)
	Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee		00068176	
4	Date 10/31/2024	5 Full name of contributorMusick, Devin6 Contributor address; City; St.	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8		pation / Job title (See Instructions) 9	1 3 (
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date 11/30/2024	Full name of contributor Musick, Devin Contributor address; City; St	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 10/31/2024	Full name of contributor Pace, Justin Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$40.00
		Dallas, TX 75219-5106					
	'	pation / Job title (See Instructions ANESTHESIOLOGIST)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 11/30/2024	Full name of contributor Pace, Justin Contributor address; City; St. Dallas, TX 75219-5106	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$40.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 10/31/2024	Contributor address; City; St	out-of-state PAC (ID#:)	-	Amount of Contribution (\$)	\$50.00
	Dringing! cos:	Dallas, TX 75219-5106	<u>, </u>	Employer (See Instructions	·/-		
		pation / Job title (See Instructions ANESTHESIOLOGIST)	Employer (See Instructions Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL C	CONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 19/31 Rpt: 23/37	
2	FILER NAME	A	Ballina I Auria a Garagia		3	Filer ID (Ethics Commission	Filers)
	-	Anesthesia Consultants, LLP		tee 	L	00068176	
4	Date 11/30/2024	5 Full name of contributorPang, Don6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date 11/30/2024	Full name of contributor Parikh, Monisha Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date 10/31/2024	Full name of contributor Parikh, Monisha Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 11/30/2024	Full name of contributor Patel, Muhammad Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date 10/31/2024	Full name of contributor Patel, Muhammad Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
_	Principal occu	pation / Job title (See Instructions	<u> </u>	Employer (See Instructions	:) 		
		ANESTHESIOLOGIST	′	Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 20/31 Rpt: 24/37	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 11/30/2024	5 Full name of contributor Perry, Paul6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106	<u></u>				
8	PHYSICIAN	pation / Job title (See Instructions ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia			
	Date 12/31/2024	Full name of contributor Perry, Paul Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106			<u></u>		
		pation / Job title (See Instructions ANESTHESIOLOGIST)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 10/31/2024	Full name of contributor Perry, Paul Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		-	Amount of Contribution (\$)	\$100.00
	Dringing aggr	Dallas, TX 75219-5106 pation / Job title (See Instructions	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Employer (See Instructions	<u>''</u>		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	
	Date 11/30/2024	Full name of contributor Rane, Clarissa Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$42.00
	•	pation / Job title (See Instructions)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C		
	Date 10/31/2024	Full name of contributor Rane, Clarissa Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$42.00
		pation / Job title (See Instructions)	Employer (See Instructions		oncultante	
	PHISICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	1 C	บารนแสทเธ	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 21/31 Rpt: 25/37	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 10/31/2024	5 Full name of contributor Rane, Mihir6 Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$42.00
		Dallas, TX 75219-5106					
8	PHYSICIAN	pation / Job title (See Instructions) ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia			
	Date 11/30/2024	Full name of contributor Rane, Mihir Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$42.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions) ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 10/31/2024	Full name of contributor Rastogi, Akhil Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	Dallas, TX 75219-5106 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	·/		
		ANESTHESIOLOGIST		Metropolitan Anesthesia	-	onsultants	
	Date 11/30/2024	Full name of contributor Rastogi, Akhil Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	<u> </u> 5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C		
	Date 10/31/2024	Full name of contributor Remster, Jeffrey Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia		oneultante	
	THISICIAN	ANLOTILOTOLOGIST		wetropolitan Anestriesia		บารนิเนาเร	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 22/31 Rpt: 26/37	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 11/30/2024	5 Full name of contributor Remster, Jeffrey6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219-5106	1				
8	PHYSICIAN	pation / Job title (See Instructions ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia			
	Date Full name of contributor out-of-state PAC (ID#:) 10/31/2024 Rew, Charles Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00		
		Dallas, TX 75219-5106			Ĺ		
	Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST Employer (See Instructions) Metropolitan Anesthesia			onsultants			
	Date 11/30/2024				Amount of Contribution (\$)	\$50.00	
	Dringinal occu	Dallas, TX 75219-5106 upation / Job title (See Instructions	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Employer (See Instructions	·/ 		
		ANESTHESIOLOGIST	,	Metropolitan Anesthesia		onsultants	
	Date 10/31/2024	Full name of contributor Rock, Kerryn Contributor address; City; St Dallas, TX 75219-5106				Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date Full name of contributor out-of-state PAC (ID#:) 11/30/2024 Rock, Kerryn Contributor address; City; State; Zip Code Dallas, TX 75219-5106			Amount of Contribution (\$)	\$50.00		
		pation / Job title (See Instructions ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 23/31 Rpt: 27/37	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 10/31/2024	5 Full name of contributor Rosener, John6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219-5106					
8	PHYSICIAN	pation / Job title (See Instructions ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia			
	Date 11/30/2024	Full name of contributor Rosener, John Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219-5106			<u></u>		
	Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST Employer (See Instructions) Metropolitan Anesthesia			onsultants			
	Date 11/30/2024	Full name of contributor Salmon, Shelby Contributor address; City; St	out-of-state PAC (ID#:atte; Zip Code)		Amount of Contribution (\$)	\$50.00
	Dringinal occu	Dallas, TX 75219-5106 pation / Job title (See Instructions		Employer (See Instructions	·/ 		
		ANESTHESIOLOGIST	,	Metropolitan Anesthesia		onsultants	
	Date 10/31/2024	Full name of contributor Salmon, Shelby Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C		
	Date 10/31/2024	Full name of contributor Santini, Mario Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions)	Employer (See Instructions		oneultante	
	PHISICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia		บทรนแสทเร	

	MONEI	ARY POLITICAL (NS	SCHEDULE A			
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 24/31 Rpt: 28/37	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 11/30/2024	6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00	
		Dallas, TX 75219-5106					
8		pation / Job title (See Instructions	9	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date 11/30/2024	Full name of contributor Sarmiento, Stephen Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	PHYSICIAN ANESTHESIOLOGIST Metropolitan Anesthesia		ı C	onsultants			
	Date 10/31/2024	Full name of contributor Sarmiento, Stephen Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions ANESTHESIOLOGIST	;) 	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 10/31/2024	Full name of contributor Saunders, Clark Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date Full name of contributor out-of-state PAC (ID#:) 11/30/2024 Saunders, Clark Contributor address; City; State; Zip Code Dallas, TX 75219-5106			Amount of Contribution (\$)	\$25.00		
	Principal occu	I	s)	Employer (See Instructions	<u>. </u>		
		ANESTHESIOLOGIST	·	Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL C	NS	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 25/31 Rpt: 29/37	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 11/30/2024	6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00	
		Dallas, TX 75219-5106					
8	PHYSICIAN	pation / Job title (See Instructions) ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia			
	Date Full name of contributor out-of-state PAC (ID#:) 10/31/2024 Shu, Stephen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00		
		Dallas, TX 75219-5106					
	Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST Employer (See Instructions Metropolitan Anesthesia			onsultants			
	Date 10/31/2024)		Amount of Contribution (\$)	\$50.00
	Principal occu	Dallas, TX 75219-5106 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	
	Date 11/30/2024	Full name of contributor Shults, Justin Contributor address; City; Sta Dallas, TX 75219-5106	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	(Employer (See Instructions	<u> </u>		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date Full name of contributor out-of-state PAC (ID#:) 11/30/2024 Siskowski, Matthew Contributor address; City; State; Zip Code Dallas, TX 75219-5106			Amount of Contribution (\$)	\$100.00		
		pation / Job title (See Instructions)		Employer (See Instructions		oncultante	
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	i C	บารนแสกเร	

	MONEI	ARY POLITICAL C	SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 26/31 Rpt: 30/37	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	L	00068176	
4	Date 10/31/2024	Full name of contributor Siskowski, Matthew Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$100.00
	Drive in al. account	Dallas, TX 75219-5106		Frankrija (Coo kooku ekinas			
8		pation / Job title (See Instructions)	Employer (See Instructions Matropolitan Appathacis		onoultonto	
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	1 C	onsultants ————————————————————————————————————	
	Date Full name of contributor out-of-state PAC (ID#:) 10/31/2024 Sistla, Aditya Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00		
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	PHYSICIAN ANESTHESIOLOGIST Metropolitan Anesthesia		a C	onsultants			
	Date 11/30/2024				Amount of Contribution (\$)	\$50.00	
		Dallas, TX 75219-5106					
	•	pation / Job title (See Instructions ANESTHESIOLOGIST)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date Full name of contributor out-of-state PAC (ID#:) 11/30/2024 Sparkman, Caroline Contributor address; City; State; Zip Code Dallas, TX 75219-5106			•	Amount of Contribution (\$)	\$50.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date Full name of contributor out-of-state PAC (ID#:) 10/31/2024 Sparkman, Caroline Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00		
	5	Dallas, TX 75219-5106	, ,		Ĺ		
		pation / Job title (See Instructions ANESTHESIOLOGIST)	Employer (See Instructions Metropolitan Anesthesia		onsultants	

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE			
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 27/31 Rpt: 31/37			
2	FILER NAME	Anesthesia Consultants, LLP	Political Action Commi	ttaa	3	Filer ID (Ethics Commission 00068176	n Filers)		
Ļ	•		_		Ļ				
4	Date 10/31/2024	Full name of contributor Stamatakos, Todd Contributor address; City; Si	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00		
		Dallas, TX 75219-5106							
8	Principal occu	pation / Job title (See Instructions	s) <u> </u>	Employer (See Instructions	IS)				
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants			
	Date Full name of contributor out-of-state PAC (ID#:) 11/30/2024 Stamatakos, Todd Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$100.00				
		Dallas, TX 75219-5106							
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u></u>				
	PHYSICIAN ANESTHESIOLOGIST Metropolitan Anesthesia		a C	onsultants					
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)			
	10/31/2024 Steffek, Haden			(1)	\$150.00				
		Contributor address; City; Si	ate; Zip Code						
		Dallas, TX 75219-5106							
		pation / Job title (See Instructions	3)	Employer (See Instructions					
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)			
	11/30/2024	Steffek, Haden Contributor address; City; Si	ate; Zip Code				\$150.00		
		Dallas, TX 75219-5106							
	•	pation / Job title (See Instructions	5)	Employer (See Instructions					
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)			
	10/31/2024	Sunny, Jamie					\$50.00		
	Contributor address; City; State; Zip Code								
		Dallas, TX 75219-5106							
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)				
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 28/31 Rpt: 32/37	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 11/30/2024	5 Full name of contributor Sunny, Jamie6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	PHYSICIAN	pation / Job title (See Instructions ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia			
	Date Full name of contributor out-of-state PAC (ID#:) 10/31/2024 Syed, Sannoor Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00		
		Dallas, TX 75219-5106					
	Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST Employer (See Instructions Metropolitan Anesthesia			onsultants			
	Date 11/30/2024				Amount of Contribution (\$)	\$50.00	
	Principal occu	Dallas, TX 75219-5106 pation / Job title (See Instructions)	Employer (See Instructions	;) 		
		ANESTHESIOLOGIST	,	Metropolitan Anesthesia		onsultants	
	Date 10/31/2024	Full name of contributor Taneja, Rishi Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date Full name of contributor out-of-state PAC (ID#:) 11/30/2024 Taneja, Rishi Contributor address; City; State; Zip Code Dallas, TX 75219-5106			Amount of Contribution (\$)	\$50.00		
		pation / Job title (See Instructions		Employer (See Instructions		a manufa mta	
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsuitants	

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 29/31 Rpt: 33/37	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 11/30/2024	5 Full name of contributor Toung, David6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	PHYSICIAN	pation / Job title (See Instructions ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia			
	Date Full name of contributor out-of-state PAC (ID#:) 10/31/2024 Toung, David Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00		
		Dallas, TX 75219-5106	,		<u>L</u>		
	Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST Employer (See Instructions Metropolitan Anesthesia			onsultants			
	Date 10/31/2024				Amount of Contribution (\$)	\$50.00	
		Dallas, TX 75219-5106	,		Ĺ		
		pation / Job title (See Instructions ANESTHESIOLOGIST	(i)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 11/30/2024	Full name of contributor Villegas, Melissa Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date Full name of contributor out-of-state PAC (ID#:) Vu, Lisa Contributor address; City; State; Zip Code Dallas, TX 75219-5106			Amount of Contribution (\$)	\$50.00		
		pation / Job title (See Instructions	()	Employer (See Instructions		oncultante	
	PHISICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	บารนแสกเร	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 30/31 Rpt: 34/37	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 11/30/2024	5 Full name of contributorVu, Lisa6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	PHYSICIAN	pation / Job title (See Instructions ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia			
	Date 10/31/2024	Full name of contributor Weaver, Robert Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106			<u></u>		
	Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST Employer (See Instructions) Metropolitan Anesthesia			onsultants			
	Date 11/30/2024			•	Amount of Contribution (\$)	\$50.00	
	Dringing aggr	Dallas, TX 75219-5106	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Employer (See Instructions	<u>''</u>		
		pation / Job title (See Instructions ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 11/30/2024	Full name of contributor West, Mary Contributor address; City; St Dallas, TX 75219-5106)	•	Amount of Contribution (\$)	\$42.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C		
	Date 10/31/2024	Full name of contributor West, Mary Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$42.00
		pation / Job title (See Instructions		Employer (See Instructions		oncultante	
	rn i Sician	ANESTHESIOLOGIST		Metropolitan Anesthesia	<u>. C</u>	บารนแสทเธ	

MONET	TARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1
The Instru	ction Guide explains how to complete this fo	1 Total pages Schedule A1: Sch: 31/31 Rpt: 35/37	
2 FILER NAME Metropolitan	: n Anesthesia Consultants, LLP Political Action Comm	3 Filer ID (Ethics Commission Filers) 00068176	
4 Date 10/31/2024			7 Amount of Contribution (\$) \$50.00
8 Principal occu	Dallas, TX 75219-5106 upation / Job title (See Instructions)	Employer (See Instructions	s)
	ANESTHESIOLOGIST	Metropolitan Anesthesia	
Date Full name of contributor out-of-state PAC (ID#:) 11/30/2024 Yan, Dawn Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$50.00	
Dallas, TX 75219-5106 Principal occupation / Job title (See Instructions) Employer (See Instructions			
	upation / Job title (See Instructions) ANESTHESIOLOGIST	a Consultants	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 1/1 Rpt: 36/37	Metropolitan Anesthesia Consultants, LLP Political Action 00068176					
4 Date	5 Payee name					
12/09/2024	Brent Hagenbuch Campaign					
6 Amount (\$)	ayee address; City; State; Zip Code					
\$5,000.00	2800 Shoreline Dr #310					
Expenditure from corporate funds	Denton, TX 76210-4410					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political Contribution					
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
12/05/2024	Texans for Dan Patrick					
Amount (\$)	Payee address; City; State; Zip Code					
\$5,000.00	PO Box 685085					
Expenditure from corporate funds	Austin, TX 78768-5085					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political Contribution					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
12/13/2024	Venton Jones For Texas					
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1075 Griffin St, West					
Expenditure from corporate funds	Dallas, TX 75215-1026					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political Contribution					
Complete ONLY if direct expenditure to benefit C/O	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.
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 Expenditure from	7 Payee Address; City; State; Zip 4285 Glenhurst Lane Frisco, TX 75033
Corporate funds 8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Solicitation/Fundraising Expense (b) Description (See instructions regarding type of information required.) Reimbursement for Fundraising Expenses
Date 11/17/2024	Payee name Sarmiento, Stephen
Amount (\$) 369.50 Expenditure from corporate funds	Payee Address; City; State; Zip 3625 N Hall St Ste 800 Dallas, TX 75219
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Travel Out of District (b) Description (See instructions regarding type of information required.) Travel and Lodging for a Fundraiser
Date 12/04/2024	Payee name Sarmiento, Stephen
Amount (\$) 93.35 Expenditure from corporate funds	Payee Address; City; State; Zip 3625 N Hall St Ste 800 Dallas, TX 75219
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Travel Out of District (b) Description (See instructions regarding type of information required.) Rental Car Expense