#### MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

### FORM MPAC COVER SHEET PG 1

Image: Second stress of the second strese second stress of the second stress of the second stress
Texas Society Of Anesthesiologists Political Action Committee       Define OfFice OSE ONLY         Date Received       ELECTRONICALLY FILED         01/30/2025       4         COMMITTEE       ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP         4       COMPAIGN         MS / MRS / MR       FIRST         Dr.       Kristyn B.         NAME       Dr.         NICKNAME       LAST         Ingram       Date Processed         Date Imaged
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP     ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP     ADDRESS AUstin, TX 78701     Change of Address     Austin, TX 78701     Date Hand-delivered or Date Postmarked     S CAMPAIGN     TREASURER     NAME     Dr.     Kristyn B.     NICKNAME     LAST     Ingram     STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
Image: Second Street Address       ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 401 W. 15th St. #990       ADDRESS       ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 401 W. 15th St. #990         Image:
4       COMMITTEE ADDRESS       ADDRESS / PO BOX; ADDRESS / PO BOX; ADT / SUITE #;       CITY;       STATE;       ZIP         4       COMMITTEE ADDRESS       ADDRESS / PO BOX; AD1 W. 15th St. #990       APT / SUITE #;       CITY;       STATE;       ZIP         401 W. 15th St. #990       Austin, TX 78701       Date Hand-delivered or Date Postmarked         5       CAMPAIGN TREASURER NAME       MS / MRS / MR Dr.       FIRST Kristyn B.       MI         7       Receipt # Amount       Amount         0       NICKNAME       LAST Ingram       SUFFIX Date Imaged         6       CAMPAIGN TDEASUREP       STREET ADDRESS (NO PO BOX PLEASE);       APT / SUITE #;       CITY;       STATE;       ZIP CODE
ADDRESS 401 W. 15th St. #990 Change of Address Austin, TX 78701 CAMPAIGN TREASURER Dr. Kristyn B. MS / MRS / MR FIRST MI Dr. Kristyn B. Amount Amount NICKNAME LAST SUFFIX Ingram Ingram AT / SUITE #; CITY; STTE; ZIP CODE
Image: Change of Address       Austin, TX 78701       Date Hand-delivered or Date Postmarked         5       CAMPAIGN TREASURER NAME       MS / MRS / MR       FIRST       MI         0       Dr.       Kristyn B.       Receipt #       Amount         NICKNAME       LAST       SUFFIX       Date Processed         Ingram       Date Imaged       Date Imaged
5       CAMPAIGN TREASURER NAME       MS / MRS / MR       FIRST       MI       Receipt #       Amount         Dr.       Kristyn B.       MI       Receipt #       Amount         NICKNAME       LAST       SUFFIX       Date Processed         Ingram       Date Imaged       Date Imaged         6       CAMPAIGN TREASURER       STREET ADDRESS (NO PO BOX PLEASE);       APT / SUITE #;       CITY;       STATE;       ZIP CODE
5       CAMPAIGN TREASURER NAME       MS / MRS / MR       FIRST       MI       Receipt #       Amount         Dr.       Kristyn B.       MI       Receipt #       Amount         NICKNAME       LAST       SUFFIX       Date Processed         Ingram       Date Imaged       Date Imaged         6       CAMPAIGN TREASURER       STREET ADDRESS (NO PO BOX PLEASE);       APT / SUITE #;       CITY;       STATE;       ZIP CODE
TREASURER NAME       Dr.       Kristyn B.       Receipt # Amount         NICKNAME       LAST Ingram       SUFFIX         Date Processed       Date Imaged         Date Imaged       Date Imaged
NAME     Differences       NICKNAME     LAST       Ingram     Date Processed       Date Imaged   6 CAMPAIGN 7DE ASLIDED STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
CAMPAIGN TREASUBED     STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
Ingram     Date Imaged     Date Imaged     STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
6 CAMPAIGN TREASURED STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
TDEASLIDED
TDEASLIDED
STREET 401 West 15th Street, Suite 990
ADDRESS (Pacidance or Rusiness)
(Residence or Business) Austin, TX 78701
7 CAMPAIGN STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
TREASURER MAILING 401 W. 15th St. #990
ADDRESS
Change of Address Austin, TX 78701
8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION
TREASURER           PHONE         (512) 370-1659
9 REPORT TYPE
X Monthly Lot day after campaign Dissolution (Attach PAC-DR)
REPORT FILING     January 5     April 5     July 5     October 5       DEADLINE
X   February 5   May 5   August 5   November 5
March 5 June 5 September 5 December 5
11 PERIOD     Month     Day     Year     Month     Day     Year       COVERED     12/25/2024     THROUGH     01/25/2025
12/26/2024 01/25/2025
GO TO PAGE 2
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#### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Society Of Anest	hesiologists Political A	ction Committee	0002494	0
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	12,906.53
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	225,659.16
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code.	rjury, that the nation requir	e accompanying report is ed to be reported by me
		Dr. Kristvr	n B. Ingram	
		Signature of Car		surer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	nis the _	day
		which, witness my hand and seal of office.		
Signature of officer adr	ninistering oath	Printed name of officer administering oath	Title of of	ficer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

## FORM MPAC COVER SHEET PG 3 3 of 34

17 COMMITTEE NAME			18 Filer ID	(Ethics C	Commission Filers)		
Texas Society Of Anesthesiolog							
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE				SU	BTOTAL AMOUNT		
1. X SCHEDULE A1: MON	\$	12,906.53					
2. X SCHEDULE A2: NON-	2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS						
3. X SCHEDULE B: PLEDO	GED CONTRIBUTIONS			\$	0.00		
4. SCHEDULE C1: MON ORGANIZATION	ETARY CONTRIBUTIONS FROM CORPORATION OR	LABC	DR	\$			
5. SCHEDULE C2: NON- LABOR ORGANIZATIO	MONETARY (IN-KIND) CONTRIBUTIONS FROM COR	PORA	ATION OR	\$			
6. SCHEDULE C3: MON	ETARY SUPPORT FROM CORPORATION OR LABOR	ORG	ANIZATION	\$			
7. SCHEDULE C4: NON- ORGANIZATION	MONETARY SUPPORT FROM CORPORATION OR LA	BOR		\$			
8. SCHEDULE D: PLEDO	GED CONTRIBUTIONS FROM CORPORATION OR LAI	BOR (	ORGANIZATION	\$			
9. X SCHEDULE E: LOANS	3			\$	0.00		
10. X SCHEDULE F1: POLI	FICAL EXPENDITURES FROM POLITICAL CONTRIBU	TION	S	\$	0.00		
11. X SCHEDULE F2: UNPA	ID INCURRED OBLIGATIONS			\$	0.00		
12. X SCHEDULE F3: PURC	CHASE OF INVESTMENTS FROM POLITICAL CONTRI	BUTI	ONS	\$	0.00		
13. X SCHEDULE F4: EXPE	NDITURES MADE BY CREDIT CARD			\$	0.00		
14. SCHEDULE I: NON-PC	DLITICAL EXPENDITURES FROM POLITICAL CONTRI	BUTI	ONS	\$			
15. SCHEDULE K: INTERE	EST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI	ONS	RETURNED	\$			

**SUBTOTALS - MPAC** 

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/29 Rpt: 4/34	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		y Of Anesthesiologists Political Action Committee			00024940	,
4	Date	5 Full name of contributor Out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	01/14/2025	Abouleish, Amr				\$85.00
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77059				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician					
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	01/08/2025	Allen, Stacey				\$84.00
		Contributor address; City; State; Zip Code				
		Contributor address, Ony, State, Zip Code				
		San Antonio, TX 78230				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	01/08/2025	Allred, Anna				\$84.00
		Richmond, TX 77469				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	01/10/2025	Alquicira-Macedo, Fernando				\$84.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77085				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	01/08/2025	An, Daniel				\$84.00
		Contributor address; City; State; Zip Code		1		
L		Fulshear, TX 77441				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
L	Physician					
1						

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/29 Rpt: 5/34	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Socie	y Of Anesthesiologists Political Action Committee			00024940	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	01/14/2025	Anton, James				\$84.00
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77009				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Physician			,		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:			Amount of Contribution (\$)	
	01/08/2025	Full name of contributor out-of-state PAC (ID#: Arunkumar, Radha	)		Amount of Contribution (\$)	\$84.00
	01/06/2025					Φ04.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77030		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/15/2025	Ata, Monica				\$84.00
		Contributor address; City; State; Zip Code				
		Allen, TX 75013				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	01/14/2025	Ball, Timothy	/			\$150.00
	01/1 // 2010	-				+_00.00
		Contributor address; City; State; Zip Code				
		College Station, TX 77845				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician			"		
╘	-			-		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/08/2025	Beitzel, Michael				\$84.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79602				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/29 Rpt: 6/34	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		y Of Anesthesiologists Political Action Committee			00024940	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	01/02/2025	Bergeron, Brandy				\$250.00
		6 Contributor address; City; State; Zip Code		1		
		Beaumont, TX 77726				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/08/2025	Berndt, R. Barry				\$84.00
		Contributor address; City; State; Zip Code				
		Beaumont, TX 77702				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/18/2025	Borg, Douglas				\$100.00
		Fort Worth, TX 76109				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/08/2025	Bracken, Christopher				\$84.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78240				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/09/2025	Brown, Zoe				\$8.33
		Contributor address; City; State; Zip Code				
		Houston, TX 77025				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
I	Physician					

	The Instru	tion Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/29 Rpt: 7/34	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Socie	y Of Anesthesiologists Political Action Committee			00024940	,
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	01/10/2025	Bryan, Joseph				\$100.00
		6 Contributor address; City; State; Zip Code				
		Buda, TX 78610				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician					
╞	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/09/2025	Butler, Brad				\$84.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79602				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/10/2025	Carroll, Luke				\$85.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77042				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/17/2025	Casey, Chelsea				\$42.00
		Contributor address; City; State; Zip Code				
		Friendswood, TX 77546				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/10/2025	Causey, Sommer				\$84.00
		Contributor address; City; State; Zip Code				
L		Galveston, TX 77554				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
1						

	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 5/29 Rpt: 8/34	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Texas Socie	ty Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7	Amount of Contribution (\$)	
	01/08/2025	Chan, Calvin				\$84.00
		6 Contributor address; City; State; Zip Code		1		
		Dallas, TX 75219				
8	Principal occu	L pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician	• •				
⊨	Date	Full name of contributor out-of-state PAC (ID#:	· )	Г	Amount of Contribution (\$)	
	01/15/2025	Clanton, David	/		/call of Containation (+)	\$84.00
	01,10,1010	Contributor address; City; State; Zip Code				<i>+00</i>
		Contributor address, City, State, Zip Code				
		San Antonio, TX 78256				
$\vdash$	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Physician			,		
╞	Date	Full name of contributor out-of-state PAC (ID#:	. )	Γ	Amount of Contribution (\$)	
	01/18/2025	Cook, Christopher	·/		Amount of Continuation (+)	\$1,000.00
	0111012020	Contributor address; City; State; Zip Code				Ψ1,000.00
		Contributor autress, City, State, Zip Code				
		I				
		Garland, TX 75043				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
F	Date	Full name of contributor Out-of-state PAC (ID#:	: )		Amount of Contribution (\$)	
	01/02/2025	Danley, Matthew			( )	\$84.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76109				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
╞	Date	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	
	01/09/2025	Dave, Siddharth				\$84.00
		Contributor address; City; State; Zip Code				
		Lucas, TX 75002				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
			_			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/29 Rpt: 9/34	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Socie	y Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	01/06/2025	Davila-Perez, Ruben	/			\$21.00
	01/00/2020	6 Contributor address; City; State; Zip Code				<b>\$</b> 21.00
		Contributor address, City, State, Zip Code				
		Houston, TX 77057				
8	Principal occu		9 Employer (See Instructions	<u> </u> ເ)		
ľ	Physician			"		
⊢	-					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>*0</b> ( <b>00</b>
	01/08/2025	Dewan, Brian				\$84.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78731				
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/06/2025	DiGiovanni, Ryan				\$100.00
		Contributor address; City; State; Zip Code		1		
		Southlake, TX 76092				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/03/2025	Drees, Jeffrey				\$85.00
		Contributor address; City; State; Zip Code		1		
		Corsicana, TX 75110				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/14/2025	Dupont, Cedric				\$100.00
		Contributor address; City; State; Zip Code				
		Rollingwood, TX 78746				
F	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
1	Physician					
⊢						
1						

	The Instru	ction Guide explains how to complete this	; form.	1	Total pages Schedule A1: Sch: 7/29 Rpt: 10/34	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Socie	ty Of Anesthesiologists Political Action Committee	¢		00024940	-
4	Date 01/08/2025	5 Full name of contributor out-of-state PAC (ID# Eddings, Joseph	#:)	7	Amount of Contribution (\$)	\$85.00
	01,00,2020	6 Contributor address; City; State; Zip Code		·		400.00
		Austin, TX 78759				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	01/15/2025	Ellis, Stephen				\$84.00
	1	Contributor address; City; State; Zip Code		"		
	ļ	1				
		Dallas, TX 75219				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					
F	Date	Full name of contributor 🔲 out-of-state PAC (ID#	#:)	Τ	Amount of Contribution (\$)	
	01/08/2025	Emelife, Patrick				\$84.00
		Contributor address; City; State; Zip Code		·		
			l			
		1				
		Grand Prairie, TX 75054				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					
⊨	Date	Full name of contributor out-of-state PAC (ID#		Τ	Amount of Contribution (\$)	
	01/15/2025	Erian, Ralph			······································	\$84.00
	-	Contributor address; City; State; Zip Code		·		• -
	ļ					
		San Antonio, TX 78212				
┢	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician	<b>`</b>		,		
⊨	Date	Full name of contributor Out-of-state PAC (ID#		Τ	Amount of Contribution (\$)	
	01/16/2025	Evans, James	£)			\$500.00
	0111012020	Contributor address; City; State; Zip Code		·-		Ψ000.00
		Contributor address, City, State, Zip Code				
	ļ					
	ļ	Tyler, TX 75701	l			
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>م</u>		
	Physician			5)		
⊢	Гнузюци					

	The Instruc	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 8/29 Rpt: 11/34	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Socie	ty Of Anesthesiologists Political Action Committe	e		00024940	
4	Date	5 Full name of contributor out-of-state PAC (IE	)	7	Amount of Contribution (\$)	
	01/08/2025	Farmer, Lisa				\$84.00
		6 Contributor address; City; State; Zip Code		1		
		Galveston, TX 77551				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor 🔲 out-of-state PAC (IE	D#:)	Ī	Amount of Contribution (\$)	
	01/08/2025	Fay, James				\$84.00
		Contributor address; City; State; Zip Code		1		
		Georgetown, TX 78628		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date		D#:)		Amount of Contribution (\$)	
	01/08/2025	Fischer, Stefanie		]		\$84.00
		Contributor address; City; State; Zip Code				
		Galveston, TX 77551				
$\vdash$	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> -\		
	Physician			5)		
╞	-			T	Amount of Contribution (\$)	
	Date 01/15/2025	Full name of contributor out-of-state PAC (IE Ford, Dina	ע)		Amount of Contribution (\$)	\$84.00
	01/15/2025			ł		Φ0 <del>4</del> .00
		Contributor address; City; State; Zip Code				
		Houston, TX 77096				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>г</u> 5)		
	Physician	•				
⊢	Date	Full name of contributor out-of-state PAC (II	)	Τ	Amount of Contribution (\$)	
	01/08/2025	Foss, Prisila	,		· · · · · · · · · · · · · · · · · · ·	\$84.00
		Contributor address; City; State; Zip Code		ł		
		Allen, TX 75013				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
$\vdash$						

	The Instrue	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/29 Rpt: 12/34	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Socie	ty Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	01/08/2025	Gandhi, Samir			• •	\$84.00
		6 Contributor address; City; State; Zip Code				
		San Antonio, TX 78229				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<b>.</b> ;)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/09/2025	Garcia-Bigger, Judy	,			\$84.00
	01,000	Contributor address; City; State; Zip Code				<b>T-</b> · · · ·
		Contributor address, City, State, Zip Code				
		Round Rock, TX 78665				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	I;)		
	Physician					
╞	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/08/2025	Gardner, Kelly			Allount of Contribution (+)	\$84.00
	01/00/2020					Ψ0 1.0 ε
		Continuation dudiess, Gity, State, Zip Code				
		San Antonio, TX 78257				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<b>.</b> ;)		
	Physician					
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/14/2025	Giam, Patrick			,	\$42.00
		Contributor address; City; State; Zip Code				·
		Houston, TX 77005				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Physician					
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/08/2025	Gibbons, Stacey			• •	\$84.00
		Contributor address; City; State; Zip Code				
		League City, TX 77573				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L;)		
	Physician					
$\vdash$		<u> </u>				

	The Instruc	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 10/29 Rpt: 13/34	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
		ty Of Anesthesiologists Political Action Committee	3		00024940	-
4	Date	5 Full name of contributor out-of-state PAC (ID:	#:)	7	Amount of Contribution (\$)	
	01/08/2025	Glenesk, Niklas				\$84.00
		6 Contributor address; City; State; Zip Code		1		
		1				
		Dallas, TX 75206				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor 🔲 out-of-state PAC (ID	#:)		Amount of Contribution (\$)	
	01/10/2025	Glover, Chris				\$84.00
		Contributor address; City; State; Zip Code		1		
		I				
		I				
		Houston, TX 77030				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor 🔲 out-of-state PAC (ID	#:)	Γ	Amount of Contribution (\$)	
	12/31/2024	Gu, Lisa				\$30.00
		Contributor address; City; State; Zip Code		1		
		I				
		Dallas, TX 75201				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor Out-of-state PAC (ID	#:)		Amount of Contribution (\$)	
	01/08/2025	Guragain, Richesh				\$84.00
		Contributor address; City; State; Zip Code		]		
		I				
	Drive in all a serv	League city, TX 77573		ŕ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician			-		
	Date	Full name of contributor out-of-state PAC (ID	#:)		Amount of Contribution (\$)	
	01/14/2025	Gurkowski, Mary Ann				\$83.34
		Contributor address; City; State; Zip Code				
		I				
		Can Antonia TV 79240				
	Drive in all a serv	San Antonio, TX 78240		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					

L						
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/29 Rpt: 14/34	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Socie	ty Of Anesthesiologists Political Action Committee			00024940	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	01/09/2025	Hagberg, Carin				\$84.00
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77030				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/08/2025	Hancher, Shannon				\$84.00
		Contributor address; City; State; Zip Code		1		
		Bellaire, TX 77401				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/14/2025	Hardman, Bailor				\$84.00
		Contributor address; City; State; Zip Code		1		
	Drinsipal apou	Dallas, TX 75205				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
				<u> </u>		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	¢100.00
	01/22/2025	Harvey, Benjamin				\$100.00
		Contributor address; City; State; Zip Code	ſ			
			ſ			
		Houston, TX 77055				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	Physician			,		
_	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	<u> </u>	Amount of Contribution (\$)	
	01/10/2025	Full name of contributor out-of-state PAC (ID#: Havalda, Diane	)		Amount of Contribution (\$)	\$84.00
	01/10/2020	Contributor address; City; State; Zip Code				Ψ07.00
		Contributor address, City, State, Zip Code				
		San Antonio, TX 78258				
$\vdash$	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Physician	· · ·				
	-					

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/29 Rpt: 15/34	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Socie	ty Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	01/06/2025	Hernandez, Raul				\$42.00
	ļ	6 Contributor address; City; State; Zip Code		1		
	ļ	Rio Grande City, TX 78582				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/15/2025	Highfill, Erin				\$100.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
		Garland, TX 75044				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/07/2025	Hines, Clayton				\$45.00
		Contributor address; City; State; Zip Code		1		
	ļ					
		Beaumont, TX 77705				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	01/08/2025	Hofkamp, Michael				\$84.00
	1	Contributor address; City; State; Zip Code		1		
		Round Rock, TX 78681				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	01/09/2025	Hollenshead, Andy				\$84.00
	ļ	Contributor address; City; State; Zip Code		1		
		Dallas, TX 75219				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
1						

	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 13/29 Rpt: 16/34	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Socie	y Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	01/09/2025	Huang, Henry	,			\$20.83
	01/00/2020	6 Contributor address; City; State; Zip Code				+_0.00
		Contributor address, City, State, Zip Code				
		Houston, TX 77055				
ŀ	Dringinal occu		9 Employer (See Instructions	<u>ا</u>		
ľ	Physician			<i>י</i> י		
	FIIYSICIAII					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/08/2025	Hurlburt, Brian				\$84.00
		Contributor address; City; State; Zip Code				
		Beaumont, TX 77726				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/10/2025	Hutson, Larry				\$150.00
		Contributor address; City; State; Zip Code				
		Temple, TX 76502				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<b></b> ;)		
	Physician					
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/08/2025	Ingram, Kristyn	/			\$84.00
	01,00,2020	Contributor address; City; State; Zip Code				<i><b>40</b></i> 1100
		Contributor address, City, State, Zip Code				
		El Paso, TX 79912				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	Physician			''		
╞	-			_		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>#0.00</b>
	01/09/2025					\$8.33
		Contributor address; City; State; Zip Code				
		Houston, TX 77098				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					

	The Instruc	ction Guide explains how to comp	lete this for	rm.	1	Total pages Schedule A1: Sch: 14/29 Rpt: 17/34	
2	FILER NAME				3	Filer ID (Ethics Commission	ı Filers)
		ty Of Anesthesiologists Political Action C	committee			00024940	,
4	Date		ate PAC (ID#:	)	7	Amount of Contribution (\$)	
	01/08/2025	Jenkins, Kalan					\$84.00
		6 Contributor address; City; State; Zip Cod					
		l					
		Salado, TX 76571					
8		pation / Job title (See Instructions)	9	B Employer (See Instructions	5)		
	Physician						
	Date	Full name of contributor out-of-sta	ate PAC (ID#:	)		Amount of Contribution (\$)	
	01/14/2025	Jones, Chauncey					\$100.00
		Contributor address; City; State; Zip Cod	le				
		l					
		l					
		Magnolia, TX 77355					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician						
	Date	Full name of contributor 🔲 out-of-sta	ate PAC (ID#:	)		Amount of Contribution (\$)	
	01/08/2025	Jones, Zachary					\$84.00
		Contributor address; City; State; Zip Cod					
	ļ	l					
	ļ	I					
		Frisco, TX 75036					
	-	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician						
	Date	Full name of contributor out-of-sta	ate PAC (ID#:	)		Amount of Contribution (\$)	
	01/09/2025	Kenjarski, Thomas					\$84.00
	ļ	Contributor address; City; State; Zip Cod	le				
		l					
		l					
		Dallas, TX 75243					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician						
	Date	Full name of contributor 🛛 out-of-sta	ate PAC (ID#:	)		Amount of Contribution (\$)	
	01/08/2025	Kercheville, Scott					\$84.00
		Contributor address; City; State; Zip Cod	le				
		l					
		San Antonio, TX 78215					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Physician						
			ı				

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 15/29 Rpt: 18/34
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ety Of Anesthesiologists Political Action Committee		00024940
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
01/14/2025	Khorsand, Sarah		\$84.00
	6 Contributor address; City; State; Zip Code		1
	Dallas, TX 75229		
	upation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
01/08/2025	King, R. Baker		\$84.00
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78232		
	upation / Job title (See Instructions)	Employer (See Instructions	
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
01/08/2025	Koehler, Michelle		\$84.00
	Contributor address; City; State; Zip Code		
	New Braunfels, TX 78132		-
	upation / Job title (See Instructions)	Employer (See Instructions	<i>;</i> )
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
01/14/2025	Kolle, Bracken		\$84.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77042		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Physician			<i>''</i>
	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
Date 01/14/2025	Full name of contributor out-of-state PAC (ID#: Konvicka, James	)	Amount of Contribution (\$) \$84.00
01/14/2020			ψυτ.υυ
	Contributor address; City; State; Zip Code		
	Belton, TX 76513		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Physician			<i>''</i>
,			

The Instru	ction Guide explains how to complete this fo		pages Schedule A1: 16/29 Rpt: 19/34		
2 FILER NAME			3 Filer I	D (Ethics Commission	n Filers)
Texas Socie	ty Of Anesthesiologists Political Action Committee			4940	-
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amou	unt of Contribution (\$)	
01/08/2025	Koppang, Erik				\$84.00
	6 Contributor address; City; State; Zip Code				
	Fair Oaks, TX 78015				
-	ipation / Job title (See Instructions)	9 Employer (See Instructions	;)		
Physician					
Date	Full name of contributor out-of-state PAC (ID#:	)	Amou	Int of Contribution (\$)	
01/02/2025	Kroger, John				\$20.00
	Contributor address; City; State; Zip Code				
	League City, TX 77573				
	pation / Job title (See Instructions)	Employer (See Instructions	;)		<u> </u>
Physician					
Date	Full name of contributor out-of-state PAC (ID#:	)	Amou	unt of Contribution (\$)	
01/23/2025	Kwater, Andrzej				\$84.00
	Contributor address; City; State; Zip Code				
	Houston, TX 77009				
	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
Physician					
Date	Full name of contributor out-of-state PAC (ID#:	)	Amou	unt of Contribution (\$)	—
01/13/2025	Lasseter, Adam				\$84.00
	Contributor address; City; State; Zip Code				
	Austin TX 70704				
Dringinglagg	Austin, TX 78704	Employer (Cap Instructions			
Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions	5)		
			I .		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amou	Int of Contribution (\$)	<b>\$100.00</b>
01/16/2025	Lindberg, Scott				\$100.00
	Contributor address; City; State; Zip Code				
	Katy, TX 77494				
Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	•1		
Physician			•)		
Thysician					

	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 17/29 Rpt: 20/34	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Socie	y Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
Ľ	01/10/2025	Littlejohn, Martin			/ inician of Continuation (+)	\$42.00
	01/10/2020	-				φ2.00
		6 Contributor address; City; State; Zip Code				
		San Antonio, TX 78254				
8		pation / Job title (See Instructions)	B Employer (See Instructions	)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/10/2025	Maloney, Kenneth				\$84.00
		Contributor address; City; State; Zip Code				
		Cypress, TX 77429				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician			)		
	Fliysiciali					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/14/2025	Markham, Travis				\$84.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77030				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Physician					
⊨	-	Full name of contributor Out-of-state PAC (ID#:	\ \	_	Amount of Contribution (\$)	
	Date		)		Amount of Continuation (\$)	¢04.00
	01/08/2025	Masel, Brian				\$84.00
		Contributor address; City; State; Zip Code				
		Galveston, TX 77555				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/10/2025	McWilliams, Sara	· · · · · · · · · · · · · · · · · · ·			\$84.00
		Contributor address, City, State, Zip Code				
		Boorpo, TV 79006				
⊢	Duincing	Boerne, TX 78006				
1		pation / Job title (See Instructions)	Employer (See Instructions	)		
L	Physician					
1						

	The Instrue	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 18/29 Rpt: 21/34	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Socie	y Of Anesthesiologists Political Action Committee			00024940	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	01/10/2025	Mehta, Jaideep				\$84.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78731				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician					
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	)	Г	Amount of Contribution (\$)	
	01/14/2025	Merchun, Christopher	/			\$41.67
		Contributor address; City; State; Zip Code		1		
		Contributor address, Only, State, Zip Code				
		Dallas, TX 75219				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
╞	Date	Full name of contributor out-of-state PAC (ID#:_	)	Г	Amount of Contribution (\$)	
	01/15/2025	Mercier, David	)			\$84.00
	01/10/2020			•		¢0 1100
		Contributor address, City, State, Zip Code				
		Dallas, TX 75229				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician					
⊨	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u> )	Г	Amount of Contribution (\$)	
	01/14/2025	Miller, Christopher	)		/ incant of Continuation (+)	\$84.00
	01/1 // 2010	Contributor address; City; State; Zip Code		•		<i>+00</i>
		Contributor address, City, State, Zip Code				
		Arlington, TX 76015				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<b>1</b> 5)		
	Physician			,		
╞	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Г	Amount of Contribution (\$)	
	01/08/2025	Moore, Adam	)			\$84.00
	01/00/2023					Ψ04.00
		Contributor address; City; State; Zip Code				
		New Braunfels, TX 78132				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L 5)		
	Physician			-,		
⊢	, 5.0.011					

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 19/29 Rpt: 22/34	
2	FILER NAME			3	Filer ID (Ethics Commission	i Filers)
	Texas Socie	ty Of Anesthesiologists Political Action Committee			00024940	
4	Date	<b>5</b> Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	01/06/2025	Moorman, Andrew				\$84.00
		6 Contributor address; City; State; Zip Code				
		Dallas, TX 75219				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/08/2025	Moulin, Victor				\$41.67
		Contributor address; City; State; Zip Code				
		Houston, TX 77059				
		pation / Job title (See Instructions)	Employer (See Instructions	)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/13/2025	Mouzi-Wofford, Lisa				\$84.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77007				
		pation / Job title (See Instructions)	Employer (See Instructions	)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/08/2025	Muro, Rene				\$84.00
		Contributor address; City; State; Zip Code				
		El Paso, TX 79922				
		pation / Job title (See Instructions)	Employer (See Instructions	)		
	Physician					
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/10/2025	Normand, Katherine				\$84.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77079				
		pation / Job title (See Instructions)	Employer (See Instructions	)		
	Physician					
1						

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 20/29 Rpt: 23/34	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Socie	ty Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	01/08/2025	Norrell, Stacy				\$84.00
		6 Contributor address; City; State; Zip Code				
		l				
		Magnolia, TX 77355				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/08/2025	Nwokolo, Omonele				\$84.00
		Contributor address; City; State; Zip Code				
		l				
		Houston, TX 77030				
	•	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Physician					
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/08/2025	Odeh, Jaffer				\$84.00
		Contributor address; City; State; Zip Code				
	<b>T</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Dallas, TX 75390		Ļ		
	•	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/08/2025	Ok, John				\$84.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75251				
$\vdash$	Drincinal Occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician			9		
╞	-					
	Date 01/10/2025	Full name of contributor out-of-state PAC (ID#: Ortiz, Jaime	)		Amount of Contribution (\$)	\$84.00
	01/10/2025					Φ04.00
		Contributor address; City; State; Zip Code				
		l				
		Houston, TX 77025				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ן</u>		
	Physician			'		
_		L				

	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 21/29 Rpt: 24/34	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		ty Of Anesthesiologists Political Action Committee			00024940	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	01/08/2025	Padakandla, Udaya				\$84.00
		6 Contributor address; City; State; Zip Code		•		
		Carrollton, TX 75010				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	01/08/2025	Pandya, Vrunda				\$84.00
		Contributor address; City; State; Zip Code		ł		
		Boerne, TX 78006				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	01/14/2025	Perry, Jeremie				\$84.00
		Contributor address; City; State; Zip Code		1		
		Abilene, TX 79606				
		pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/08/2025	Peterson, Mary Dale				\$84.00
		Contributor address; City; State; Zip Code				
		Or many Obvieti TV 70404				
	Duin singl oppu	Corpus Christi, TX 78404	Encloser (Cas Instructions	ŕ		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	-			—		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	÷ 44 07
	01/09/2025	Phillips, Cooper				\$41.67
		Contributor address; City; State; Zip Code				
		Lubbock, TX 79430				
$\vdash$	Dringingl oppu		Employer (Soo Instructions			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
┡	FliySician					

	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 22/29 Rpt: 25/34		
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	Texas Socie	ty Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	01/08/2025	Pivalizza, Evan				\$84.00
		6 Contributor address; City; State; Zip Code				
	I					
	I					
Ļ		Tyler, TX 75708				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)	ſ	Amount of Contribution (\$)	
	01/09/2025	Plagenhoef, Jeffrey				\$84.00
	I	Contributor address; City; State; Zip Code				
	I					
		Southlake, TX 76092				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> נו		
	Physician			"		
╞	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	01/15/2025	Rahlfs, Thomas	/			\$83.34
	01,10,111	Contributor address; City; State; Zip Code				<b>***</b>
		Houston, TX 77079				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/09/2025	Rane, Mihir				\$84.00
	l	Contributor address; City; State; Zip Code				
	I					
		Dalas, TX 75209				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> נו		
	Physician			"		
╞	Date	Full name of contributor out-of-state PAC (ID#:		<u> </u>	Amount of Contribution (\$)	
	01/15/2025	Rebal, Brett	/		Amount of Contribution (\$)	\$84.00
	•	Contributor address; City; State; Zip Code				<del></del> .
	l					
	I					
		Austin, TX 78746				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
1						

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 23/29 Rpt: 26/34	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	Texas Socie	ty Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor out-of-state PAC (ID#	:)	7	Amount of Contribution (\$)	
	01/08/2025	Rebello, Elizabeth				\$84.00
	1	6 Contributor address; City; State; Zip Code		1		
Ļ		Houston, TX 77005		Ĺ		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician			-		
	Date	Full name of contributor out-of-state PAC (ID#	t:)		Amount of Contribution (\$)	
	01/14/2025	Reed, LoriJean				\$84.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75230				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Physician			-,		
╞	Date	Full name of contributor out-of-state PAC (ID#		Г	Amount of Contribution (\$)	
	01/06/2025	Remster, Jeffrey	/			\$84.00
	•	Contributor address; City; State; Zip Code		$\left  \right $		<b>T</b> -
		Dallas, TX 75206				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#	:)	Γ	Amount of Contribution (\$)	
	01/14/2025	Richards, Jeffrey				\$84.00
	l	Contributor address; City; State; Zip Code		1		
		League City, TX 77573				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician			>)		
╞	Date	Full name of contributor out-of-state PAC (ID#		Г	Amount of Contribution (\$)	
	01/08/2025	Rivera, Alan	)			\$84.00
	01,00,2020	Contributor address; City; State; Zip Code		$\left  \right $		<b>40</b>
		Lubbock, TX 79416				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					

The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 24/29 Rpt: 27/34		
2 FILER NAME	2 FILER NAME				Filers)
	ty Of Anesthesiologists Political Action Committee			00024940	,
4 Date				Amount of Contribution (\$)	
01/09/2025	Rochkind, Jessica				\$84.00
	6 Contributor address; City; State; Zip Code		1		
	Galveston, TX 77551				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
Physician					
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
01/10/2025	Rondeau, Bryan				\$83.34
	Contributor address; City; State; Zip Code		1		
	Temple, TX 76502				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Physician					
Date	Date Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	
01/08/2025	Rutland, Lindsey				\$84.00
	Contributor address; City; State; Zip Code		$\mathbf{I}$		-
	Austin, TX 78723				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Physician					
Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
01/08/2025	Saluja, Vijay			•••	\$41.67
	Contributor address; City; State; Zip Code		$\mathbf{I}$		
	Frisco, TX 75035				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Physician					
Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
01/14/2025	Sarmiento, Stephen				\$85.00
-	Contributor address; City; State; Zip Code		$\mathbf{I}$		·
	Plano, TX 75093				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)		
Physician			,		
-					

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	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 25/29 Rpt: 28/34	
2	2 FILER NAME				Filer ID (Ethics Commission	Filers)
		ty Of Anesthesiologists Political Action Committee			00024940	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	01/08/2025 Scott, John					\$84.00
		6 Contributor address; City; State; Zip Code		1		
		Keller, TX 76248				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/14/2025	Selassie, Rahel				\$84.00
		Contributor address; City; State; Zip Code		1		
		Manvel, TX 77578				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Physician					
⊢	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	01/09/2025	Sen, Sudipta				\$84.00
						-
		Houston, TX 77025				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/08/2025	Sheppard, Shaina				\$84.00
		Contributor address; City; State; Zip Code		1		
		I				
		Round Rock, TX 78664				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/02/2025	Shu, Stephen				\$84.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75219				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
		· · · · ·				

	The Instruc	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 26/29 Rpt: 29/34		
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Socie	ty Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
	01/14/2025 Stamatakos, Todd					\$85.00
		6 Contributor address; City; State; Zip Code				
		· · · · · · · · · · · · · · · · · · ·				
	ſ					
		Frisco, TX 75034				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	
	01/08/2025	Street, Austin				\$84.00
	ſ	Contributor address; City; State; Zip Code				
	ſ					
	ſ					
	ļ	Dallas, TX 75229				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Physician					
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	01/08/2025 Taneja, Rishi					\$84.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Dallas, TX 75230				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	01/15/2025	Teegarden, Beth				\$62.50
	ł	Contributor address; City; State; Zip Code		1		
	ſ					
	ſ					
	1	Galveston, TX 77555				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/10/2025	Tsai, January				\$84.00
		Contributor address; City; State; Zip Code	,	1		
	ſ					
	ſ					
	1	Houston, TX 77005				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					
1						

	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 27/29 Rpt: 30/34		
2	2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Socie	y Of Anesthesiologists Political Action Committee			00024940	
4	Date <b>5</b> Full name of contributor out-of-state PAC (ID#:)			7	Amount of Contribution (\$)	
	01/14/2025 Tunink, Bryan					\$62.50
	01/1 //1010	6 Contributor address; City; State; Zip Code				+02.00
		Contributor address, City, State, Zip Code				
		Southlake, TX 76092				
-	Drincipal occu		9 Employer (See Instructions	<u>ا</u>		
ľ	Physician			<i>י</i> י		
	FIIYSICIAII			_		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/08/2025	Vidaurri, Lytorre				\$84.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78726				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/14/2025	Vu-Boyer, Lisa				\$100.00
	Contributor address; City; State; Zip Code					
	Dallas, TX 75219					
	Principal occupation / Job title (See Instructions) Employer (See Instruction			5)		
	Physician					
	Date	Full name of contributor Out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	01/08/2025	Wajima, Yutaka	/			\$84.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78731				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ;)		
	Physician		, . <b>,</b>	,		
⊨	-	Full name of contributor Out-of-state PAC (ID#:	、 、	_	Amount of Contribution (ft)	
	Date 01/10/2025		)		Amount of Contribution (\$)	\$83.34
	01/10/2025					<b>ΦΟ</b> Ο.04
	Contributor address; City; State; Zip Code					
		Houston TX 77019				
⊢	Drincipal	Houston, TX 77018		<u> </u>		
1		pation / Job title (See Instructions)	Employer (See Instructions	)		
	Physician					
I						
1						

	The Instru	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 28/29 Rpt: 31/34		
2	2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Socie	ty Of Anesthesiologists Political Action Committee			00024940	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	12/27/2024 Wells, Kristen				( )	\$84.00
	ľ	6 Contributor address; City; State; Zip Code				
	ł					
	ľ					
	ł	Addison, TX 75001				
8	Principal occu	I pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Physician			,		
╞	-	Full name of contributor out-of-state PAC (ID#:	. )	Г	Amount of Contribution (\$)	
	Date 01/06/2025		)		Amount of Contribution (\$)	\$25.00
	01/00/2025	West, Mary				Φ25.00
	1	Contributor address; City; State; Zip Code				
	ļ	In ting TV 7E061				
		Irving, TX 75061		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Physician			-		
	Date Full name of contributor out-of-state PAC (ID#:)		)		Amount of Contribution (\$)	
	01/09/2025	Whitman, Frances				\$84.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Frisco, TX 75034				
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Ι	Amount of Contribution (\$)	
	01/08/2025	Williams, George				\$84.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
	1					
	ļ	Houston, TX 77030				
⊢	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician	· · ·				
╞	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Г	Amount of Contribution (\$)	
	01/08/2025	Wood, Ashley	·/			\$84.00
	01/00/2020	-		-		Ψ07.00
	ļ	Contributor address; City; State; Zip Code				
	1	McKinney, TX 75072				
⊢	Dringing ogg		Employer (See Instructions	<u> </u>		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 29/29 Rpt: 32/34
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Texas Society Of Anesthesiologists Political Action Committee	00024940
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/08/2025 Woods, Amy	\$84.00
6 Contributor address; City; State; Zip Code	
Dallas, TX 75390	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Physician	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/08/2025 Yolland, Michael	\$84.00
Contributor address; City; State; Zip Code	
Continuation address, City, State, Zip Code	
Galveston, TX 77555	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Physician Physician	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/08/2025 Zaafran, Sherif	\$75.00
Contributor address; City; State; Zip Code	
Houston, TX 77055	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Physician	

### PLEDGED CONTRIBUTIONS

#### SCHEDULE **B**

Th	e Instruction Guide explains how to complete	1 Total pages Schedule B: Sch: 1/1 Rpt: 33/34			
2 FILER NA	ME		3 Filer ID	(Ethics Commission Filers)	
Texas Sc	ciety Of Anesthesiologists Political Action Committee		00024940		
<sup>4</sup> TOTAL	OF UNITEMIZED PLEDGES		\$		0.00
5 Date	6 Full name of pledgorout-of-state PAC (ID#:	)	8 Amount of pledge (\$)	9 In-kind description (If applicable)	
	7 Pledgor Address; City; State; Zip Code		Check if trave	el outside of Texas. Complete Sch	nedule T.
10 Principal c	11 Curve and the second s	L Employer (See Instruc	ctions)		

LOANS					SCHEDU	LE E
The Instructio	on Guide explains how to comp	olete this f	orm.	-	ges Schedule E: 1 Rpt: 34/34	
2 FILER NAME Texas Society O	FILER NAME3Filer IDTexas Society Of Anesthesiologists Political Action Committee00024					Filers)
<sup>4</sup> TOTAL OF UN	IITEMIZED LOANS				\$	0.00
5 Date of loan	7 Name of lender	out-of-state PA	C (ID#:	)	9 Loan Amount (\$)	
6 Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate	
					<b>11</b> Maturity Date	
<b>12</b> Principal occupatio	on / Job title (See Instructions)		13 Employer (See Instructions	;)		
14 Description of Coll	ateral		15 Check if personal funds we	ere deposited	l into political account (See Instructions)	
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guarante	ed (\$)
not applicable	18 Guarantor address; City;	State;	Zip Code			
20 Principal occupatio	້		21 Employer (See Instructions	3)		