## MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM MPAC COVER SHEET PG 1

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Tł	ne MPAC Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00015658	2 Total pages filed: 64
3	COMMITTEE NAME		•	OFFICE USE ONLY
	Texas Medical Ass	ociation Political Action Committee		
				Date Received ELECTRONICALLY FILED 05/05/2025
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	
	ADDRESS	401 W. 15th St.		
		Austin, TX 78701		Date Hand-delivered or Date Postmarked
5	CAMPAIGN	MS/MRS/MR FIRST	MI	
	TREASURER	Mr. Clayton		Receipt # Amount
	NAME			
				Date Processed
		NICKNAME LAST	SUFFIX	
		Stewart		Date Imaged
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	; APT / SUITE #; CITY; STA	ATE; ZIP CODE
	TREASURER STREET	401 W. 15th Street		
	ADDRESS			
	(Residence or Business)	Austin, TX 78701		
7	CAMDAICN			
ľ	CAMPAIGN TREASURER	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE
	MAILING	401 W. 15th Street		
	ADDRESS			
		Austin, TX 78701		
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
	TREASURER PHONE	(512) 370-1365		
		(012) 010 1000		
9	REPORT TYPE	X Monthly	└── 10th day after campaign ┌	Dissolution (Attach PAC-DR)
		X Monthly	L treasurer termination	Dissolution (Attach PAC-DR)
10	MONTHLY			
	REPORT FILING DEADLINE	January 5 Apri	I 5 July 5	October 5
	DERDENTE	February 5 X May	5 August 5	November 5
			e 5 September 5	December 5
		March 5 June		
11	PERIOD	Month Day Year	Month	Day Year
	COVERED	03/26/2025	THROUGH 04/25/2	.025
		GO	TO PAGE 2	
	rma provided by T-		thics.state.tx.us	Version V4.1.0.e02d6221
-()	$m \sim m \sim$			

## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)	
Texas Medical Associa	ation Political Action Cor	nmittee	0001565	8	
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	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	48.25	
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	58,509.90	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00	
	4. TOTAL POLITICA	L EXPENDITURES	\$	198.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	293,734.85	
OUTSTANDING LOAN TOTALS		MOUNT OF ALL OUTSTANDING LOANS AS OF 1 REPORTING PERIOD	THE \$	0.00	
16 AFFIDAVIT			•		
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.			
		Mr. Clavt	on Stewart		
		Signature of Car		surer	
AFFIX NOTAR	Y STAMP / SEAL ABOVE				
Sworn to and subscribe	d before me, by the said	, tł	nis the	day	
		which, witness my hand and seal of office.			
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of of	ficer administering oath	
Forms provided by Texas	Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.e02d6221	

## SUBTOTALS - MPAC

## FORM MPAC COVER SHEET PG 3

3 of 64

17 COMMITTE	EE NAME	18 Filer ID	(Ethics Commission Filers)			
	dical Association Political Action Committee					
	SCHEDULE SUBTOTALS       NAME OF SCHEDULE					
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 36,098.48			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION	R	\$			
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION OR	\$			
6. X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	<b>\$</b> 1,000.00			
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		<b>\$</b> 21,411.42			
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$			
9.	SCHEDULE E: LOANS		\$			
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	5	<b>\$</b> 198.00			
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$			
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$			
1						

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/58 Rpt: 4/64
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		cal Association Political Action Committee		00015658
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
	03/31/2025	Abdalla, Mohamad A.		\$99.00
	I	6 Contributor address; City; State; Zip Code		1
	I	1		
	I	1		
		Houston, TX 77083-5865		
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Physician		US Anesthesia Partners	s of Texas, PA
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	03/31/2025	Abraham, Binu R.		\$99.00
	ļ	Contributor address; City; State; Zip Code		4
	I			
	I	1		
	I	Missouri City, TX 77459-1854		
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
	Physician		US Anesthesia Partners	
╞	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
	03/31/2025	Abramson, Steven I.	J	\$99.00
	00/01/2020			
	Contributor address; City; State; Zip Code			
	I	1		
	I	Houston, TX 77096-3534		
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
	Physician		US Anesthesia Partners	
╞	Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
	03/31/2025	Full name of contributor out-of-state PAC (ID#: Adeoti, Lasnette V.	)	\$99.00
	03/31/2025			ψ99.00
	l	Contributor address; City; State; Zip Code		
	I	1		
	I	Fulshear, TX 77441-1543		
┝	Dringingl oogu			-\
		upation / Job title (See Instructions)	Employer (See Instructions	
L	Physician		US Anesthesia Partners	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	03/31/2025	Agbetoba, Airat A.		\$99.00
	I	Contributor address; City; State; Zip Code	1	1
	l	1		
	I	1		
		Bellaire, TX 77401-4840		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
	Physician		US Anesthesia Partners	s of Texas, PA
⊢			J	

The Instruction Guide explains how to complete this form.       1 Total pages Stochalde AL: Sch: 2/68 Rpt: 5/64         2 FILER NAME Texas Medical Association Political Action Committee       5 Filer ID (Ethics Commission Filers) 00015658         4 Date 03/31/2025       5 Full name of contributor contraction committee       7 Amount of Contribution (b) Apper, Viswanathan         6 Contribution address; City: State: Zip Code       7 Amount of Contribution (b) Apper, Viswanathan       9 Employer (See Instructions) US Anesthesia Partners of Texas, PA         7 Amount of Contribution Physician       Full name of contributor Alanz, Pedro F. Contributor address; City: State: Zip Code       Amount of Contributor (b) Alanz, Pedro F. Contributor address; City: State: Zip Code         7 Principal occupation / Job title (See Instructions) Physician       Employer (See Instructions) US Anesthesia Partners of Texas, PA         7 Amount of Contributor Principal occupation / Job title (See Instructions) Physician       Employer (See Instructions) US Anesthesia Partners of Texas, PA         7 Amount of Contributor address; City: State: Zip Code       Amount of Contributor (b) Advander, Sandra J. Contributor address; City: State: Zip Code         9 Date 03/31/2025       Full name of contributor Ali, Mohammed Salain-Eldin Ali, Mohammed Salain-Eldin Ali, Mohammed Salain-Eldin Oard-disate PAC (DE) Houston, TX 77007-5040       Employer (See Instructions) US Anesthesia Partners of Texas, PA         9 Date 03/31/2025       Full name of contributor Ali, Mohammed Salain-Eldin Ali, Mohammed Salain-Eldin Ali, Mohammed Salain-Eldin Ali, Mohammed Salain-El				
Texas Medical Association Political Action Committee       00015658         4 Date       5 Full name of contribution   uucl-state PAC (Der)       7 Amount of Contribution (\$)         3/31/2025       6 Contributor address; City; State; Zip Code       10 Anount of Contribution (\$)         8 Principal occupation / Job title (See instructions)       9 Employer (See Instructions)       Mount of Contribution (\$)         9/331/2025       Full name of contributor       out-of-state PAC (Der	The Instruc	ction Guide explains how to complete this f	orm.	
Texas Medical Association Political Action Committee       00015658         4 Date       5 Full name of contribution   uucl-state PAC (Der)       7 Amount of Contribution (\$)         3/31/2025       6 Contributor address; City; State; Zip Code       10 Anount of Contribution (\$)         8 Principal occupation / Job title (See instructions)       9 Employer (See Instructions)       Mount of Contribution (\$)         9/331/2025       Full name of contributor       out-of-state PAC (Der	2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
03/31/2025       Aiyer, Viswanathan       S99.00         6       Contributor address; City; State; Zip Code       Houston, TX 77009-6607         8       Principal occupation / Job tite (See Instructions)       9       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (IDF, Contribution address; City; State; Zip Code       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (IDF, Contributions)       Employer (See Instructions)         Principal occupation / Job tite (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Principal occupation / Job tite (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Physician       Full name of contributor       out-of-state PAC (IDF, Contribution (\$)       S99.00         03/31/2025       Full name of contributor       out-of-state PAC (IDF, Contribution (\$)       S99.00         Principal occupation / Job tite (See Instructions)       Employer (See Instructions)       Employer (See Instructions)         Physician       Galdier, TX 77401-4410       Contributor address; City: State: Zip Code       Amount of Contribution (\$)         O3/31/2025       Full name of contributor       out-of-state PAC (IDF, Contributions)       Amount of Contribution (\$)         O3/31/2025       Full name of c				
6       Contributor address; City; State; Zip Code         Houston, TX 77009-6607       9         8       Principal occupation / Job title (See Instructions)       9         Employer (See Instructions)       US Anesthesia Partners of Texas, PA         Date       O3/31/2025       Alaniz, Pedro F.       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Image: Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Physician       Full name of contributor       oxt-of-state PAC (ID#       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       WS Anesthesia Partners of Texas, PA         Date       Full name of contributor       oxt-of-state PAC (ID#       Amount of Contribution (\$)       \$99.00         Contributor address; City; State; Zip Code       US Anesthesia Partners of Texas, PA       \$99.00         Principal occupation / Job title (See Instructions)       US Anesthesia Partners of Texas, PA       \$99.00         O3/31/2025       Ali, Mohamed Salah-Eldin       US Anesthesia Partners of Texas, PA       \$99.00         O3/31/2025       Ali, Mohamed Salah-Eldin       Contribator address; City; State; Zip Code       Amount	4 Date	<b>5</b> Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
B       Houston, TX 77009-6607       Pinicipal occupation / Job title (See Instructions)       Pinicipal occupation / Job title (See Instructions)         Date       Full name of contributor       out-of-state PAC (De:       Ot Amount of Contribution (S)         Date       Full name of contributor       out-of-state PAC (De:       Amount of Contribution (S)         O3/31/202       Full name of contributor       out-of-state PAC (De:       Amount of Contribution (S)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S99.00         Physician       Full name of contributor       out-of-state PAC (De:       Amount of Contribution (S)         O3/31/2025       Full name of contributor       out-of-state PAC (De:       Amount of Contribution (S)         O3/31/2025       Full name of contributor       out-of-state PAC (De:       Amount of Contribution (S)         O3/31/2025       Full name of contributor       out-of-state PAC (De:       S99.00         Principal occupation / Job title (See Instructions)       US Anesthesia Partners of Texas, PA         Physician       Contributor address: City: State: Zip Code       Amount of Contribution (S)         O3/31/2025       Full name of contributor       out-of-state PAC (De:       Amount of Contribution (S)         O3/31/2025       Ali, Mohammad       Sah-Eldin       S99.00	03/31/2025	Aiyer, Viswanathan	ł	\$99.00
B       Houston, TX 77009-6607       Pinicipal occupation / Job title (See Instructions)       Pinicipal occupation / Job title (See Instructions)         Date       Full name of contributor       out-of-state PAC (De:       Ot Amount of Contribution (S)         Date       Full name of contributor       out-of-state PAC (De:       Amount of Contribution (S)         O3/31/202       Full name of contributor       out-of-state PAC (De:       Amount of Contribution (S)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S99.00         Physician       Full name of contributor       out-of-state PAC (De:       Amount of Contribution (S)         O3/31/2025       Full name of contributor       out-of-state PAC (De:       Amount of Contribution (S)         O3/31/2025       Full name of contributor       out-of-state PAC (De:       Amount of Contribution (S)         O3/31/2025       Full name of contributor       out-of-state PAC (De:       S99.00         Principal occupation / Job title (See Instructions)       US Anesthesia Partners of Texas, PA         Physician       Contributor address: City: State: Zip Code       Amount of Contribution (S)         O3/31/2025       Full name of contributor       out-of-state PAC (De:       Amount of Contribution (S)         O3/31/2025       Ali, Mohammad       Sah-Eldin       S99.00		6 Contributor address; City; State; Zip Code		1
B       Principal occupation / Job title (See Instructions)       P       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$99.00         03/31/2025       Full name of contributor address; City, State; Zip Code       Amount of Contribution (\$)       \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Mount of Contribution (\$)       \$99.00         Physician       Contributor address; City, State; Zip Code       US Anesthesia Partners of Texas, PA       Amount of Contribution (\$)       \$99.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$99.00         03/31/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$99.00         03/31/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$99.00         03/31/2025       Full name of contributor       out-of-state PAC (ID#:			,	
B       Principal occupation / Job title (See Instructions)       P       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$99.00         03/31/2025       Full name of contributor address; City, State; Zip Code       Amount of Contribution (\$)       \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Mount of Contribution (\$)       \$99.00         Physician       Contributor address; City, State; Zip Code       US Anesthesia Partners of Texas, PA       Amount of Contribution (\$)       \$99.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$99.00         03/31/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$99.00         03/31/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$99.00         03/31/2025       Full name of contributor       out-of-state PAC (ID#:			,	
Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (IDF       Amount of Contribution (\$)         Q3/31/2025       Alaniz, Pedro F.       S99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S99.00         Principal occupation / Job title (See Instructions)       US Anesthesia Partners of Texas, PA       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (IDF       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (IDF       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (IDF       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S99.00         Physician       Sum of contributor       out-of-state PAC (IDF       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (IDF       Minout of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (IDF       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (IDF       Minout of Contribution (\$)         03/31/2025       Full name of contribu		Houston, TX 77009-6607	ļ	
Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (IDF       Amount of Contribution (\$)         Q3/31/2025       Alaniz, Pedro F.       S99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S99.00         Principal occupation / Job title (See Instructions)       US Anesthesia Partners of Texas, PA       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (IDF       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (IDF       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (IDF       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S99.00         Physician       Sum of contributor       out-of-state PAC (IDF       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (IDF       Minout of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (IDF       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (IDF       Minout of Contribution (\$)         03/31/2025       Full name of contribu	8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
03/31/2025       Alaniz, Pedro F.       \$99.00         Contributor address; City; State, Zip Code       Employer (See Instructions)       \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       US Anesthesia Partners of Texas, PA         Date       Full name of contributor	Physician		US Anesthesia Partners	s of Texas, PA
03/31/2025       Alaniz, Pedro F.       \$99.00         Contributor address; City; State, Zip Code       Employer (See Instructions)       \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       US Anesthesia Partners of Texas, PA         Date       Full name of contributor	Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
Contributor address; City; State; Zip Code         Richmond, TX 77407-1957         Principal occupation / Job title (See Instructions)         Physician         Date         03/31/2025         Alexander, Sandra J.         Contributor address; City; State; Zip Code         Bellaire, TX 77401-4410         Principal occupation / Job title (See Instructions)         Physician         Date         Bellaire, TX 77401-4410         Principal occupation / Job title (See Instructions)         Physician         Date         Bellaire, TX 77401-4410         Principal occupation / Job title (See Instructions)         US Anesthesia Partners of Texas, PA         Date         Galfaire, TX 7701-5040         Principal occupation / Job title (See Instructions)         Principal occupation / Job title (See Instructions)         Physician         Date         Principal occupation / Job title (See Instructions)         Physician         Principal occupation / Job title (See Instructions)         Physician         Date         Galfaire         Galfaire         Houston, TX 7702-2549         Principal occupation / Job titite (See Instructions) <t< td=""><td></td><td></td><td></td><td></td></t<>				
Richmond, TX 77407-1957       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#         03/31/2025       Alexander, Sandra J.       S99.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       S99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#         03/31/2025       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (ID#       Manount of Contribution (\$)         97/31/2025       Full name of contributor       out-of-state PAC (ID#       US Anesthesia Partners of Texas, PA         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S99.00         O3/31/2025       Full name of contributor       out-of-state PAC (ID#       Out-of-state PAC (ID#         03/31/2025       Full name of contributor       out-of-state PAC (ID#       <				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)       With the second		Continuator address, City, State, Zip Code	,	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)       With the second			,	
Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         03/31/2025       Alexander, Sandra J.       \$99.00         Contributor address; City; State; Zip Code       Find participal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Physician       Out-of-state PAC (D#:		Richmond, TX 77407-1957		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Alexander, Sandra J.       \$99.00         Contributor address; City, State; Zip Code       Bellaire, TX 77401-4410       \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       With a state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Ali, Mohamed Salah-Eldin	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
03/31/2025       Alexander, Sandra J. Contributor address; City; State; Zip Code       \$99.00         Principal occupation / Job title (See Instructions) Physician       Employer (See Instructions) US Anesthesia Partners of Texas, PA         Date 03/31/2025       Full name of contributor out-of-state PAC (ID#: Ali, Mohamed Salah-Eldin Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$99.00         Principal occupation / Job title (See Instructions) Physician       Employer (See Instructions) US Anesthesia Partners of Texas, PA         Pate 03/31/2025       Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$99.00         Principal occupation / Job title (See Instructions) Physician       Employer (See Instructions) US Anesthesia Partners of Texas, PA         Date 03/31/2025       Full name of contributor out-of-state PAC (ID#: Ali, Mohammad       Amount of Contribution (\$) \$99.00         Oate 03/31/2025       Full name of contributor out-of-state PAC (ID#: Houston, TX 77042-2549       Amount of Contribution (\$) \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$99.00         Principal occupation / Job titite (See Instructions)       Employer (See Instructions)	Physician		US Anesthesia Partners	s of Texas, PA
03/31/2025       Alexander, Sandra J. Contributor address; City; State; Zip Code       \$99.00         Principal occupation / Job title (See Instructions) Physician       Employer (See Instructions) US Anesthesia Partners of Texas, PA         Date 03/31/2025       Full name of contributor out-of-state PAC (ID#: Ali, Mohamed Salah-Eldin Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$99.00         Principal occupation / Job title (See Instructions) Physician       Employer (See Instructions) US Anesthesia Partners of Texas, PA         Pate 03/31/2025       Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$99.00         Principal occupation / Job title (See Instructions) Physician       Employer (See Instructions) US Anesthesia Partners of Texas, PA         Date 03/31/2025       Full name of contributor out-of-state PAC (ID#: Ali, Mohammad       Amount of Contribution (\$) \$99.00         Oate 03/31/2025       Full name of contributor out-of-state PAC (ID#: Houston, TX 77042-2549       Amount of Contribution (\$) \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$99.00         Principal occupation / Job titite (See Instructions)       Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
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Belaire, TX 77401-4410       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor				4
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:)         03/31/2025       Ali, Mohamed Salah-Eldin       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$99.00         Physician       US Anesthesia Partners of Texas, PA       \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$99.00         Physician       US Anesthesia Partners of Texas, PA       Amount of Contribution (\$)       \$99.00         03/31/2025       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$99.00         03/31/2025       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$99.00         03/31/2025       Full name of contributor       Out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$99.00         03/31/2025       Ali, Mohammad       Tot out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$99.00         Principal occupation / Job title			ļ	
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03/31/2025       Ali, Mohamed Salah-Eldin       \$99.00         Contributor address; City; State; Zip Code       Houston, TX 77007-5040       \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       US Anesthesia Partners of Texas, PA         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Ali, Mohammad       \$99.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Houston, TX 77042-2549       Fullouston, TX 77042-2549         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Physician		US Anesthesia Partners	s of Texas, PA
03/31/2025       Ali, Mohamed Salah-Eldin       \$99.00         Contributor address; City; State; Zip Code       Houston, TX 77007-5040       \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       US Anesthesia Partners of Texas, PA         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Ali, Mohammad       \$99.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Houston, TX 77042-2549       Fullouston, TX 77042-2549         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
Contributor address; City; State; Zip Code         Houston, TX 77007-5040         Principal occupation / Job title (See Instructions)         Physician         Date         Full name of contributor         Out-of-state PAC (ID#:)         Ali, Mohammad         Contributor address; City; State; Zip Code         Houston, TX 77042-2549         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Date         Houston, TX 77042-2549         Principal occupation / Job title (See Instructions)				.,
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The Instruction Guide explains how to complete this form.       1 Total page Structure 2       Sch: 368 Rpt: 664         2       FLER NAME       3 Filter D [Ethics Commission Filters]       00015658         4       Date       3 Filter D [Ethics Commission Filters]       00015658         04/15/2025       Allen, Carley Michelle       7 Amount of Contributor of Contributor address; City, State: Zip Code       7 Amount of Contribution (\$)         8       Principal accupation / Job tife (See Instructions)       9 Employer (See Instructions)       7 Amount of Contribution (\$)         9       Full name of contributor in au-of-state PAC (10#       Amount of Contribution (\$)       \$99.00         03/31/2025       Full name of contributor in au-of-state PAC (10#       Amount of Contribution (\$)       \$99.00         03/31/2025       Full name of contributor in au-of-state PAC (10#       Amount of Contribution (\$)       \$99.00         03/31/2025       Full name of contributor in au-of-state PAC (10#       Amount of Contribution (\$)       \$99.00         03/31/2025       Full name of contributor in au-of-state PAC (10#       Amount of Contribution (\$)       \$99.00         03/31/2025       Full name of contributor in au-of-state PAC (10#       Amount of Contribution (\$)       \$99.00         03/31/2025       Full name of contributor in au-of-state PAC (10#       Amount of Contribution (\$)       \$99.00							
Texas Medical Association Political Action Committee       00015658         4 Date       5 Full name of contributor in out-at-state PAC (Derimination of Contribution (S)       7 Amount of Contribution (S)         9 Date       6 Contributor address; City: State; Zip Code       7 Amount of Contribution (S)         8 Principal occupation / Job tile (See Instructions)       9 Employer (See Instructions)       Amount of Contribution (S)         9 Date       Full name of contributor in out-of-state PAC (Deriman ou	The I	Instruc	ction Guide explains how to complete thi	s form.			
Texas Medical Association Political Action Committee       00015658         4 Date       5 Full name of contributor in out-at-state PAC (Derimination of Contribution (S)       7 Amount of Contribution (S)         9 Date       6 Contributor address; City: State; Zip Code       7 Amount of Contribution (S)         8 Principal occupation / Job tile (See Instructions)       9 Employer (See Instructions)       Amount of Contribution (S)         9 Date       Full name of contributor in out-of-state PAC (Deriman ou	2 FILER	NAME			3	Filer ID (Ethics Commissio	on Filers)
04/15/2025       Allen, Carley Michelle       \$40.00         6       Contributor address; City; State; Zip Code       \$40.00         7       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         7       Principal occupation / Job title (See Instructions)       1000 reformance       Amount of Contribution (S)         9       Full name of contributor       out-of-state PAC (IDE:       Amount of Contribution (S)         9       Full name of contributor       out-of-state PAC (IDE:       Amount of Contribution (S)         9       Full name of contributor       out-of-state PAC (IDE:       Amount of Contribution (S)         9       Full name of contributor       out-of-state PAC (IDE:       Amount of Contribution (S)         9       Full name of contributor       out-of-state PAC (IDE:       Amount of Contribution (S)         9       Full name of contributor       out-of-state PAC (IDE:       Amount of Contribution (S)         9       Employer (See Instructions)       Business Owner       Business Owner         03/29/2025       Full name of contributor       out-of-state PAC (IDE:       Amount of Contribution (S)         9       State: Zip Code       Employer (See Instructions)       Business Owner         03/31/2025       Full name of contributor       out-of-st	Texas	s Medic	al Association Political Action Committee				
04/15/2025       Allen. Carley Michelle       \$40.00         6       Contributor address; City; State; Zip Code       \$40.00         7       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         7       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         7       Principal occupation / Job title (See Instructions)       1       Amount of Contribution (S)         7       Allred, Anna M.       Sep 0.00       Contributor address; City; State; Zip Code       Amount of Contribution (S)         8       Full name of contributor       out-of-state PAC (Db#       Amount of Contribution (S)       \$99.00         203/2/2025       Full name of contributor       out-of-state PAC (Db#       Amount of Contribution (S)       \$95.00         203/2/2025       Full name of contributor       out-of-state PAC (Db#       Amount of Contribution (S)       \$\$55.00         203/2/2025       Full name of contributor       out-of-state PAC (Db#       Amount of Contribution (S)       \$\$55.00         203/20225       Full name of contributor       out-of-state PAC (Db#       Amount of Contribution (S)       \$\$99.00         203/31/2025       Full name of contributor       out-of-state PAC (Db#       Amount of Contribution (S)       \$\$99.00         203/	4 Date		5 Full name of contributor out-of-state PAC (II	)	7	Amount of Contribution (\$)	
Houston, TX 77030-1501       Principal occupation / Job title (See Instructions)       Physician       ITMSH Residency Program         Date       Full name of contributor       out-of-state PAC (De:	04/15/	/2025	Allen, Carley Michelle				\$40.00
Houston, TX 77030-1501       Principal occupation / Job title (See Instructions)       Physician       ITMSH Residency Program         Date       Full name of contributor       out-of-state PAC (De:			6 Contributor address; City; State; Zip Code		··		
8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)         9       Employer (See Instructions)       Employer (See Instructions)       \$\$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$\$99.00         Date       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)         03/29/2025       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)         03/29/2025       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)         03/29/2025       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)       \$99.00							
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Physician       UTMSH Residency Program         Date       Full name of contributor       out-of-state PAC (Dor       Amount of Contribution (\$)         03/31/2025       Alfred, Anna M.       \$99.00         Contributor address; City: State: Zip Code       Full name of contributor address; City: State: Zip Code       Amount of Contributor (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Self Employed         Date       Full name of contributor       out-of-state PAC (Der       Amount of Contribution (\$)         03/29/2025       Aimond, Suzanne       Self Employer       Amount of Contribution (\$)         03/29/2025       Aimond, Suzanne       Employer (See Instructions)       \$55.00         Date       Corpus Christi, TX 78418-9302       Employer (See Instructions)       \$99.00         Principal occupation / Job title (See Instructions)       Business Owner       Business Owner       Amount of Contributor (\$)         Date       Full name of contributor       out-of-state PAC (Der       Amount of Contribution (\$)       \$99.00         03/31/2025       Marachukwu, Chiamaka Nnedi       contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$99.00         Oate       Hanachukwu, Chiamaka Nnedi       contributor address; City; State; Zip Code       Amount of Contribution (\$)				-			
Date       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         03/31/2025       Alired, Anna M.       \$\$99.00         Contributor address; City; State; Zip Code       Self Employer (See Instructions)       Self Employed         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/29/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/29/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/29/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Business Owner       Employer (See Instructions)       Business Owner         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$99.00         Oafe       Manount of Contribution (\$)       Contributor address; City: State; Zip Code       Amou			pation / Job title (See Instructions)				
03/31/2025       Allred, Anna M.       \$99.00         Contributor address; City; State; Zip Code       Richmond, TX 77469-4297         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Full name of contributor       out-of-state PAC (Dir:	Physic	cian		UTMSH Residency Pro	_		
Contributor address; City, State; Zip Code         Richmond, TX 77469-4297         Principal occupation / Job title (See Instructions)         Self Employed         Date         03/29/2025         Almond, Suzanne         Contributor address; City, State; Zip Code         Corpus Christi, TX 78418-9302         Principal occupation / Job title (See Instructions)         Business Owner         Bate         Full name of contributor         Odress; City, State; Zip Code         Corpus Christi, TX 78418-9302         Principal occupation / Job title (See Instructions)         Business Owner         Business Owner         Date         Oa/31/2025         Amanchukwu, Chiamaka Nnedi         Contributor address; City, State; Zip Code         Manvel, TX 77578-2169         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         US Anesthesia Partners of Texas, PA         Out-of-state PAC (ID#:				D#:)		Amount of Contribution (\$)	
Richmond, TX 77469-4297         Principal occupation / Job title (See Instructions)         Self Employer (See Instructions)         Self Employed         Date         03/29/2025         Full name of contributor         Corpus Christi, TX 78418-9302         Principal occupation / Job title (See Instructions)         Business Owner         Date         Self Employer (See Instructions)         Business Owner         Date         Self Instructions)         Business Owner         Date         O3/31/2025         Full name of contributor         Out-of-state PAC (ID#:)         Amount of Contribution (\$)         S99.00         Contributor address; City; State; Zip Code         Manvel, TX 77578-2169         Principal occupation / Job title (See Instructions)         Principal occupation / Job title (See Instructions)         US Anesthesia Partners of Texas, PA         Oate       Full name of contributor         Out-of-state PAC (ID#:)         Amount of Contribution (\$)         Systian         US Anesthesia Partners of Texas, PA         Out-of-state PAC (ID#:)         Out-of-state PAC (ID#:)	03/31/	/2025					\$99.00
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Principal occupation / Job title (See Instructions) Physician       Employer (See Instructions) Self Employed         Date 03/29/2025       Full name of contributor       out-of-state PAC (ID#:			Richmond TX 77469-4297				
Physician       Self Employed         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/29/2025       Almond, Suzanne       \$\$55.00         Contributor address; City; State; Zip Code       Corpus Christi, TX 78418-9302       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Business Owner         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Amanchukwu, Chiamaka Nnedi	Princip	nal occu		Employer (See Instructions	l		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/29/2025       Almond, Suzanne       \$55.00         Contributor address; City; State; Zip Code       Corpus Christi, TX 78418-9302       Employer (See Instructions)         Business Owner       Business Owner       Business Owner       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Amanchukwu, Chiamaka Nnedi        Amount of Contribution (\$)         03/31/2025       Amanchukwu, Chiamaka Nnedi        \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$99.00         O3/31/2025       Amanchukwu, Chiamaka Nnedi					,		
03/29/2025       Almond, Suzanne       \$55.00         Contributor address; City; State; Zip Code       Corpus Christi, TX 78418-9302       Employer (See Instructions)         Business Owner       Business Owner       Business Owner         Date       Full name of contributor address; City; State; Zip Code       Amanchukwu, Chiamaka Nnedi         03/31/2025       Amanchukwu, Chiamaka Nnedi       Amount of Contribution (\$)         03/31/2025       Manvel, TX 77578-2169       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor address; City; State; Zip Code       Amount of Contribution (\$)         04/07/2025       Aqtash, Obadah       Out-of-state PAC (ID#:       Amount of Contribution (\$)         04/07/2025       Full name of contributor       Out-of-state PAC (ID#:       Amount of Contribution (\$)         04/07/2025       Aqtash, Obadah       S1,000.00       S1,000.00         Cincinnati, OH 45231-6069       Employer (See Instructions)       \$1,000.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$1,000.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       S1,000.00	-		Full name of contributor		Т	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code         Corpus Christi, TX 78418-9302         Principal occupation / Job title (See Instructions)         Business Owner         Date         03/31/2025         Amanchukwu, Chiamaka Nnedi         Contributor address; City; State; Zip Code         Manvel, TX 77578-2169         Principal occupation / Job title (See Instructions)         Physician         Date         Oate         Manvel, TX 77578-2169         Principal occupation / Job title (See Instructions)         Physician         Date         Oate         Oate         Valash, Obadah         Contributor address; City; State; Zip Code         Visitie (See Instructions)         Physician         Date         Full name of contributor         Out-of-state PAC (ID#:         US Anesthesia Partners of Texas, PA         Out-of-state PAC (ID#:         Out-of-state PAC (ID#:         Contributor address; City; State; Zip Code         Cincinnati, OH 45231-6069         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)         S1,000.00		/2025		J#/		Allount of Contineation (+)	\$55.00
Corpus Christi, TX 78418-9302         Principal occupation / Job title (See Instructions)         Business Owner         Date       Full name of contributor		/=:		,			• - •
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Business Owner       Business Owner         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Amanchukwu, Chiamaka Nnedi       \$99.00         Contributor address; City; State; Zip Code       Manvel, TX 77578-2169       Amount of Contributions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Sep 200         Physician       US Anesthesia Partners of Texas, PA       Amount of Contribution (\$)         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/07/2025       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/07/2025       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/07/2025       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/07/2025       Full name of contributor Code       S1,000.00         Contributor address; City; State; Zip Code       Employer (See Instructions)       \$1,000.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$1,000.00       \$1,000.00							
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Business Owner       Business Owner         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Amanchukwu, Chiamaka Nnedi       \$99.00         Contributor address; City; State; Zip Code       Manvel, TX 77578-2169       Amount of Contributions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Sep 200         Physician       US Anesthesia Partners of Texas, PA       Amount of Contribution (\$)         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/07/2025       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/07/2025       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/07/2025       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/07/2025       Full name of contributor Code       S1,000.00         Contributor address; City; State; Zip Code       Employer (See Instructions)       \$1,000.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$1,000.00       \$1,000.00							
Business Owner       Business Owner         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Amanchukwu, Chiamaka Nnedi       \$99.00         Contributor address; City; State; Zip Code       Sego.00         Manvel, TX 77578-2169       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         O4/07/2025       Aqtash, Obadah       Amount of Contribution (\$)         O4/07/2025       Aqtash, Obadah       \$1,000.00         Cincinnati, OH 45231-6069       Employer (See Instructions)       \$1,000.01         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$1,000.02			Corpus Christi, TX 78418-9302				
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Amanchukwu, Chiamaka Nnedi       \$99.00         Contributor address; City; State; Zip Code       Manvel, TX 77578-2169       \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Second Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/07/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/07/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Other in the of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$1,000.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$1,000.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$1,000.00					is)		
03/31/2025       Amanchukwu, Chiamaka Nnedi       \$99.00         Contributor address; City; State; Zip Code       Manvel, TX 77578-2169         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Employer (See Instructions)         Date       Full name of contributor         04/07/2025       Aqtash, Obadah         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Cincinnati, OH 45231-6069       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Busine	ess Ow	/ner	Business Owner			
Contributor address; City; State; Zip Code         Manvel, TX 77578-2169         Principal occupation / Job title (See Instructions)         Physician         Date         Full name of contributor         out-of-state PAC (ID#:)         Aqtash, Obadah         Contributor address; City; State; Zip Code         Contributor address; City; State; Zip Code         Cincinnati, OH 45231-6069         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)	Date			D#:)	Τ	Amount of Contribution (\$)	
Manvel, TX 77578-2169       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:)         04/07/2025       Aqtash, Obadah       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       full name of contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	03/31/	/2025	Amanchukwu, Chiamaka Nnedi				\$99.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/07/2025       Aqtash, Obadah       \$1,000.00         Contributor address; City; State; Zip Code       Cincinnati, OH 45231-6069       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)			Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/07/2025       Aqtash, Obadah       \$1,000.00         Contributor address; City; State; Zip Code       Cincinnati, OH 45231-6069       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)							
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/07/2025       Aqtash, Obadah       \$1,000.00         Contributor address; City; State; Zip Code       Cincinnati, OH 45231-6069       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)			Manuel TX 77578-2169				
Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/07/2025       Aqtash, Obadah       \$1,000.00         Contributor address; City; State; Zip Code       Full name of contributor address; City; State; Zip Code         Cincinnati, OH 45231-6069       Employer (See Instructions)	Princip	al occu		Employer (See Instructions	<u> </u> is)		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/07/2025       Aqtash, Obadah       \$1,000.00         Contributor address; City; State; Zip Code       Cincinnati, OH 45231-6069         Principal occupation / Job title (See Instructions)       Employer (See Instructions)						Texas, PA	
04/07/2025       Aqtash, Obadah       \$1,000.00         Contributor address; City; State; Zip Code       Cincinnati, OH 45231-6069         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	-						
Contributor address; City; State; Zip Code Cincinnati, OH 45231-6069 Principal occupation / Job title (See Instructions) Employer (See Instructions)		/2025		/ ////////////////////////////////////		Allount of Contribution (+)	\$1.000.00
Cincinnati, OH 45231-6069       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	-						1 /-
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
			Cincinnati, OH 45231-6069				
Physician HeartPlace	Princip	oal occu	pation / Job title (See Instructions)	Employer (See Instructions	is)		
	Physic	cian		HeartPlace			

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 4/58 Rpt: 7/64
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		cal Association Political Action Committee		00015658
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	<b>7</b> Amount of Contribution (\$)
	03/31/2025	Arif, Abdus S.		\$99.00
	I	6 Contributor address; City; State; Zip Code		
	I			
	I			
		Humble, TX 77346-1475		
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	
	Physician		US Anesthesia Partners	s of Texas, PA
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	03/31/2025	Asghar, Ali		\$99.00
	I	Contributor address; City; State; Zip Code		
	I			
	I			
	l	Houston, TX 77089-1716		
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	 IS)
	Physician		US Anesthesia Partners	's of Texas, PA
⊢	Date	Full name of contributor Out-of-state PAC (ID#:	l)	Amount of Contribution (\$)
	03/31/2025	Ashary, Nishan E Abbas	/	\$99.00
	00,01,2020	Contributor address; City; State; Zip Code		
	I	Continuation address, City, State, Zip Code		
	I			
	I	Sugar Land, TX 77479-4139		
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	 IS)
	Physician		US Anesthesia Partners	
╞	Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
	04/15/2025	Full name of contributor out-of-state PAC (ID#: Baber, Rosalind	)	\$55.00 \$55.00
	04/13/2023			φυυ.υυ
	I	Contributor address; City; State; Zip Code		
	l			
	I	Houston, TX 77019-5612		
$\vdash$	Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	
	Business Ow		Business Owner	15)
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	03/31/2025	Baerenstecher, John G.		\$99.00
	I	Contributor address; City; State; Zip Code		
	I			
	I			
		Houston, TX 77007-5000		
Γ		upation / Job title (See Instructions)	Employer (See Instructions	
	Physician		US Anesthesia Partners	s of Texas, PA
$\vdash$				

The In	struction Guide explains how to complete th	his form.	1 Total pages Schedule A1: Sch: 5/58 Rpt: 8/64
2 FILER N			<b>3</b> Filer ID (Ethics Commission Filers)
	Nedical Association Political Action Committee		00015658
4 Date	5 Full name of contributor out-of-state PAC	)	7 Amount of Contribution (\$)
04/17/2			\$250.0
	6 Contributor address; City; State; Zip Code		
	Benbrook, TX 76132-1066		
	occupation / Job title (See Instructions)	9 Employer (See Instructions	s)
Physici	ເກ	Self Employed	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of Contribution (\$)
03/31/2			\$99.0
	Contributor address; City; State; Zip Code		
	Houston, TX 77005-2554		
	occupation / Job title (See Instructions)	Employer (See Instructions	
Physici	in	US Anesthesia Partners	s of Texas, PA
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of Contribution (\$)
03/31/2	025 Bannis, Rohan		\$99.0
	Contributor address; City; State; Zip Code		
	Missouri City, TX 77459-2436		
-	occupation / Job title (See Instructions)	Employer (See Instructions	
Physici	ın	US Anesthesia Partners	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of Contribution (\$)
03/31/2	025 Barroso, Stephen R.		
	Contributor address; City; State; Zip Code		
	2 TV 77004 1400		
Dringing	Conroe, TX 77304-1402		<u> </u>
-	occupation / Job title (See Instructions)	Employer (See Instructions	
Physici		US Anesthesia Partners	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of Contribution (\$)
03/31/2			
	Contributor address; City; State; Zip Code		
D i sain a	Baytown, TX 77521-3051		<u> </u>
-	occupation / Job title (See Instructions)	Employer (See Instructions	
Physici	ເກ	US Anesthesia Partners	s of Texas, PA

	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 6/58 Rpt: 9/64
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		cal Association Political Action Committee		00015658
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
	03/31/2025	Beane, Dolores M.		\$99.00
	1	6 Contributor address; City; State; Zip Code		
	ļ			
	ļ			
	ļ	Katy, TX 77493-3014		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Physician		US Anesthesia Partners	s of Texas, PA
╞	Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
	03/31/2025	Beckman, Stacie E.		\$99.00
	1	Contributor address; City; State; Zip Code		
	ļ			
		Katy, TX 77450-8627		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Physician		US Anesthesia Partners	s of Texas, PA
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	03/31/2025	Bergson, Milton G.		\$99.00
		Contributor address; City; State; Zip Code		
	ļ			
	ļ	Houston, TX 77042-2549		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Physician		US Anesthesia Partners	s of Texas, PA
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	03/31/2025	Berkovich, Alexander		\$99.00
	ļ	Contributor address; City; State; Zip Code		
	ļ			
	ļ	Houston, TX 77096-3069		
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Physician		US Anesthesia Partners	s of Texas, PA
⊨	Date	Full name of contributor out-of-state PAC (ID#:	 :)	Amount of Contribution (\$)
	03/31/2025	Bernell, Michael J.		\$99.00
		Contributor address; City; State; Zip Code		
	ļ	Nashville, TN 37204-2443		
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)
	Physician		US Anesthesia Partners	
$\vdash$				

The Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 7/58 Rpt: 10/64
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
Texas Medical Association Political Action Committee		00015658
4 Date 5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
03/31/2025 Bhamidipati, Sujatha		\$99.00
6 Contributor address; City; State; Zip Code		1
Sugar Land, TX 77479-2296	C. Employer (Cas Instructions	<u> </u>
<ul> <li>8 Principal occupation / Job title (See Instructions)</li> <li>Physician</li> </ul>	9 Employer (See Instructions US Anesthesia Partners	
		1
Date Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
04/15/2025 Bhuchar, Subodh Kumar		\$16.50
Contributor address; City; State; Zip Code		
Sugar Land, TX 77479-3909		
Principal occupation / Job title (See Instructions)	Employer (See Instructions	Σ
Physician	Sugarland Med Ped Clir	nic, PA
Date Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
04/10/2025 Blakely, Mary		\$55.00
Contributor address; City; State; Zip Code		1
Dallas, TX 75225-5224		<u> </u>
Principal occupation / Job title (See Instructions)	Employer (See Instructions	3)
Business Owner	Business Owner	T
Date Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/31/2025 Boozalis, Steve T.		\$99.00
Contributor address; City; State; Zip Code		
Houston, TX 77005-3713		
Principal occupation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Physician	US Anesthesia Partners	
Date Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
04/17/2025 Bourgeois, Keith A.		\$250.00
Contributor address; City; State; Zip Code		1
Houston, TX 77005-3931		
Principal occupation / Job title (See Instructions)	Employer (See Instructions	
Physician	Downtown Eye Associat	tes

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 8/58 Rpt: 11/64	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	al Association Political Action Committee		00015658	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
03/31/2025	Brann, James R.			\$99.00
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77024-2638			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)	
Physician		US Anesthesia Partners		
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
03/31/2025	Broughton, Kirbie D.			\$99.00
	Contributor address; City; State; Zip Code			
	Missouri City, TX 77459-1496			
	pation / Job title (See Instructions)	Employer (See Instructions	,	
Physician		US Anesthesia Partners	s of Texas, PA	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/31/2025	Brown, Christopher J.			\$99.00
	Contributor address; City; State; Zip Code			
	Friendswood, TX 77546-6154			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Physician		US Anesthesia Partners	s of Texas, PA	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
04/15/2025	Brown-Nembhard, Tonya Renee			\$16.50
	Contributor address; City; State; Zip Code			
	Bacument TV 77706 2021			
Dringing ago	Beaumont, TX 77706-3021			
Physician	pation / Job title (See Instructions)	Employer (See Instructions Beaumont Pediatric Cer		
-			-	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	ФОЛО <i>Э</i> И
04/17/2025	Cardenas, Carlos Javier			\$208.34
	Contributor address; City; State; Zip Code			
	McAllen, TX 78501-3735			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Physician		South Texas Gastroente	erology	

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 9/58 Rpt: 12/64	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
Texas Medic	cal Association Political Action Committee		00015658	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
03/31/2025	Carrion-Zamora, Victor R.			\$99.00
	6 Contributor address; City; State; Zip Code		•	
	Humble, TX 77396-4582			
	upation / Job title (See Instructions)	9 Employer (See Instructions		
Physician		US Anesthesia Partners	s of Texas, PA	
Date	Full name of contributor out-of-state PAC (ID#:_	:)	Amount of Contribution (\$)	
03/31/2025	Carroll, Luke M.		\$	\$99.00
	Contributor address; City; State; Zip Code		1	
	Spring, TX 77386-4835			
	upation / Job title (See Instructions)	Employer (See Instructions		
Physician		US Anesthesia Partners		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	-
03/31/2025	Carvajal Carvajal, Tomas		\$	\$99.00
	Contributor address; City; State; Zip Code			
	Katy, TX 77494-2192			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Physician		US Anesthesia Partners		
-				
Date 04/15/2025	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	\$99.00
04/13/2023	Castillo, Gregg C.		ψ 	JYY.UU
	Contributor address; City; State; Zip Code			
	Humble, TX 77346-4685			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)	
Physician	Process 1	Summerwood Family Cl		
Date	Full name of contributor out-of-state PAC (ID#:_	-	Amount of Contribution (\$)	
03/31/2025	Cavanaugh, Mark R.	/		\$99.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77007-3030			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)	
Physician		US Anesthesia Partners		
		<u> </u>		

	The Instru	ction Guide explains how to complete this	is for	r <b>m</b> .	1	Total pages Schedule A1: Sch: 10/58 Rpt: 13/64	
2	FILER NAME				3	Filer ID (Ethics Commission	ı Filers)
		cal Association Political Action Committee				00015658	,
4	Date	5 Full name of contributor out-of-state PAC (IE	ID#:	)	7	Amount of Contribution (\$)	
	03/31/2025	Cebe, James J.					\$99.00
	ļ	6 Contributor address; City; State; Zip Code			1		
	ļ						
	ļ						
		Cypress, TX 77433-2064					
		pation / Job title (See Instructions)	9	Employer (See Instructions			
	Physician			US Anesthesia Partners	s of	Texas, PA	
	Date	Full name of contributor 🔲 out-of-state PAC (IE	ID#:	)	Γ	Amount of Contribution (\$)	
	03/31/2025	Chan, Tiffany Michelle					\$99.00
	1	Contributor address; City; State; Zip Code			1		
	ļ						
	ļ						
		Houston, TX 77062-3618					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician			Self Employed			
	Date	Full name of contributor out-of-state PAC (IE	ID#:	)	Γ	Amount of Contribution (\$)	
	03/31/2025	Chang, Alex C.					\$99.00
	1	Contributor address; City; State; Zip Code			1		
	ļ						
	ļ						
		Houston, TX 77077-2157					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Physician			US Anesthesia Partners	; OI	Texas, PA	
	Date	Full name of contributor 🔲 out-of-state PAC (IE	ID#:	)	Γ	Amount of Contribution (\$)	
	03/31/2025	Cheng, Nancy					\$99.00
	ļ	Contributor address; City; State; Zip Code			1		
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		Houston, TX 77035-3633	<u> </u>				
		pation / Job title (See Instructions)		Employer (See Instructions			
	Physician			US Anesthesia Partners	; OI	Texas, PA	
	Date	Full name of contributor 🔲 out-of-state PAC (IE	ID#:	)	Γ	Amount of Contribution (\$)	
	03/31/2025	Chin, Lilibeth B.					\$99.00
	ļ	Contributor address; City; State; Zip Code			1		
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	ļ	l <u></u>					
		Pearland, TX 77584-6805					
		pation / Job title (See Instructions)		Employer (See Instructions		_ <b></b>	
	Physician			US Anesthesia Partners	s of	Texas, PA	

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 11/58 Rpt: 14/64	
2	FILER NAME			3 Filer ID (Ethics Commission File	ers)
	Texas Medic	cal Association Political Action Committee		00015658	ŕ
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
	03/31/2025	Chirala, Karthik			\$99.00
	ſ	6 Contributor address; City; State; Zip Code			
			ſ		
	ſ				
		Katy, TX 77494-6257	ſ		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	3)	
	Physician		US Anesthesia Partners	s of Texas, PA	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	03/31/2025	Choi, Jae W.			\$99.00
	ļ	Contributor address; City; State; Zip Code			
	ļ				
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	ļ	Houston, TX 77043-4754			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Physician		US Anesthesia Partners	s of Texas, PA	
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
	03/31/2025	Chuan, Joseph			\$99.00
	ļ	Contributor address; City; State; Zip Code			
	ļ				
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		Houston, TX 77024-7128			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)	
	Physician		US Anesthesia Partners	s of Texas, PA	
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	04/17/2025	Chun, Christopher Sung Jin		\$2	208.34
	ł	Contributor address; City; State; Zip Code			
	ſ				
	1	Dallas, TX 75244-7446			
	•	pation / Job title (See Instructions)	Employer (See Instructions		
	Physician		Epic Pain and Orthoped	lics	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	04/15/2025	Clark, Dana G.		\$	\$33.00
		Contributor address; City; State; Zip Code			
	ſ				
	ſ				
		Arlington, TX 76012-5428			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	6)	
	Physician		Self Employed		

	The Instru	ction Guide explains how to complete th	is form.	1 Total pages Schedule A1: Sch: 12/58 Rpt: 15/64
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	Texas Medic	al Association Political Action Committee		00015658
4	Date	5 Full name of contributor out-of-state PAC (I	D#:)	7 Amount of Contribution (\$)
	03/31/2025	Cline, Donald M.		\$99.00
		6 Contributor address; City; State; Zip Code		
		League City, TX 77573-1777		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ns)
	Physician		US Anesthesia Partner	rs of Texas, PA
╞	Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of Contribution (\$)
	03/31/2025	Collins, James K.		\$99.00
		· · · · · · · · · · · · · · · · · · ·		
		Conroe, TX 77384-3268		
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)
	Physician		US Anesthesia Partner	rs of Texas, PA
╞	Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of Contribution (\$)
	03/31/2025	Contreras, Michael G.		\$99.00
		Contributor address; City; State; Zip Code		
		Houston, TX 77080-5540		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	
	Physician		US Anesthesia Partner	rs of Texas, PA
F	Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of Contribution (\$)
	04/08/2025	Coons, Martha Fletcher		\$200.00
		Contributor address; City; State; Zip Code		
		Austin, TX 78751-3527		
		pation / Job title (See Instructions)	Employer (See Instructior	
	Administrativ	re	Office of Richard E. Co	oons, MD, PA
F	Date	Full name of contributor 🔲 out-of-state PAC (I	D#:)	Amount of Contribution (\$)
	03/31/2025	Cooper, Lane J.		\$99.00
		Contributor address; City; State; Zip Code		
		Houston, TX 77024-6249		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructior	
	Physician		US Anesthesia Partner	rs of Texas, PA

	The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 13/58 Rpt: 16/64
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		cal Association Political Action Committee		00015658
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
	03/31/2025	Craven, Judith L.		\$99.00
	,	6 Contributor address; City; State; Zip Code		1
	,			
	,			
	,	Lawrenceville, GA 30044-6094		
8	Principal occu	Lupation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Physician	•	Self Employed	
⊨	Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
			)	
	03/31/2025			\$99.00
	,	Contributor address; City; State; Zip Code		
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	P			
L		Nacogdoches, TX 75965-2275		
		upation / Job title (See Instructions)	Employer (See Instructions	
	Physician		US Anesthesia Partners	s of Texas, PA
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	03/31/2025	Daumerie, Geraldine J.		\$99.00
	,	Contributor address; City; State; Zip Code		4
	,			
	,			
	,	Houston, TX 77042-2549		
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
	Physician		US Anesthesia Partners	
⊨	Date	Full name of contributor Out-of-state PAC (ID#:		1
	Dale 03/31/2025	Full name of contributor out-of-state PAC (ID#: Davila-Perez, Ruben F.	J	Amount of Contribution (\$) \$99.00
	03/31/2023	·		ψ <u>ש</u> ש
	,	Contributor address; City; State; Zip Code		
	,			
	,			
		Houston, TX 77094-3209		
		upation / Job title (See Instructions)	Employer (See Instructions	
L	Physician		US Anesthesia Partners	s of Texas, PA
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	03/31/2025	Dawson, Jabon R.		\$99.00
	,	Contributor address; City; State; Zip Code		4
	,			
	P			
	1	Houston, TX 77055-7418		
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>।</u> ९)
	Physician		US Anesthesia Partners	
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Texas Medical Association Political Action Committee     00015658					
Texas Medical Association Political Action Committee       00015658         4 Date       5 Full name of contributor       uutof state PAC (D#:)       7 Amount of Contribution (\$)         03/31/2025       6 Contributor address; City: State; Zip Code       7 Amount of Contribution (\$)       \$99.00         8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       9 Amount of Contribution (\$)       \$99.00         03/31/2025       Full name of contributor       out-of-state PAC (D#:	The Instru	ction Guide explains how to complete this f	form.		
Texas Medical Association Political Action Committee       00015658         4 Date       5 Full name of contributor       uutof state PAC (D#:)       7 Amount of Contribution (\$)         03/31/2025       6 Contributor address; City: State; Zip Code       7 Amount of Contribution (\$)       \$99.00         8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       9 Amount of Contribution (\$)       \$99.00         03/31/2025       Full name of contributor       out-of-state PAC (D#:	2 FILER NAME				-ilers)
03/31/2025       Dhother, Sukhijinder S.       \$99.00         6       Contributor address; City; State; Zip Code       \$99.00         7       Phincipal occupation / Job title (See Instructions)       Pile Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         03/31/2025       Contributor address; City; State; Zip Code       Employer (See Instructions)       US Anesthesia Partners of Texas, PA         Date       Contributor address; City; State; Zip Code       Mnount of Contribution (\$)       \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       US Anesthesia Partners of Texas, PA         Date       Dogan, Oya       Out-of-state PAC (ID#       Amount of Contribution (\$)       \$99.00         03/31/2025       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)       \$99.00         03/31/2025       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)       \$99.00         03/31/2025       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)       \$99.00         03/31/2025       Donnell, Malcolm T.       <	Texas Medio	cal Association Political Action Committee			,
03/31/2025       Dhother, Sukhijinder S.       \$99.00         6       Contributor address; City; State; Zip Code       \$9         7       Houston, TX 77025-1714       9       Employer (See Instructions)         9       Physician       9       Employer (See Instructions)       US Anesthesia Partners of Texas, PA         Date       Date       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (Dor:       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (Dor:       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (Dor:       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (Dor:       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (Dor:       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (Dor:       Amount of Contribution (\$)         03/31/2025       Domell, Malcolm T.       Contributor address; City; State; Zip Code       Amount of Contribution (\$) </td <td>4 Date</td> <td>5 Full name of contributor out-of-state PAC (ID#:</td> <td>)</td> <td>7 Amount of Contribution (\$)</td> <td></td>	4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
6       Contributor address; City; State; Zip Code         Houston, TX 77025-1714       9       Employer (See Instructions)         Physician       9       Employer (See Instructions)         Date       Dogan, Oga       Contributor address; City; State; Zip Code         Phincipal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (S)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       US Anesthesia Partners of Texas, PA         Date       Full name of contributor out-of-state PAC (Doc	03/31/2025	Dhother, Sukhjinder S.			\$99.00
8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (IDE:) <td< td=""><td></td><td></td><td></td><td>•</td><td></td></td<>				•	
8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (Der)       Amount o					
8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (Der)       Amount o					
Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#;			1		
Date       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         03/31/2025       Dizon, John E.       \$\$99.00         Contributor address; City; State; Zip Code       \$\$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       WS Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         03/31/2025       Dogan, Oya       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         03/31/2025       Dogan, Oya       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         03/31/2025       Donnell, Malcolm T.       Contributor address; City: State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S99.00         Od/15/2025       Full name of contributor       out-of-state PAC (ID#		upation / Job title (See Instructions)			
03/31/2025       Dizon, John E.       \$99.00         Contributor address; City; State; Zip Code       \$99.00         Katy, TX 77494-5979       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:	Physician		US Anestnesia Partners	1	
Contributor address; City; State; Zip Code         Katy, TX 77494-5979         Principal occupation / Job title (See Instructions)         Date         03/31/2025         Pearland, TX 77584-8444         Principal occupation / Job title (See Instructions)         US Anesthesia Partners of Texas, PA         Pearland, TX 77584-8444         Principal occupation / Job title (See Instructions)         Pearland, TX 77584-8444         Principal occupation / Job title (See Instructions)         US Anesthesia Partners of Texas, PA         Date         Pearland, TX 77584-8444         Principal occupation / Job title (See Instructions)         US Anesthesia Partners of Texas, PA         Date       Full name of contributor         Oat/31/2025       Donnell, Malcolm T.         Oat/31/2025       Donnell, Malcolm T.         Oat/31/2025       Contributor address; City; State; Zip Code         Houston, TX 77065-5364       Employer (See Instructions)         Physician       See Instructions)         US Anesthesia Partners of Texas, PA         Date       Full name of contributor         Out-of-state PAC (IDe:			)	Amount of Contribution (\$)	
Katy, TX 77494-5979         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Dogan, Oya       S99.00         Contributor address; City, State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       S99.00         03/31/2025       Full name of contributor       out-of-state PAC (ID#:)         03/31/2025       Full name of contributor       out-of-state PAC (ID#:)         03/31/2025       Donnell, Malcolm T.       S99.00         Contributor address; City, State; Zip Code       Houston, TX 77065-5364       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S99.00         Od/15/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/15/2025       Full name of contributor       out-of-state PAC (ID#:)<	03/31/2025				\$99.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:		Katy TX 77/9/-5979			
Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Dogan, Oya       S99.00         Contributor address; City; State; Zip Code       Pearland, TX 77584-8444         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Golt-of-state PAC (ID#:	Princinal occu		Employer (See Instructions	() c)	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Dogan, Oya       \$99.00         Contributor address; City; State; Zip Code       Pearland, TX 77584-8444       \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       With the principal occupation / Job title (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Donnell, Malcolm T.       Amount of Contribution (\$)       \$99.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$99.00         O3/31/2025       Donnell, Malcolm T.       Amount of Contribution (\$)       \$99.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$99.00         Physician       US Anesthesia Partners of Texas, PA       \$99.00         O4/15/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$49.50         O4/15/2025       Dupont, Nefertiti C.       Amount of Contribution (\$)       \$49.50         O4/15/2025       Full name of contributor       o	-				
03/31/2025       Dogan, Oya       \$99.00         Contributor address; City; State; Zip Code       Pearland, TX 77584-8444       \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       US Anesthesia Partners of Texas, PA         Date       Full name of contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$99.00         03/31/2025       Donnell, Malcolm T.       Amount of Contribution (\$)       \$99.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$99.00         Principal occupation / Job title (See Instructions)       US Anesthesia Partners of Texas, PA       \$99.00         Date       Full name of contributor       out-of-state PAC (ID#:	-			-	
Contributor address; City, State; Zip Code         Pearland, TX 77584-8444         Principal occupation / Job title (See Instructions)         Physician         Date         03/31/2025         Donnell, Malcolm T.         Contributor address; City, State; Zip Code         Houston, TX 77065-5364         Principal occupation / Job title (See Instructions)         Principal occupation / Job title (See Instructions)         Principal occupation / Job title (See Instructions)         Physician         Date         Houston, TX 77065-5364         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         US Anesthesia Partners of Texas, PA         Date         Out-of-state PAC (ID#:         US Anesthesia Partners of Texas, PA         Date         Out-of-state PAC (ID#:         US Anesthesia Partners of Texas, PA         Out-of-state PAC (ID#:         Out-of Contributor address; City; State; Zip Code         Spring, TX 77393-2074         Principal occupation / Job title (See Instructio					\$99.00
Pearland, TX 77584-8444       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:)         03/31/2025       Donnell, Malcolm T.       Amount of Contribution (\$)         03/31/2026       Lonnell, Malcolm T.       \$99.00         Contributor address; City, State; Zip Code       Houston, TX 77065-5364       Amount of Contributions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/15/2025       Dupont, Nefertiti C.       US Anesthesia Partners of Texas, PA         04/15/2025       Dupont, Nefertiti C.       String, TX 77393-2074       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$49.50         Spring, TX 77393-2074       Employer (See Instructions)       Full name of Contributor         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$49.50					<b>400</b>
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:)         03/31/2025       Donnell, Malcolm T.       \$99.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Houston, TX 77065-5364       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:)         Advantation of Contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/15/2025       Dupont, Nefertiti C.       Spring, TX 77393-2074       Amount of Contributions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$49.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$49.50					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:)         03/31/2025       Donnell, Malcolm T.       \$99.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Houston, TX 77065-5364       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:)         Advantation of Contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/15/2025       Dupont, Nefertiti C.       Spring, TX 77393-2074       Amount of Contributions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$49.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$49.50					
Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Donnell, Malcolm T.       \$99.00         Contributor address; City; State; Zip Code       Full name of contributor address; City; State; Zip Code       \$99.00         Houston, TX 77065-5364       Employer (See Instructions)       Full name of contributor       Spring, TX 77065-5364         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/15/2025       Dupont, Nefertiti C.       Spring, TX 77393-2074       \$49.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$49.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$49.50		Pearland, TX 77584-8444			
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Donnell, Malcolm T.       \$99.00         Contributor address; City; State; Zip Code       Houston, TX 77065-5364       \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$99.00         Physician       US Anesthesia Partners of Texas, PA       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/15/2025       Dupont, Nefertiti C.       Amount of Contribution (\$)       \$49.50         Contributor address; City; State; Zip Code       Spring, TX 77393-2074       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	-	upation / Job title (See Instructions)		,	
03/31/2025       Donnell, Malcolm T.       \$99.00         Contributor address; City; State; Zip Code       Houston, TX 77065-5364       \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/15/2025       Dupont, Nefertiti C.       \$49.50         Contributor address; City; State; Zip Code       \$49.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Physician		US Anesthesia Partners	s of Texas, PA	
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Houston, TX 77065-5364       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:)         04/15/2025       Dupont, Nefertiti C.       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       \$49.50         Spring, TX 77393-2074       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	03/31/2025	Donnell, Malcolm T.			\$99.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/15/2025       Dupont, Nefertiti C.       \$49.50         Contributor address; City; State; Zip Code       Spring, TX 77393-2074       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)		Contributor address; City; State; Zip Code		1	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/15/2025       Dupont, Nefertiti C.       \$49.50         Contributor address; City; State; Zip Code       Spring, TX 77393-2074       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/15/2025       Dupont, Nefertiti C.       \$49.50         Contributor address; City; State; Zip Code       Spring, TX 77393-2074       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)		Houston TV 77065 5264			
Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/15/2025       Dupont, Nefertiti C.       Spring, TX 77393-2074       \$49.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)	Drincinal occu		Employer (See Instructions		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/15/2025       Dupont, Nefertiti C.       \$49.50         Contributor address; City; State; Zip Code       \$49.50         Spring, TX 77393-2074       Employer (See Instructions)	-				
04/15/2025       Dupont, Nefertiti C.       \$49.50         Contributor address; City; State; Zip Code       \$49.50         Spring, TX 77393-2074       Employer (See Instructions)	-			-	
Contributor address; City; State; Zip Code Spring, TX 77393-2074 Principal occupation / Job title (See Instructions) Employer (See Instructions)			)		\$49.50
Spring, TX 77393-2074       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	07/10/2020	· · · · · · · · · · · · · · · · · · ·			Ψ-0.00
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Principal occupation / Job title (See Instructions) Employer (See Instructions)					
		Spring, TX 77393-2074			
Physician Self Employed	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)	
	Physician		Self Employed		

	The Instru	ction Guide explains how to complete t	his fo	orm.	1	Total pages Schedule A1: Sch: 15/58 Rpt: 18/64	
2	FILER NAME				3	Filer ID (Ethics Commission	ı Filers)
		cal Association Political Action Committee				00015658	
4	Date	5 Full name of contributor out-of-state PAC	; (ID#:	)	7	Amount of Contribution (\$)	
	03/31/2025	Eagleton, Mark C.					\$99.00
		6 Contributor address; City; State; Zip Code			1		
		Pearland, TX 77584-7760					
8		upation / Job title (See Instructions)	ŗ	9 Employer (See Instructions			
	Physician			US Anesthesia Partners	s of	Texas, PA	
Γ	Date	Full name of contributor out-of-state PAC	; (ID#:	)	Γ	Amount of Contribution (\$)	
	03/31/2025	Ellison, William J.					\$99.00
		Contributor address; City; State; Zip Code	,		1		
		Houston, TX 77006-4119					
		upation / Job title (See Instructions)		Employer (See Instructions			
	Physician			US Anesthesia Partners	s of	Texas, PA	
	Date	Full name of contributor out-of-state PAC	; (ID#:	)	Γ	Amount of Contribution (\$)	
	03/31/2025	Emmanuel, Michelle I.					\$99.00
		Contributor address; City; State; Zip Code			1		
		Houston, TX 77019-1770					
		upation / Job title (See Instructions)		Employer (See Instructions			
	Physician			US Anesthesia Partners	s of	Texas, PA	
	Date	Full name of contributor out-of-state PAC	; (ID#:	)	Γ	Amount of Contribution (\$)	
	03/31/2025	Estess, Sandra					\$55.00
		Contributor address; City; State; Zip Code	,		1		
		Dallas, TX 75220-2255					
Γ	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	3)		
	Business Ov	vner		Business Owner			
F	Date	Full name of contributor out-of-state PAC	; (ID#:	)	Γ	Amount of Contribution (\$)	
	03/31/2025	Eype, Sheila M.					\$99.00
		Contributor address; City; State; Zip Code			1		
		Missouri City, TX 77459-2159					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician			US Anesthesia Partners	s of	Texas, PA	
			<u> </u>				
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The Instru	iction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 16/58 Rpt: 19/64	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
Texas Medic	cal Association Political Action Committee		00015658	-
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
03/31/2025	Fahey, Brian K.			\$99.00
	6 Contributor address; City; State; Zip Code		1	
	Bellaire, TX 77401-4413	·		
	upation / Job title (See Instructions)	9 Employer (See Instructions		
Physician		US Anesthesia Partners	1	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	-
03/31/2025			\$	\$99.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77096-4232			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Physician		US Anesthesia Partners		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
03/31/2025	Fernandez, Cristina M.	/		\$99.00
00/01/2022	Contributor address; City; State; Zip Code		- -	<b>POO</b> .022
	CUITIBUTION address, City, State, 219 Cours			
	Houston, TX 77006-1224			
	upation / Job title (See Instructions)	Employer (See Instructions		
Physician		US Anesthesia Partners	s of Texas, PA	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/31/2025	Ferris, Marley S.		\$	\$99.00
	Contributor address; City; State; Zip Code		1	
	Houston, TX 77098-5333			
	upation / Job title (See Instructions)	Employer (See Instructions US Anesthesia Partners	•	
Physician	<del></del>		1	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
03/31/2025	Flores, Gary W.		↓	\$99.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77024-6200			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)	
Physician		US Anesthesia Partners		
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The Instruction Guide explains how to complete this form.       1 Trail pages Schedule At: Sch: 17/58 Rpi: 2064         2 FILER NAME Texase Medical Association Political Action Committee       9 Field (Ethics Commission Fields) 00015658         4 Date 04/04/2025       5 Full name of contributor cont-of-same PAC (De: 7 Flores. John Gerard       7 Amount of Contribution (S) 22,500.00         8 Principal accupation / Job tile (See Instructions) Physician       9 Employer (See Instructions) Self Employed       7 Amount of Contribution (S) 32,500.00         9 Date 03/31/2025       Foster, Harris E. Contributor address; City, State; Zip Code Houston, TX 77027-5871       Amount of Contribution (S) 399.00         Principal accupation / Job tile (See Instructons) Physician       Employer (See Instructons) US Anesthesia Partners of Texas, PA         Date 04/16/2025       For, Karin A. Contributor address; City, State; Zip Code Galveston, TX 77551-4332       Amount of Contribution (S) 399.00         Principal accupation / Job tile (See Instructons) Physician       Employer (See Instructons) UTMB - UT Medical Branch OBG Dept         Date 03/31/2025       Full name of contributor					
Texas Medical Association Political Action Committee       00015658         4 Date       5 Full rame of contributor       out-of-state PAC (D#	The Instru	uction Guide explains how to complete this f	orm.		
Texas Medical Association Political Action Committee       00015658         4 Date       5 Full name of contributor i out-of-state PAC (Dir	2 FILER NAMI	Ē		3 Filer ID (Ethics Commission	on Filers)
04/04/2025       Flores, John Gerard       \$2,500.00         6       Contributor address: City: State: Zip Code       \$2,500.00         7       Carrollion, TX 75010-1144       9       Employer (See Instructions)         Physician       9       Employer (See Instructions)       Self Employed         Date       Contributor address; City: State: Zip Code       Amount of Contribution (S)       \$99.00         03/31/2025       Foster, Harris E.       Contributor address; City: State: Zip Code       Amount of Contribution (S)       \$99.00         Principal occupation / Job title (Gee Instructions)       Employer (See Instructions)       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (D#       Amount of Contribution (S)       \$99.00         04/16/2025       Fox, Karin A.       Contributor address; City: State: Zip Code       Amount of Contribution (S)       \$99.00         03/31/2025       Full name of contributor       out-of-state PAC (D#       Amount of Contribution (S)       \$99.00         03/31/2025       Full name of contributor       out-of-state PAC (D#       Amount of Contribution (S)       \$99.00         03/31/2025       Full name of contributor       out-of-state PAC (D#       Amount of Contribution (S)       \$99.00         03/31/2025       Full name of contributor	Texas Med	ical Association Political Action Committee			-
04/04/2025       Flores, John Gerard       \$2,500.00         6       Contributor address; City; State; Zip Code       \$2,500.00         7       Carrollton, TX 75010-1144       \$2,500.00         8       Principal occupation / Job title (See Instructions)       \$ Employed         Date       Foster, Harris E.       Amount of Contributor       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Foster, Harris E.       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Pysician       Out-of-state PAC (Det)       Amount of Contribution (\$)       \$99.00         Od/16/2025       Full name of contributor       out-of-state PAC (Det)       Amount of Contribution (\$)       \$99.00         Od/16/2025       Full name of contributor       out-of-state PAC (Det)       Amount of Contribution (\$)       \$99.00         O3/31/2025       Full name of contributor       out-of-state PAC (Det)       Amount of Contribution (\$)       \$99.00         O3/31/2025       Fox, Lindsay A.       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$99.00	4 Date	5 Full name of contributor Out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
6       Contributor address; City; State; Zip Code         Carrollton, TX 75010-1144       Pripsician         8       Principal occupation / Job title (See Instructions)       9         Ender Operation       Self Employed         03/31/2025       Foster, Harris E.       Contributor address; City; State; Zip Code         Houston, TX 77027-5871       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Government of contributor address; City; State; Zip Code         Houston, TX 77027-5871       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         US Anesthesia Partners of Texas, PA       S99.00         Od16/2025       Full name of contributor address; City; State; Zip Code         Galveston, TX 77551-4332       Employer (See Instructione)         Principal occupation / Job title (See Instructions)       UTMB - UT Medical Branch OBG Dept         Otage       Fox, Karin A.       S99.00         Galveston, TX 77052-2144       Imount of Contribution (S)       S99.00         O3/31/2025       Full name of contributor address; City; State; Zip Code       Amount of Contribution (S)       S99.00         O3/31/2025       Full name of contributor       ou of estate PAC (ID#<	04/04/2025				\$2,500.00
Carrollton, TX 75010-1144       Principal occupation / Job title (See Instructions)       Principal occupation / Job title (See Instructions)         Physician       Full name of contributor       out-of-state PAC (Der       Amount of Contribution (S)         03/31/2025       Foster, Harris E.       Contributor address, City, State, Zip Code       Amount of Contribution (S)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (Der       Amount of Contribution (S)         04/16/2025       Fox, Karin A.       contributor address; City, State; Zip Code       Amount of Contribution (S)         99.00       Galveston, TX 77551-4332       Employer (See Instructions)       Principal occupation / Job title (See Instructions)         Principal occupation / Job title (See Instructions)       UTMB - UT Medical Branch OBG Dept       \$99.00         O3/31/2025       Fox, Lindsay A.       Contributor address; City, State; Zip Code       Amount of Contribution (S)         03/31/2025       Fox Lindsay A.       Employer (See Instructions)       Ymployer (See Instructions)         Physician       Us Anesthesia Partners of Texas, PA       S99.00         Oate       Fox, Lindsay A.       Contributor address; City, State; Zip Code       Amount of Contribution (S)         <				•	
8       Principal occupation / Job title (See Instructions) Physician       9       Employer (See Instructions) Self Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$99.00         03/31/2025       Foster, Harris E       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/16/2025       Fox, Karin A.       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         99.00       Contributor address; City; State; Zip Code       Tot Medical Branch OBG Dept         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Fox, Lindsay A.       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Full name of c					
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Physician       Self Employed         Date       Full name of contributor       out-of-state PAC (DBF       Amount of Contribution (\$)         03/31/2025       Foster, Harris E.       \$\$99.00         Contributor address; City, State; Zip Code       Houston, TX 77027-5871       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Texas, PA         Date       Full name of contributor       out-of-state PAC (DBF       Amount of Contribution (\$)         04/16/2025       Fox, Karin A.       contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$\$99.00         O4/16/2025       Fox, Karin A.       contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       TMB         Physician       Out-of-state PAC (DBF       Amount of Contribution (\$)         03/31/2025       Fox, Lindsay A.       contributor address; City; State; Zip Code       Amount of Contribution (\$)         03/31/2025       Fox, Lindsay M.       contributor address; City; State; Zip Code       Amount of Contribution (\$)         03/31/2025       Fox, Lindsay M.       contributor address; City; State;		Carrollton, TX 75010-1144			
Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         03/31/2025       Foster, Harris E.       \$99.00         Contributor address; City; State; Zip Code       Houston, TX 77027-5871       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         04/16/2025       Fox, Karin A.       \$99.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         04/16/2025       Fox, Karin A.       \$99.00         Galveston, TX 77551-4332       Employer (See Instructions)       WTMB - UT Medical Branch OBG Dept         Date       Galveston, TX 77551-4332       Employer (See Instructions)       TMount of Contribution (\$)         03/31/2025       Fox, Lindsay A.       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (ID#		upation / Job title (See Instructions)		5)	
03/31/2025       Foster, Harris E.       \$\$99.00         Contributor address; City; State; Zip Code       Houston, TX 77027-5871       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (Du:	Physician		Self Employed		
Contributor address; City; State; Zip Code         Houston, TX 77027-5871         Principal occupation / Job title (See Instructions)         Date       Full name of contributor         04/16/2025       Fox, Karin A.         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         04/16/2025       Fox, Karin A.         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         galveston, TX 77551-4332       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Galveston, TX 77551-4332         Date       Full name of contributor       out-of-state PAC (ID#:	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code       Houston, TX 77027-5871         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         US Anesthesia Partners of Texas, PA         Date       Full name of contributor         04/16/2025       Fox, Karin A.         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         6alveston, TX 77551-4332       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       UTMB - UT Medical Branch OBG Dept         Date       Full name of contributor       out-of-state PAC (ID#:         03/31/2025       Fox, Lindsay A.       S99.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         O3/31/2025       Fox, Lindsay M.       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (D#:       Amount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (D#:       Amount of Contribution (\$)         03/31/2025       Full name of contributo	03/31/2025				\$99.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:				1	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:					
Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/16/2025       Fox, Karin A.					
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/16/2025       Fox, Karin A.       \$99.00         Contributor address; City; State; Zip Code       Galveston, TX 77551-4332       \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       WTMB - UT Medical Branch OBG Dept         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Fox, Lindsay A.       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       UTMB - UT Medical Branch OBG Dept       \$99.00         O3/31/2025       Fox, Lindsay A.       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$99.00         Physician       Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Fox, Lindsay M.       Out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$99.00         O3/31/2025       Fox, Lindsay M.       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$99.00         O3/31/2025       Fox,		upation / Job title (See Instructions)			
04/16/2025       Fox, Karin A.       \$99.00         Contributor address; City; State; Zip Code       Galveston, TX 77551-4332       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       UTMB - UT Medical Branch OBG Dept         Date       Fox, Lindsay A.       out-of-state PAC (ID#:	Physician		US Anesthesia Partners	s of Texas, PA	
Contributor address; City; State; Zip Code         Galveston, TX 77551-4332         Principal occupation / Job title (See Instructions)         Physician         Date         6, Lindsay A.         Contributor address; City; State; Zip Code         Houston, TX 7705-2144         Principal occupation / Job title (See Instructions)         Physician         Date         03/31/2025         Fox, Lindsay M.         Contributor address; City; State; Zip Code         Houston, TX 77005-2144         Date         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         US Anesthesia Partners of Texas, PA         Date         Galveston, TX 77010-4060         Houston, TX 77010-4060	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code         Galveston, TX 77551-4332         Principal occupation / Job title (See Instructions)         Physician         Date         03/31/2025         Fox, Lindsay A.         Contributor address; City; State; Zip Code         Houston, TX 77005-2144         Principal occupation / Job title (See Instructions)         Physician         Date         Fox, Lindsay A.         Contributor address; City; State; Zip Code         Houston, TX 77005-2144         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Physician         Date         Gate         Full name of contributor         Out-of-state PAC (ID#:	04/16/2025				\$99.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         UTMB - UT Medical Branch OBG Dept         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Fox, Lindsay A.       \$99.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Houston, TX 77005-2144       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor out-of-state PAC (ID#:)         03/31/2025       Fox, Lindsay M.         03/31/2025       Fox, Lindsay M.         Oate       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)       \$99.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         03/31/2025       Fox, Lindsay M.       \$99.00         Contributor address; City; State; Zip Code       Houston, TX 77010-4060       \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$99.00				1	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         UTMB - UT Medical Branch OBG Dept         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Fox, Lindsay A.       \$99.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Houston, TX 77005-2144       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor out-of-state PAC (ID#:)         03/31/2025       Fox, Lindsay M.         03/31/2025       Fox, Lindsay M.         Oate       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)       \$99.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         03/31/2025       Fox, Lindsay M.       \$99.00         Contributor address; City; State; Zip Code       Houston, TX 77010-4060       \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$99.00					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         UTMB - UT Medical Branch OBG Dept         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Fox, Lindsay A.       \$99.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Houston, TX 77005-2144       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor out-of-state PAC (ID#:)         03/31/2025       Fox, Lindsay M.         03/31/2025       Fox, Lindsay M.         Oate       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)       \$99.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         03/31/2025       Fox, Lindsay M.       \$99.00         Contributor address; City; State; Zip Code       Houston, TX 77010-4060       \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$99.00					
Physician       UTMB - UT Medical Branch OBG Dept         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Fox, Lindsay A.       \$99.00         Contributor address; City; State; Zip Code       Fox       Fox         Houston, TX 77005-2144       Employer (See Instructions)       Fox         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Fox, Lindsay M.       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Fox, Lindsay M.       \$99.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Houston, TX 77010-4060       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)					
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Fox, Lindsay A.       \$99.00         Contributor address; City; State; Zip Code       Houston, TX 77005-2144       \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       See Instructions)         Physician       US Anesthesia Partners of Texas, PA       Amount of Contribution (\$)         03/31/2025       Fox, Lindsay M.       Amount of Contribution (\$)         03/31/2025       Fox, Lindsay M.       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Houston, TX 77010-4060       Houston, TX 77010-4060       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		upation / Job title (See Instructions)		·	
03/31/2025       Fox, Lindsay A.       \$99.00         Contributor address; City; State; Zip Code          Houston, TX 77005-2144       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       Fox, Lindsay M.       \$99.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Houston, TX 77010-4060       Houston, TX 77010-4060       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				-	
Contributor address; City; State; Zip Code         Houston, TX 77005-2144         Principal occupation / Job title (See Instructions)         Physician         Date         Full name of contributor         03/31/2025         Fox, Lindsay M.         Contributor address; City; State; Zip Code         Houston, TX 77010-4060         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         US Anesthesia Partners of Texas, PA			)	Amount of Contribution (\$)	
Houston, TX 77005-2144       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:)         03/31/2025       Fox, Lindsay M.       \$99.00         Contributor address; City; State; Zip Code       Imployer (See Instructions)       \$99.00         Houston, TX 77010-4060       Employer (See Instructions)       Semployer (See Instructions)	03/31/2025				\$99.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Fox, Lindsay M.       \$99.00         Contributor address; City; State; Zip Code       Houston, TX 77010-4060       \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$99.00		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Fox, Lindsay M.       \$99.00         Contributor address; City; State; Zip Code       Houston, TX 77010-4060       \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$99.00					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Fox, Lindsay M.       \$99.00         Contributor address; City; State; Zip Code       Houston, TX 77010-4060       \$99.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$99.00		Houston TY 77005-21//			
Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Fox, Lindsay M.       \$99.00         Contributor address; City; State; Zip Code       Fox       Fox         Houston, TX 77010-4060       Employer (See Instructions)       Employer (See Instructions)	Principal occ		Employer (See Instructions	<u></u>	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Fox, Lindsay M.       \$99.00         Contributor address; City; State; Zip Code       Houston, TX 77010-4060         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	-				
03/31/2025       Fox, Lindsay M.       \$99.00         Contributor address; City; State; Zip Code       Houston, TX 77010-4060         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	-			1	
Contributor address; City; State; Zip Code Houston, TX 77010-4060 Principal occupation / Job title (See Instructions) Employer (See Instructions)			)	Amount of Contribution (\$)	ቀሳሳ ሰሳ
Houston, TX 77010-4060       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	03/31/2025				\$99.00
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	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 18/58 Rpt: 21/64	
2	FILER NAME			3 Filer ID (Ethics Commission File	ers)
<u> </u>		cal Association Political Action Committee		00015658	
4	Date	5 Full name of contributor Out-of-state PAC (ID#	#:)	7 Amount of Contribution (\$)	
	04/08/2025	Freedman, Lynn		\$	\$55.00
		6 Contributor address; City; State; Zip Code			
	ļ				
		Burleson, TX 76028-1337			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)	
	Business Ow	vner	Business Owner		
F	Date	Full name of contributor out-of-state PAC (ID#		Amount of Contribution (\$)	
	03/31/2025	Fritzhand, Kevin S.			99.00
	ļ	Contributor address; City; State; Zip Code			
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		Houston, TX 77005-2334			
		ipation / Job title (See Instructions)	Employer (See Instructions		
	Physician		US Anesthesia Partners	s of Texas, PA	
F	Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
	03/31/2025	Fuller, Tracy A.		\$	699.00
	1	Contributor address; City; State; Zip Code			
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L		Houston, TX 77024-6406	_,		
		pation / Job title (See Instructions)	Employer (See Instructions		
L	Physician		US Anesthesia Partners	s of Texas, PA	
	Date	Full name of contributor Out-of-state PAC (ID#	<i>‡</i> :)	Amount of Contribution (\$)	
	04/12/2025	Gajera, Prakash G.		\$	\$99.00
	ļ	Contributor address; City; State; Zip Code			
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$\vdash$		Tyler, TX 75703-7605		<u> </u>	
		ipation / Job title (See Instructions)	Employer (See Instructions		
L	Physician		Radiology Associates of		
	Date	Full name of contributor Out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
	04/09/2025	Gerald, Laurel		\$	\$55.00
	ļ	Contributor address; City; State; Zip Code			
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L		Amarillo, TX 79109-3538			
		ipation / Job title (See Instructions)	Employer (See Instructions	s)	
L	Business Ow	/ner	Business Owner		

The Instru	uction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 19/58 Rpt: 22/64
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	cal Association Political Action Committee		00015658
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
03/31/2025	Giam, Patrick Y.	I	\$99.00
	6 Contributor address; City; State; Zip Code		1
		I	
	Houston, TX 77005-3903		
Princinal OCCL	upation / Job title (See Instructions)	9 Employer (See Instructions	c)
Physician		US Anesthesia Partners	
	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 03/31/2025		J	Amount of Contribution (\$) \$99.00
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	Contributor address; City; State; Zip Code	I	
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	Houston, TX 77027-4006		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	s)
Physician		US Anesthesia Partners	s of Texas, PA
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
04/17/2025	—		\$212.50
	Contributor address; City; State; Zip Code		1
		I	
	Houston, TX 77005-2613		
-	upation / Job title (See Instructions)	Employer (See Instructions	
Physician		William S. Gilmer, MD, F	PA
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
03/31/2025	Glentzer, Mark J.		\$99.00
	Contributor address; City; State; Zip Code		1
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Dringinal occu	Galveston, TX 77550-3232	Employer (See Instructions	
Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions US Anesthesia Partners	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/31/2025			\$99.00
	Contributor address; City; State; Zip Code	I	
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	League City, TX 77573-2080		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	]s)
Physician		US Anesthesia Partners	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 20/58 Rpt: 23/64
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	cal Association Political Action Committee		00015658
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
03/31/2025	Goldstein, Mark T.		\$99.0
	6 Contributor address; City; State; Zip Code		1
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=	Katy, TX 77494-0675		
	upation / Job title (See Instructions)	9 Employer (See Instructions US Anesthesia Partners	
Physician	<del></del>		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/31/2025	Green, David M.		\$99.0
	Contributor address; City; State; Zip Code		
		I	
	Sugar Land, TX 77479-5935	I	
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	
Philopai occu Physician		US Anesthesia Partners	
Date	Full name of contributor out-of-state PAC (ID#:		1
Date 03/31/2025	Full name of contributor out-of-state PAC (ID#: Greger, Jennifer R.	J	Amount of Contribution (\$) \$99,0
00/01/2020	Contributor address; City; State; Zip Code		
	CUITITIDUTUT duuress, City, State, Lip Coul	I	
		I	
	Montgomery, TX 77316-3044	I	
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Physician		US Anesthesia Partners	s of Texas, PA
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/31/2025	Griggs, Felicia S.	I	\$99.0
	Contributor address; City; State; Zip Code		1
		I	
		I	
	Houston, TX 77081-6603	·	
	upation / Job title (See Instructions)	Employer (See Instructions	
Physician		US Anesthesia Partners	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/31/2025	Groen, Alfred L.		\$99.0
	Contributor address; City; State; Zip Code		
		I	
	Houston, TX 77005-3318		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	c)
Physician		US Anesthesia Partners	
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	The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 21/58 Rpt: 24/64
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
-		cal Association Political Action Committee		00015658
4	Date	5 Full name of contributor Out-of-state PAC (IE	D#:)	7 Amount of Contribution (\$)
	03/31/2025	Gunn, Clinton M.		\$99.0
		6 Contributor address; City; State; Zip Code		·
		Houston, TX 77019-3920		
Q	Drincinal OCCI	upation / Job title (See Instructions)	9 Employer (See Instructions	
δ	Principal occu Physician	pation / Job lile (See instructions)	9 Employer (See Instructions US Anesthesia Partners	
╞	-			
	Date	Full name of contributor Out-of-state PAC (IE	)#:)	Amount of Contribution (\$)
	03/31/2025			\$99.0
		Contributor address; City; State; Zip Code		
		Houston, TX 77005-2029		
	Drincinal OCCL	upation / Job title (See Instructions)	Employer (See Instructions	
	Physician		US Anesthesia Partners	
╞	-	Full name of contributor Out-of-state PAC (ID		
	Date 03/31/2025		)#:)	Amount of Contribution (\$) \$99.0
	03/31/2023	Haack, Kirsten J.		ψσυ.υ
		Contributor address; City; State; Zip Code		
		Houston, TX 77027-5517		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
	Physician		US Anesthesia Partners	s of Texas, PA
F	Date	Full name of contributor out-of-state PAC (IE	 D#:)	Amount of Contribution (\$)
	04/24/2025	Hailey, Brian S.		\$99.0
		Contributor address; City; State; Zip Code		
L		Oklahoma City, OK 73118-7120		
	•	upation / Job title (See Instructions)	Employer (See Instructions	,
	Physician		M & S Radiology Assoc	ziates, P.A.
F	Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of Contribution (\$)
	03/31/2025	Haldankar, Pradnya S.		\$99.0
		Contributor address; City; State; Zip Code		1
		Sugar Land, TX 77479-6670		
		upation / Job title (See Instructions)	Employer (See Instructions	
L	Physician		US Anesthesia Partners	s of Texas, PA

Texas Medical Acsociation Political Action Committee       00015658         4       Date       5       Full name of contributor				
Texas Medical Association Political Action Committee       00015658         4       Date <ul> <li>Intermed contributor</li> <li>Out-of-state PAC (IO#)</li> <li>Amount of Contribution (\$)</li> <li>Amount of Contribution (\$)</li> <li>Contributor address: City: State; Zip Code</li> <li>Contributor address: City: State; Zip Code</li> <li>Principal occupation / Job title (See Instructions)</li> <li>Self Employed</li> </ul> <ul> <li>Principal occupation / Job title (See Instructions)</li> <li>Self Employed</li> </ul> Amount of Contribution (\$) <ul> <li>Amount of Contribution (\$)</li> <li>Amount of Contribution (\$)</li> <li>Self Employed</li> </ul> Amount of Contribution (\$) <ul> <li>Self Employed</li> <li>Amount of Contribution (\$)</li> <li>Self Employed</li> </ul> Date         Full name of contributor         out-of-state PAC (ID#	The Instru	uction Guide explains how to complete this	form.	
Texas Medical Association Political Action Committee       00015658         4       Date 04/23/2025       5       Full name of contributor	2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
04/23/2025       Haley, Christopher T.       \$9         6       Contributor address; City, State; Zip Code       Full name of contributor address; City, State; Zip Code         7       Physician       \$9         Employer (See Instructions)       \$9         Physician       \$9         Employer (See Instructions)       \$9         Physician       \$9         Employer (See Instructions)       \$9         Principal occupation / Job title (See Instructions)       \$9         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Contributor address; City, State; Zip Code         Bellaire, TX 77401-5725       Employer (See Instructions)         Physician       Us Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (De:	Texas Medi	cal Association Political Action Committee		
6       Contributor address: City; State; Zip Code         7       Temple, TX 76502-7926         8       Principal occupation / Job title (See Instructions)         9       Employer (See Instructions)         9       Employer (See Instructions)         9       Employer (See Instructions)         9       Manuart of Contribution         03/31/2025       Ham, Angelito         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         9       Bellaire, TX 77401-5725         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Out-of-state PAC (ID#:	4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
6       Contributor address; City; State; Zip Code         7       Temple, TX 76502-7926         8       Principal occupation / Job title (See Instructions)         Physician       9         Employer (See Instructions)       Self Employed         Date       Full name of contributor       out-of-state PAC (IDF:	04/23/2025			\$99.0
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8       Principal occupation / Job title (See Instructions) Physician       9       Employer (See Instructions) Self Employed         Date 03/31/2025       Full name of contributor out-of-state PAC (ID#:) Ham, Angelito Contributor address; City, State; Zip Code       Amount of Contribution (\$)         Bellaire, TX 77401-5725       Employer (See Instructions) US Anesthesia Partners of Texas, PA         Date 03/31/2025       Full name of contributor out-of-state PAC (ID#:) Hanson, George K.       Amount of Contribution (\$)         03/31/2025       Full name of contributor out-of-state PAC (ID#:) Hanson, George K.       Amount of Contribution (\$)         03/31/2025       Full name of contributor out-of-state PAC (ID#:) Houston, TX 77042-2502       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Physician       Employer (See Instructions) US Anesthesia Partners of Texas, PA         Date 04/07/2025       Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)       S98         Oate 04/07/2025       Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)       S98         Oate 04/07/2025       Full name of contributor out-of-state PAC (ID#:) Hardeman County Memorial Hospital       S98         Date 04/07/2025       Full name of contributor				
8       Principal occupation / Job title (See Instructions) Physician       9       Employer (See Instructions) Self Employed         Date 03/31/2025       Full name of contributor out-of-state PAC (ID#:) Ham, Angelito Contributor address; City, State; Zip Code       Amount of Contribution (\$)         Bellaire, TX 77401-5725       Employer (See Instructions) US Anesthesia Partners of Texas, PA         Date 03/31/2025       Full name of contributor out-of-state PAC (ID#:) Hanson, George K.       Amount of Contribution (\$)         03/31/2025       Full name of contributor out-of-state PAC (ID#:) Houston, TX 77042-2502       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Physician       Employer (See Instructions) US Anesthesia Partners of Texas, PA         Date 04/07/2025       Full name of contributor out-of-state PAC (ID#:) Harris, Linda Wahl       Employer (See Instructions) US Anesthesia Partners of Texas, PA         Date 04/07/2025       Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)       Amount of Contribution (\$)         Quanah, TX 79252-4607       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Quanah, TX 79252-4607       Employer (See Instructions) Hardeman County Memorial Hospital         Date 03/31/2025       Full name of contributor out-of-state PAC (ID#:) Hardeman County Memorial Hospit				
Physician       Self Employed         Date 03/31/2025       Full name of contributor out-of-state PAC (DF:		Temple, TX 76502-7926		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Ham, Angelito       \$99         O3/31/2025       Bellaire, TX 77401-5725       Employer (See Instructions)       \$99         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       With the See Instructions)       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$99         03/31/2025       Hanson, George K.       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$99         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)       \$99         Physician       Goatributor address; City; State; Zip Code       US Anesthesia Partners of Texas, PA       \$99         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$99         04/07/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$99         04/07/2025       Full name of contributor       out-of-state PAC (ID#:		upation / Job title (See Instructions)		5)
03/31/2025       Ham, Angelito       \$99         03/31/2025       Contributor address; City; State; Zip Code       Employer (See Instructions)       See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Mount of Contributor (\$)         Physician       See Instructions)       See Instructions)       Mount of Contribution (\$)         03/31/2025       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         03/31/2025       Hanson, George K.       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       See         Physician       US Anesthesia Partners of Texas, PA       See         Date       Full name of contributor       out-of-state PAC (ID#	Physician		Self Employed	
Contributor address; City; State; Zip Code         Bellaire, TX 77401-5725         Principal occupation / Job title (See Instructions)         Physician         Date         G3/31/2025         Hul name of contributor         Image: Contributor address; City; State; Zip Code         Hanson, George K.         Contributor address; City; State; Zip Code         Houston, TX 77042-2502         Principal occupation / Job title (See Instructions)         Physician         Date         Principal occupation / Job title (See Instructions)         Physician         Principal occupation / Job title (See Instructions)         Physician         Date         Oate         Value and of contributor         Out-of-state PAC (ID#:         Value and of Contributor address; City; State; Zip Code         Physician         Date         Oate         Out-of-state PAC (ID#:         Od/07/2025         Hul name of contributor         Quanah, TX 79252-4607         Principal occupation / Job title (See Instructions)         Physician         Date         Quanah, TX 79252-4607         Physician         Date <td>Date</td> <td>Full name of contributor out-of-state PAC (ID#:</td> <td><u>.                                    </u></td> <td>Amount of Contribution (\$)</td>	Date	Full name of contributor out-of-state PAC (ID#:	<u>.                                    </u>	Amount of Contribution (\$)
Contributor address; City; State; Zip Code       Bellaire, TX 77401-5725         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor address; City; State; Zip Code       Amount of Contribution (\$)         03/31/2025       Hanson, George K.       S99         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Employer (See Instructions)         Physician       S99         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Gut-of-state PAC (ID#:         Oate       Full name of contributor       out-of-state PAC (ID#:         O4/07/2025       Harris, Linda Wahl       Amount of Contribution (\$)         Quanah, TX 79252-4607       Employer (See Instructions)         Physician       Employer (See Instructions)         Physician       Employer (See Instructions)         Physician       Job title (See Instructions)       Amount of Contribution (\$)         Quanah, TX 79252-4607       Employer (See Instructions)       Physician         Date       Full name of contributor	03/31/2025			\$99.0
Principal occupation / Job title (See Instructions)       Employer (See Instructions)       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Hanson, George K.				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Hanson, George K.				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Hanson, George K.				
Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Hanson, George K.		Bellaire, TX 77401-5725		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/31/2025       Hanson, George K.       \$99         Contributor address; City; State; Zip Code       Full name of contributor address; City; State; Zip Code       \$99         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$99         Physician       Sustainability       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/07/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$99         Quanah, TX 79252-4607       Full name of contributor       amount of Contribution (\$)         Physician       Instructions)       Employer (See Instructions)       \$99         Physician       Instructions)       Employer (See Instructions)       \$99         Physician       Job title (See Instructions)       Employer (See Instructions)       \$99         Physician       Gout-of-state PAC (ID#:		upation / Job title (See Instructions)		
03/31/2025       Hanson, George K.       \$99         Contributor address; City; State; Zip Code       Houston, TX 77042-2502       \$99         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$99         Physician       US Anesthesia Partners of Texas, PA       \$99         Date       Full name of contributor       out-of-state PAC (ID#:	Physician		US Anesthesia Partners	s of Texas, PA
Contributor address; City; State; Zip Code       Houston, TX 77042-2502         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor or out-of-state PAC (ID#:)         04/07/2025       Harris, Linda Wahl         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         04/07/2025       Quanah, TX 79252-4607         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Job title (See Instructions)         Physician       Employer (See Instructions)         Physician       Hardeman County Memorial Hospital         Date       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)       Amount of Contribution (\$)         03/31/2025       Harvey, Benjamin D.       Amount of Contribution (\$)	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
Houston, TX 77042-2502       Employer (See Instructions)       Employer (See Instructions)         Physician       Employer (See Instructions)       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/07/2025       Harris, Linda Wahl       S98         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         0guanah, TX 79252-4607       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Employer (See Instructions)         Physician       Employer (See Instructions)         Physician       Full name of contributor         Date       Full name of contributor         03/31/2025       Full name of contributor         03/31/2025       Harvey, Benjamin D.	03/31/2025	Hanson, George K.		\$99.0
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/07/2025       Harris, Linda Wahl       \$99         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Quanah, TX 79252-4607       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Employer (See Instructions)         Physician       Employer (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:)         03/31/2025       Full name of contributor out-of-state PAC (ID#:)         Manount of Contribution (\$)       \$99         Oate       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)       \$99         O3/31/2025       Harvey, Benjamin D.		Contributor address; City; State; Zip Code		1
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/07/2025       Harris, Linda Wahl       \$99         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Quanah, TX 79252-4607       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Employer (See Instructions)         Physician       Employer (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:)         03/31/2025       Full name of contributor out-of-state PAC (ID#:)         Manount of Contribution (\$)       \$99         Oate       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)       \$99         O3/31/2025       Harvey, Benjamin D.				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/07/2025       Harris, Linda Wahl       \$99         Contributor address; City; State; Zip Code       Quanah, TX 79252-4607       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Hardeman Country Memorial Hospital         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$99         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Oate       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$99         03/31/2025       Harvey, Benjamin D.       \$99       \$99				
Physician       US Anesthesia Partners of Texas, PA         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/07/2025       Harris, Linda Wahl       \$99         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Quanah, TX 79252-4607       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Full name of contributor         Date       Full name of contributor         03/31/2025       Harvey, Benjamin D.				
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/07/2025       Harris, Linda Wahl       \$99         Contributor address; City; State; Zip Code       \$99         Quanah, TX 79252-4607       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         03/31/2025       Harvey, Benjamin D.       \$99	-	upation / Job title (See Instructions)		
04/07/2025       Harris, Linda Wahl       \$99         Contributor address; City; State; Zip Code       \$99         Quanah, TX 79252-4607       Quanah, TX 79252-4607         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         03/31/2025       Harvey, Benjamin D.       \$99	Physician		US Anesthesia Partners	s of Texas, PA
Contributor address; City; State; Zip Code         Quanah, TX 79252-4607         Principal occupation / Job title (See Instructions)         Physician         Date         Full name of contributor         03/31/2025         Harvey, Benjamin D.	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
Quanah, TX 79252-4607       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Hardeman County Memorial Hospital         Date       Full name of contributor out-of-state PAC (ID#:)         03/31/2025       Harvey, Benjamin D.	04/07/2025	Harris, Linda Wahl		\$99.0
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Hardeman County Memorial Hospital         Date       Full name of contributor       out-of-state PAC (ID#:)         03/31/2025       Harvey, Benjamin D.       \$99		Contributor address; City; State; Zip Code		1
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Hardeman County Memorial Hospital         Date       Full name of contributor       out-of-state PAC (ID#:)         03/31/2025       Harvey, Benjamin D.       \$99				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Hardeman County Memorial Hospital         Date       Full name of contributor       out-of-state PAC (ID#:)         03/31/2025       Harvey, Benjamin D.       \$99				
Physician     Hardeman County Memorial Hospital       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       03/31/2025     Harvey, Benjamin D.     \$95			1	
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       03/31/2025     Harvey, Benjamin D.     \$99		upation / Job title (See Instructions)		•
03/31/2025 Harvey, Benjamin D. \$99	Physician		Hardeman County Mem	orial Hospital
			)	Amount of Contribution (\$)
Contributor address; City; State; Zip Code	03/31/2025	Harvey, Benjamin D.		\$99.
		Contributor address; City; State; Zip Code		1
Houston, TX 77055-1949	l	Houston, TX 77055-1949		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Physician US Anesthesia Partners of Texas, PA	-	upation / Job title (See Instructions)		
	Principal occu Physician	upation / Job title (See Instructions)		

	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 23/58 Rpt: 26/64
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		cal Association Political Action Committee		00015658
4		5 Full name of contributor out-of-state PAC (ID#:	t:)	7 Amount of Contribution (\$)
	04/07/2025	Heafer, Harold Arthur		\$99.00
	,	6 Contributor address; City; State; Zip Code		·
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		Kemp, TX 75143-5565		
8		upation / Job title (See Instructions)	9 Employer (See Instructions	s)
_	Physician		Self Employed	
	Date	Full name of contributor out-of-state PAC (ID#:	+:)	Amount of Contribution (\$)
	03/31/2025	Hence, Reginald D.		\$99.00
	,	Contributor address; City; State; Zip Code		
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	,			
		Cypress, TX 77433-6337		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	l.s)
	Physician		US Anesthesia Partners	s of Texas, PA
⊢	Date	Full name of contributor out-of-state PAC (ID#:	#:)	Amount of Contribution (\$)
	04/17/2025	Henkes, David Norman		\$625.00
	,	Contributor address; City; State; Zip Code	,	
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	1	San Antonio, TX 78209-2221		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ls)
	Physician		Pathology Reference La	aboratory, LLC
F	Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
	03/31/2025	Henschel, John W.		\$99.00
	,	Contributor address; City; State; Zip Code		
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	1	Spring, TX 77386-1888		
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
	Physician		US Anesthesia Partners	s of Texas, PA
⊨	Date	Full name of contributor out-of-state PAC (ID#:	 #:)	Amount of Contribution (\$)
	03/31/2025	Herrera, Hector J.		\$99.00
	,	Contributor address; City; State; Zip Code		.4
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	,	Houston, TX 77019-1401		
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	 IS)
	Physician		US Anesthesia Partners	
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	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 24/58 Rpt: 27/64
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		cal Association Political Action Committee		00015658
4	Date	5 Full name of contributor Out-of-state PAC (ID#	<i>t</i> :)	7 Amount of Contribution (\$)
	03/31/2025	Hiller, Kenneth N.		\$99.00
	I	6 Contributor address; City; State; Zip Code		1
	I			
		Houston, TX 77094-1279		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Physician		US Anesthesia Partners	
╞	Date	Full name of contributor out-of-state PAC (ID#		Amount of Contribution (\$)
	03/31/2025	Hirsch, Douglas J.	·	\$99.00
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	l	Houston, TX 77024-6933		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Physician		US Anesthesia Partners	s of Texas, PA
	Date	Full name of contributor out-of-state PAC (ID#		Amount of Contribution (\$)
	04/17/2025	Holland, Bradford W.		\$208.34
		Contributor address; City; State; Zip Code		
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		Waco, TX 76712-7565		
		pation / Job title (See Instructions)	Employer (See Instructions	s)
	Physician		Self Employed	
	Date	Full name of contributor Out-of-state PAC (ID#	į)	Amount of Contribution (\$)
	04/15/2025	Hopper, Ken C.		\$16.67
	I	Contributor address; City; State; Zip Code		
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	I	Fort Worth TV 76107 1007		
	Dringingl oppu	Fort Worth, TX 76107-1907	Employer (See Instruction	->
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	Date	Full name of contributor out-of-state PAC (ID#	÷:)	Amount of Contribution (\$)
	03/31/2025	Hornung, Joseph L.		\$99.00
	l	Contributor address; City; State; Zip Code		
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	l	Pearland, TX 77584-9127		
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	Physician		US Anesthesia Partners	
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	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 25/58 Rpt: 28/64
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
 		cal Association Political Action Committee		00015658
4	Date	5 Full name of contributor Out-of-state PAC (ID#	:)	7 Amount of Contribution (\$)
	03/31/2025	Houston, Christopher		\$99.0
	1	6 Contributor address; City; State; Zip Code		
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Ļ	Duin singly again	Houston, TX 77042-2549		<u> </u>
8	Principal occu Physician	upation / Job title (See Instructions)	9 Employer (See Instructions US Anesthesia Partners	
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	Date	Full name of contributor Out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
	04/17/2025	Humphreys, James Loyd		\$208.3
	1	Contributor address; City; State; Zip Code		
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	1	Labora TV 79022 4402		
┡	- Dringingl occu	Helotes, TX 78023-4492	Employer (See Instruction	
	Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions Precision Pathology	15)
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	Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
	03/31/2025	Hunter, Grant		\$99.C
	ļ	Contributor address; City; State; Zip Code		
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	1	Houston, TX 77042-2549		
⊢	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	 1S)
	Physician		US Anesthesia Partners	
╞	Date	Full name of contributor Out-of-state PAC (ID#		Amount of Contribution (\$)
	03/31/2025	Hwang, Walt		\$99.0
	ł	Contributor address; City; State; Zip Code		
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	ł	Houston, TX 77025-2375		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
	Physician		US Anesthesia Partners	rs of Texas, PA
F	Date	Full name of contributor out-of-state PAC (ID#	)	Amount of Contribution (\$)
	03/31/2025	Ingle, Ashwin P.		\$99.0
	1	Contributor address; City; State; Zip Code		
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		Houston, TX 77056-2948		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	ls)
	Physician		US Anesthesia Partners	rs of Texas, PA
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The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 26/58 Rpt: 29/64
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Texas Medic	al Association Political Action Committee		00015658
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
04/17/2025	Isaacson, Terah C.		\$208.
	6 Contributor address; City; State; Zip Code		1
	Houston, TX 77009-7753		<u> </u>
	pation / Job title (See Instructions)	9 Employer (See Instructions	
Physician		Bayou City Surgical Spe	icialists, PLLC
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/31/2025	Jackson, J. Stuart		\$99.
	Contributor address; City; State; Zip Code		
	Houston, TX 77024-5053		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> د)
Physician		US Anesthesia Partners	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
03/31/2025	Jayasinghe, Chandra P.	J	\$99.
00,02,2022	Contributor address; City; State; Zip Code		
	Houston, TX 77024-6311		
	pation / Job title (See Instructions)	Employer (See Instructions	
Physician		US Anesthesia Partners	s of Texas, PA
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/31/2025	Jeffcoat, Sheila R.		\$99.
	Contributor address; City; State; Zip Code		
Dringing agou	Missouri City, TX 77459-2456		
Principal occuj Physician	pation / Job title (See Instructions)	Employer (See Instructions US Anesthesia Partners	
-			1
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
04/16/2025	Jenkins, Joseph Dillon		\$99.
	Contributor address; City; State; Zip Code		
	Port Lavaca, TX 77979-5494		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	1 S)
Physician	· · · · ·	Memorial Medical Clinic	
		<u> </u>	

The Instru	iction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 27/58 Rpt: 30/64	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
Texas Medi	cal Association Political Action Committee		00015658	-
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
03/31/2025	Johnson, Stacie N.			\$99.00
	6 Contributor address; City; State; Zip Code		1	
	Pearland, TX 77584-3450			
-	upation / Job title (See Instructions)	9 Employer (See Instructions		
Physician		US Anesthesia Partners	s of Texas, PA	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
03/31/2025	Johnson, Ty R.			\$99.00
	Contributor address; City; State; Zip Code		1	
	Houston, TX 77019-5701	1		
-	upation / Job title (See Instructions)	Employer (See Instructions	,	
Physician		US Anesthesia Partners	s of Texas, PA	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/31/2025	Jones, Rachel M.			\$99.00
	Contributor address; City; State; Zip Code		1	
<b>-</b>	Houston, TX 77024-2619	1		
Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions		
	<del></del>	US Anesthesia Partners		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/31/2025	Joseph, Danny M.			\$99.00
	Contributor address; City; State; Zip Code			
	Sugar Land, TX 77498-2517			
Drincipal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Phincipal occu Physician		US Anesthesia Partners		
	T			
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	<b>*</b> 000.04
04/17/2025				\$208.34
	Contributor address; City; State; Zip Code			
	Lubbock, TX 79424-5001			
Dringingl occu		Employer (Soo Instructions	<u> </u>	
Phincipal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions Self Employed	5)	
Fliysician				
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The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 28/58 Rpt: 31/64	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Fil	lers)
	cal Association Political Action Committee		00015658	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
03/31/2025	Kessinger, Thomas W.			\$99.00
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77059-3725			
	upation / Job title (See Instructions)	9 Employer (See Instructions		
Physician		US Anesthesia Partners	s of Texas, PA	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
04/06/2025	Ketron, Lowell Lane			\$99.00
	Contributor address; City; State; Zip Code			
Di indaan	Montgomery, TX 77356-2003		<u> </u>	
	upation / Job title (See Instructions)	Employer (See Instructions		
Physician		Healthy Living Heart and	-	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
04/15/2025	King, David Tyler			\$16.50
	Contributor address; City; State; Zip Code			
	Laredo, TX 78045-7174			
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Physician		Self Employed	5)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
03/31/2025	Full name of contributor out-of-state PAC (ID#: Kolle, Bracken S.	/		\$99.00
00/01/2020				ψ99.00
	Contributor address; City; State; Zip Code			
	Sugar Land, TX 77479-5474			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Physician		US Anesthesia Partners		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
03/31/2025	Koons, Patrick			\$99.00
	Contributor address; City; State; Zip Code			
	League City, TX 77573-7380			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)	
Physician		US Anesthesia Partners	s of Texas, PA	
		<u> </u>		

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The Instru	uction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 29/58 Rpt: 32/64
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ical Association Political Action Committee		00015658
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
03/31/2025			\$99.00
	6 Contributor address; City; State; Zip Code		1
	Montgomery, TX 77316-2679		
-	upation / Job title (See Instructions)	9 Employer (See Instructions	
Physician		US Anesthesia Partners	s of Texas, PA
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
04/17/2025	Kridel, Russell W. H.		\$625.00
	Contributor address; City; State; Zip Code		1
	Houston, TX 77005-2204		
	upation / Job title (See Instructions)	Employer (See Instructions	
Physician		Facial Plastic Surgery A	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/31/2025	·		\$99.00
	Contributor address; City; State; Zip Code		1
	Houston, TX 77056-1313		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Physician		US Anesthesia Partners	
_	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 03/31/2025		J	Amount of Contribution (\$) \$99.00
0313112020		,	φου.ου
	Contributor address; City; State; Zip Code		
	Houston, TX 77098-3606		
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	s)
Physician		US Anesthesia Partners	,
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
03/31/2025		/	\$99.00
00.2	Contributor address; City; State; Zip Code		
	Houston, TX 77005-2740		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Physician		US Anesthesia Partners	

The Instruc	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 30/58 Rpt: 33/64	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
Texas Medic	cal Association Political Action Committee		00015658	-
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
03/31/2025	Lam, Bach N.			\$99.00
	6 Contributor address; City; State; Zip Code			
	League City, TX 77573-0833			
	upation / Job title (See Instructions)	9 Employer (See Instructions		
Physician		US Anesthesia Partners	s of Texas, PA	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
03/31/2025	Lamba, Jaspreet S.		\$	\$99.00
	Contributor address; City; State; Zip Code		1	
	Leveton TV 77064 5120			
Dringingl occu	Houston, TX 77064-5120 upation / Job title (See Instructions)	Employer (See Instructions		
Phincipal occu Physician		US Anesthesia Partners		
			1	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/31/2025	Lasater, Matthew P.		Ψ.	\$99.00
	Contributor address; City; State; Zip Code			
	Katy, TX 77494-3693			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)	
Physician		US Anesthesia Partners	s of Texas, PA	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
03/31/2025	Lastoczy, Frank M.			\$99.00
	Contributor address; City; State; Zip Code			
	Porter, TX 77365-2079			
	upation / Job title (See Instructions)	Employer (See Instructions	•	
Physician		US Anesthesia Partners	s of Texas, PA	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/31/2025	Lateef, Ahmad H.		\$	\$99.00
	Contributor address; City; State; Zip Code		]	
	Lauraton TV 77070 2065			
Dringing Loogu	Houston, TX 77070-3865			
-	<pre>upation / Job title (See Instructions)</pre>	Employer (See Instructions		
Physician		US Anesthesia Partners	S OF TEXAS, PA	

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The Instru	uction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 31/58 Rpt: 34/64
2 FILER NAME	<u></u>		<b>3</b> Filer ID (Ethics Commission Filers)
	ical Association Political Action Committee		00015658
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
03/31/2025	LeBlanc, Kelly L.	I	\$99.
	6 Contributor address; City; State; Zip Code		1
		I	
	Missouri City, TX 77459-2589	1	
Princinal OCCL	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>
Physician		US Anesthesia Partners	
-	Full name of contributor		-
Date 04/17/2025	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$) \$75.
U4/1//2023			ψιυ. 
	Contributor address; City; State; Zip Code	I	
		I	
	McAllen, TX 78501-1106	1	
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	s)
Physician		Self Employed	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/31/2025	— —		\$99.
	Contributor address; City; State; Zip Code		•
		I	
		I	
	Houston, TX 77094-3512		
	upation / Job title (See Instructions)	Employer (See Instructions	
Physician		US Anesthesia Partners	-
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
04/16/2025	Lella, Leela Kumar		\$99.
l	Contributor address; City; State; Zip Code		1
l		I	
1		1	
Dringing occu	Midland, TX 79701-5846		<u> </u>
Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions Self Employed	5)
	T pag		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/31/2025			\$99. 
	Contributor address; City; State; Zip Code	I	
1			
	Katy, TX 77494-2554		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Physician		US Anesthesia Partners	
l		<u> </u>	

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The	Instruc	ction Guide explains how to complete t	this fc	orm.	1	Total pages Schedule A1: Sch: 32/58 Rpt: 35/64	
2 FILEF	R NAME				3	Filer ID (Ethics Commission	ı Filers)
		al Association Political Action Committee			-	00015658	
4 Date		5 Full name of contributor out-of-state PAC	C (ID#:	)	7	Amount of Contribution (\$)	
03/3:	1/2025	Lis, Thaddeus W.					\$99.00
		6 Contributor address; City; State; Zip Code			1		
D Duine		Houston, TX 77059-2523	—		ŕ		
		pation / Job title (See Instructions)		9 Employer (See Instructions US Anesthesia Partners		Tayaa DA	
	sician				; 01 —		
Date		Full name of contributor out-of-state PAC	C (ID#:	)		Amount of Contribution (\$)	
03/3	1/2025				]		\$99.00
		Contributor address; City; State; Zip Code					
		l					
		Sugar Land, TX 77479-3121					
Drine	incl coou		— T	Employer (See Instructions			
	sician	pation / Job title (See Instructions)		Employer (See Instructions US Anesthesia Partners		Tovac DA	
-					, o. —		
Date		Full name of contributor out-of-state PAC	C (ID#:	)		Amount of Contribution (\$)	<u> </u>
03/3.	1/2025	Lu, Dai					\$99.00
		Contributor address; City; State; Zip Code					
		Kingwood, TX 77345-1886					
Princi	ipal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
Phys	sician			US Anesthesia Partners	s of	Texas, PA	
Date		Full name of contributor 🛛 out-of-state PAC	C (ID#:	)	Γ	Amount of Contribution (\$)	
03/3:	1/2025	Lu, Lingen					\$99.00
		Contributor address; City; State; Zip Code			1		
		Houston, TX 77042-2549					
		pation / Job title (See Instructions)		Employer (See Instructions			
Phys	sician			US Anesthesia Partners	s of	Texas, PA	
Date		Full name of contributor out-of-state PAC	C (ID#:	)	Γ	Amount of Contribution (\$)	
03/3:	1/2025	Luehr, Susan L.					\$99.00
		Contributor address; City; State; Zip Code			1		
		Houston, TX 77008-2315					
		pation / Job title (See Instructions)		Employer (See Instructions			
Phys	sician			US Anesthesia Partners	s of	Texas, PA	
4							

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 33/58 Rpt: 36/64	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	Texas Medic	cal Association Political Action Committee			00015658	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
-	03/31/2025	Madabhushi, Rangarajan V. N. S.	/	ľ	, income of Contraction (	\$99.00
	00/01/2020		1			Ψ00.00
		6 Contributor address; City; State; Zip Code				
		Missouri City, TX 77459-4491				
_	Dringingl oog	· · ·	C Employer (See Instruction)			
8		upation / Job title (See Instructions)	9 Employer (See Instructions			
	Physician		US Anesthesia Partners	3 01	Texas, PA	
	Date	Full name of contributor out-of-state PAC (ID#:	)	]	Amount of Contribution (\$)	_
	03/31/2025	Makonza Goto, Rudo				\$99.00
	I	Contributor address; City; State; Zip Code		1		
		Houston, TX 77098-1979				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician	!	US Anesthesia Partners	s of	i Texas, PA	
⊢	Date	Full name of contributor Out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	03/31/2025	Mankarious, Ramy	/			\$99.00
	00/01/2022					Ψ00.00
		Sugar Land, TX 77479-3160				
⊢	Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	$\overline{\Gamma}$		
	Phincipal occu Physician		US Anesthesia Partners		FTOYOG DA	
	-					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/31/2025	Manning, Gary M.				\$99.00
	1	Contributor address; City; State; Zip Code		1		
		Bellaire, TX 77401-4808				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician		US Anesthesia Partners	s of	i Texas, PA	
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/31/2025	Martinez, Rogelio Avila			• •	\$99.00
		Contributor address; City; State; Zip Code				Ŧ
		Contributor address, City, State, Zip Code				
		Houston, TX 77008-1743				
<u> </u>	Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	$\sum_{n}$		
	Physician		US Anesthesia Partners		Tovac DA	
	Filysicium		US Allesulesia i armeis		Τθλας, ΓΑ	

The Instruction Guide explains how to complete this form.       1       Total pages Schedule A: Sch: 34/58 Rpt: 37/64         2       FILER NAME Texas Medical Association Political Action Committee       3       Filer ID (Ethics Commit 00015658         4       Date       5       Full name of contributor out-of-state PAC (ID#:) Maruvada, Sreekar       7       Amount of Contribution (ID#:)         6       Contributor address; City; State; Zip Code       Houston, TX 77027-3974       Filer ID       Images Schedule A: Sch: 34/58 Rpt: 37/64	ssion Filers)
Texas Medical Association Political Action Committee       00015658         4 Date       5 Full name of contributor out-of-state PAC (ID#:) Maruvada, Sreekar       7 Amount of Contribution (         6 Contributor address; City; State; Zip Code       6 Contributor address; City; State; Zip Code	3)
Texas Medical Association Political Action Committee       00015658         4 Date       5 Full name of contributor out-of-state PAC (ID#:)       7 Amount of Contribution ( Maruvada, Sreekar         6 Contributor address; City; State; Zip Code       7 Amount of Contribution (	3)
04/21/2025 Maruvada, Sreekar 6 Contributor address; City; State; Zip Code	-
6 Contributor address; City; State; Zip Code	\$99.00
Houston TV 77027 2074	
Houston TV 77027 2074	
8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)         Physician       Kids Way Clinic PA	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (	-
04/17/2025 Masters, Patrick Allen	\$250.00
Contributor address; City; State; Zip Code	
San Antonio, TX 78230-5856	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Physician Gastroenterology Consultants of San Antonio-Me	lica
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (         03/31/2025       Mastroianni, Maxwell R.       Image: Contribution (	\$99.00
	\$33.00
Contributor address; City; State; Zip Code	
Houston, TX 77025-3218	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Physician US Anesthesia Partners of Texas, PA	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (	<i></i>
03/31/2025 Mathew, Anil T.	\$99.00
Contributor address; City; State; Zip Code	
Bellaire, TX 77401-5000	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Physician US Anesthesia Partners of Texas, PA	
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (	;)
03/31/2025 Mauritz, Amy A.	\$99.00
Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code	
Katy, TX 77450-4226	
Katy, TX 77450-4226       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	
Katy, TX 77450-4226	

The Instr	ruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 35/58 Rpt: 38/64
2 FILER NAM	 IF		<b>3</b> Filer ID (Ethics Commission Filers)
	dical Association Political Action Committee		00015658
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
03/31/2025	5 Maxwell, Matthew J.		\$99.00
	6 Contributor address; City; State; Zip Code		1
	Houston, TX 77008-4129		
-	cupation / Job title (See Instructions)	9 Employer (See Instructions	
Physician		US Anesthesia Partners	s of Texas, PA
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/26/2025	5 McKenna, Rachel Marie		\$55.00
	Contributor address; City; State; Zip Code		1
	Amarillo, TX 79119-1204	-	
	cupation / Job title (See Instructions)	Employer (See Instructions	s)
Business C	2wner	Business Owner	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/31/2025	5 McMasters, Mark A.		\$99.00
	Contributor address; City; State; Zip Code		1
	Houston, TX 77098-2563		
	cupation / Job title (See Instructions)	Employer (See Instructions	
Physician		US Anesthesia Partners	s of Texas, PA
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
04/17/2025	5 Mercado, Claudia Getzabeth		\$99.00
	Contributor address; City; State; Zip Code		1
	Laredo, TX 78041-6225	•	
	cupation / Job title (See Instructions)	Employer (See Instructions	5)
Physician		Self Employed	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
03/31/2025	5 Michael, Sandra G.		\$99.00
	Contributor address; City; State; Zip Code	1	1
	Houston, TX 77054-3108	•	
	cupation / Job title (See Instructions)	Employer (See Instructions	
Physician		US Anesthesia Partners	s of Texas, PA

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2 FILER NAME			3 Filer ID (Ethics Commission Filer	ilers)
	cal Association Political Action Committee		00015658	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
03/31/2025	Miranda, Michael			\$99.00
	6 Contributor address; City; State; Zip Code		1	
	Katy, TX 77494-5385			
8 Principal occl	upation / Job title (See Instructions)	9 Employer (See Instructions	s)	
Physician		US Anesthesia Partners		
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
03/31/2025	Mitchell, Karen P.	·		\$99.00
	Contributor address; City; State; Zip Code		4	
	Sugar Land, TX 77478-4509			
	upation / Job title (See Instructions)	Employer (See Instructions	,	
Physician		US Anesthesia Partners	s of Texas, PA	
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
03/31/2025	Mitchell, Mena Rae			\$99.00
	Contributor address; City; State; Zip Code		1	
	Houston, TX 77062-5415			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Physician		US Anesthesia Partners	s of Texas, PA	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
03/31/2025	Mitchell, Romy L.			\$99.00
	Contributor address; City; State; Zip Code		1	
	Houston, TX 77096-2516			
-	upation / Job title (See Instructions)	Employer (See Instructions		
Physician		US Anesthesia Partners	s of Texas, PA	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
03/31/2025	Mody, Rayomond R.			\$99.00
	Contributor address; City; State; Zip Code			
	Bellaire, TX 77401-5123			
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	s)	
Physician	,	US Anesthesia Partners		
-			· · · · · · · · · · · · · · · · · · ·	

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2 FILI	ER NAME			3 Filer ID (Ethics Commission File	ers)
		cal Association Political Action Committee		00015658	- ,
4 Dat	e	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
04/	/17/2025	Monday, Kimberly E.			208.34
		6 Contributor address; City; State; Zip Code		•	
		Houston, TX 77005-3318			
		pation / Job title (See Instructions)	9 Employer (See Instructions		
Phy	ysician		UTMSH - Dept of Neuro	ology	
Dat		Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/	/31/2025	Mora, Ricardo Rodriguez		\$	\$99.00
		Contributor address; City; State; Zip Code		]	
		Carina TV 77070 6000			
Drir		Spring, TX 77379-6800	Employer (See Instruction)	<u> </u>	
	ncipal occu ysician	ipation / Job title (See Instructions)	Employer (See Instructions US Anesthesia Partners		
	-				
Dat		Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	ቀባር በር
03/	/31/2025	Mujica Fernandez, Luis F.			\$99.00
		Contributor address; City; State; Zip Code			
		Spring, TX 77386-4087			
Prir	ncipal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Phy	ysician		US Anesthesia Partners	s of Texas, PA	
Dat	e	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
03/	/31/2025	Munga, Susan W.		\$	\$99.00
		Contributor address; City; State; Zip Code		1	
		Conroe, TX 77385-1163	t		
		pation / Job title (See Instructions)	Employer (See Instructions	•	
Phy	ysician		US Anesthesia Partners	3 of Texas, PA	
Dat		Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/	/31/2025	Murray, Rebecca L.			\$99.00
		Contributor address; City; State; Zip Code			
		Houston, TX 77070-1391			
Drin			Employer (See Instruction)		
	ncipal occu ysician	ipation / Job title (See Instructions)	Employer (See Instructions US Anesthesia Partners		
	ysician			5 UI 167a3, FA	

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	The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 38/58 Rpt: 41/64
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		cal Association Political Action Committee		00015658
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
	03/31/2025	Mutyala, Chaitanya		\$99.00
	I	6 Contributor address; City; State; Zip Code		
		Houston, TX 77056-6220		
8		upation / Job title (See Instructions)	9 Employer (See Instructions	
	Physician		US Anesthesia Partners	s of Texas, PA
F	Date	Full name of contributor out-of-state PAC (ID#:	· :)	Amount of Contribution (\$)
	04/18/2025	Myung, Chang Ryul		\$99.00
	I	Contributor address; City; State; Zip Code		
		Brownsville, TX 78520-0213		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ls)
	Physician		Valley Regional Medical	al Center
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
	03/31/2025	Nabi, Qaiser		\$99.00
		Contributor address; City; State; Zip Code		•
		Houston, TX 77025-2306		
⊢	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	 IS)
	Physician		US Anesthesia Partners	
⊨	Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
	03/31/2025	Narayan, Rakesh		\$99.00
	00/01/2020	Contributor address; City; State; Zip Code		
		Contributor address, City, State, Zip Code		
		Bellaire, TX 77401-5707		
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	(a)
	Physician		US Anesthesia Partners	
╞	-			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	03/31/2025	Nasrallah, Kyle		\$99.00
		Contributor address; City; State; Zip Code		
		Kingwood, TX 77345-1767		
		upation / Job title (See Instructions)	Employer (See Instructions	
L	Physician		US Anesthesia Partners	s of Texas, PA

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 39/58 Rpt: 42/64
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	cal Association Political Action Committee		00015658
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
03/31/2025	Nasser, Faiz S.		\$99.0
	6 Contributor address; City; State; Zip Code		1
	Houston TV 7709E 1715		
Drincinal occu	Houston, TX 77025-1715 Ipation / Job title (See Instructions)	9 Employer (See Instructions	
8 Principal occu Physician	pation / Job lule (See instructions)	US Anesthesia Partners	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/31/2025	Nazareth, Karl		\$99.0
	Contributor address; City; State; Zip Code		
	Houston, TX 77046-3712		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	s)
Physician		US Anesthesia Partners	s of Texas, PA
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/31/2025	Nazareth, Veeral M.		\$99.0
	Contributor address; City; State; Zip Code		4
	Sugar Land, TX 77479-4719		
-	ipation / Job title (See Instructions)	Employer (See Instructions	
Physician		US Anesthesia Partners	s of Texas, PA
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
04/15/2025	Nemeth, Ira R.		\$16.5
	Contributor address; City; State; Zip Code		·
	Houston, TX 77025-2403		
-	upation / Job title (See Instructions)	Employer (See Instructions	•
Physician		Baylor College of Medic	cine - Emergency Medicine
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/31/2025	Nguyen, Dominique H.		\$99.0
	Contributor address; City; State; Zip Code		1
	Pearland, TX 77584-4943	- <del>-</del>	
-	pation / Job title (See Instructions)	Employer (See Instructions	
Physician		US Anesthesia Partners	s of Texas, PA
1			

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 40/58 Rpt: 43/64
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	cal Association Political Action Committee		00015658
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
03/31/2025	Nguyen, Hoang H.		\$99.00
	6 Contributor address; City; State; Zip Code		
	Spring, TX 77382-2529		
	upation / Job title (See Instructions)	9 Employer (See Instructions	
Physician		US Anesthesia Partners	s of Texas, PA
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/31/2025	Nguyen, Huy A.	I	\$99.00
	Contributor address; City; State; Zip Code		
		I	
		I	
	Richmond, TX 77407-4357		
	upation / Job title (See Instructions)	Employer (See Instructions	
Physician		US Anesthesia Partners	s of Texas, PA
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/31/2025	Nguyen, Jordan T.		\$99.00
	Contributor address; City; State; Zip Code		
		I	
		I	
	Houston, TX 77096-5323		
	upation / Job title (See Instructions)	Employer (See Instructions	
Physician		US Anesthesia Partners	
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
04/17/2025	Norrell, Stacy L.		\$83.34
	Contributor address; City; State; Zip Code		1
		I	
		I	
Dringing occ	Magnolia, TX 77355-1836		<u> </u>
Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions Noble Anesthesia Partne	
-	<del></del>		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/31/2025	Nwankwo, Chika C.		\$99.00
	Contributor address; City; State; Zip Code	I	
		I	
	Houston, TX 77055-1290	I	
Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	-\
Principal occu Physician	pation / Job lille (See instructions)	US Anesthesia Partners	
FliySioun			5 01 18xas, FA

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 41/58 Rpt: 44/64
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Texas Medic	cal Association Political Action Committee		00015658
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
03/31/2025	Obi, Chukwuemeka Franklyn		\$99.
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77024-4654		
	upation / Job title (See Instructions)	9 Employer (See Instructions	
Physician		US Anesthesia Partners	s of Texas, PA
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/31/2025	Odinkemelu, Didi		\$99.
	Contributor address; City; State; Zip Code		1
	United TV 77010 2025		
Dringinal occu	Houston, TX 77019-3925	T Employer (See Instructions	
Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions US Anesthesia Partners	
Date 03/31/2025	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$) \$99.
0313112023	Okafor, Kanayo K.		ψυυ.
	Contributor address; City; State; Zip Code		
	Houston, TX 77055-3612		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Physician		US Anesthesia Partners	s of Texas, PA
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/31/2025	Oldebeken, Scott R.		\$99.
	Contributor address; City; State; Zip Code		
	Houston, TX 77042-2549		
-	upation / Job title (See Instructions)	Employer (See Instructions	
Physician		US Anesthesia Partners	s of Texas, PA
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/31/2025	Oliverson, Thomas J.		\$99.
	Contributor address; City; State; Zip Code		
	Outross TX 77/20-5808		
Dringing occu	Cypress, TX 77429-5898		-\
Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions US Anesthesia Partners	
FliySician			

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	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 42/58 Rpt: 45/64
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		cal Association Political Action Committee		00015658
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
	03/31/2025	Oluleye, Babajide		\$99.00
	I	6 Contributor address; City; State; Zip Code		
			I	
			I	
		Houston, TX 77042-2549	t	
8		upation / Job title (See Instructions)	9 Employer (See Instructions	
L	Physician		US Anesthesia Partners	s of Texas, PA
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	03/31/2025	Osborn, Ronald B.		\$99.00
	I	Contributor address; City; State; Zip Code		
			l	
L		Houston, TX 77005-1936		
		upation / Job title (See Instructions)	Employer (See Instructions	
L	Physician		US Anesthesia Partners	s of Texas, PA
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	03/31/2025	Parker, George W.		\$99.00
	I	Contributor address; City; State; Zip Code		
			l	
			I	
L		Bellaire, TX 77401-4219		
		upation / Job title (See Instructions)	Employer (See Instructions	
L	Physician		US Anesthesia Partners	s of Texas, PA
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	03/31/2025	Pasdar-Shirazi, Francisco	I	\$99.00
	I	Contributor address; City; State; Zip Code		
			I	
L		Sugar Land, TX 77479-4783		
		upation / Job title (See Instructions)	Employer (See Instructions	
	Physician		US Anesthesia Partners	s of Texas, PA
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	03/31/2025	Patel, Purnal A.	I	\$99.00
		Contributor address; City; State; Zip Code		
			I	
$ _{}$		Houston, TX 77042-2549		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
	Physician		US Anesthesia Partners	s of Texas, PA
$\vdash$			1	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 43/58 Rpt: 46/64	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	cal Association Political Action Committee		00015658	-,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
04/17/2025	Pearse, Lee Ann		\$2	208.34
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75244-7703			
-	upation / Job title (See Instructions)	9 Employer (See Instructions		
Physician		Pediatric Cardiologists o	of N TX	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
03/31/2025	Pedley, Chad A.		\$	99.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77025-1114	· · · · ·		
-	upation / Job title (See Instructions)	Employer (See Instructions	·	
Physician		US Anesthesia Partners	; of Texas, PA	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
03/31/2025	Pena, Javier		\$	\$99.00
	Contributor address; City; State; Zip Code			
	Correct TV 77204 2701			
Dringingligge	Conroe, TX 77384-2701			
Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions US Anesthesia Partners		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/31/2025	Pham, Huy Q.		\$	\$99.00
	Contributor address; City; State; Zip Code			
	Spring, TX 77379-7056			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions		
Physician		US Anesthesia Partners	·	
Date 04/07/2025	Full name of contributor out-of-state PAC (ID#: Pinnamaneni, Pavan	)	Amount of Contribution (\$)	\$99.00
04/07/2025			φ. •	99.00
	Contributor address; City; State; Zip Code			
	Lufkin, TX 75904-5360			
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Physician		Self Employed	')	
1				

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The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 44/58 Rpt: 47/64	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	rs)
Texas Medic	cal Association Political Action Committee		00015658	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
03/31/2025	Pinsky, Jay R.		\$9	99.00
	6 Contributor address; City; State; Zip Code		1	
- • • •	Houston, TX 77096-4204			
	upation / Job title (See Instructions)	9 Employer (See Instructions		
Physician		US Anesthesia Partners	1	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	_
04/17/2025	Poindexter, David P.		\$2	25.00
	Contributor address; City; State; Zip Code			
	Humble, TX 77347-0876			
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Physician		David P. Poindexter, MI		
Date	Full name of contributor Out-of-state PAC (ID#:		-	
Date 03/31/2025	Full name of contributor out-of-state PAC (ID#: Porter, John W.	·J	Amount of Contribution (\$)	99.00
UUIUTIFOFO	Contributor address; City; State; Zip Code			19.00
	Continuation address, City, State, Zip Code			
	Houston, TX 77079-5803			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)	
Physician		US Anesthesia Partners	s of Texas, PA	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
03/31/2025	Ralston, Alvin J.	_	\$9	99.00
	Contributor address; City; State; Zip Code		1	
	Houston, TX 77024-4521			
	upation / Job title (See Instructions)	Employer (See Instructions		
Physician		US Anesthesia Partners	s of Texas, PA	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/31/2025	Ramesh, Rekha C.		\$9	99.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77024-6415			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Physician		US Anesthesia Partners		
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 45/58 Rpt: 48/64	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)	
	cal Association Political Action Committee		00015658	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
03/31/2025	Ramirez-Chapman, Ana Lisa		\$99	.00
	6 Contributor address; City; State; Zip Code		1	
	Houston, TX 77005-3522	t		
	pation / Job title (See Instructions)	9 Employer (See Instructions		
Physician		UTMSH - Dept of Anest		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	-
03/31/2025	Rashid, M. Jawad		\$99	.00
	Contributor address; City; State; Zip Code		]	
	Polloiro TV 77401 2600			
Dringing occu	Bellaire, TX 77401-2609			
Principal occu Physician	ipation / Job title (See Instructions)	Employer (See Instructions US Anesthesia Partners		
			•	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	- 00
04/03/2025	Rezaie, Morvarid		\$99	.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76132-4537			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Physician		The Center for Cancer a	and Blood Disorders	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/31/2025	Rhodes, Adam D.		\$99	.00
	Contributor address; City; State; Zip Code		1	
	Houston, TX 77018-3118	1	<u> </u>	
-	pation / Job title (See Instructions)	Employer (See Instructions		
Physician		US Anesthesia Partners		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	_
03/31/2025	Riney, Stephen A.		\$99	.00
	Contributor address; City; State; Zip Code			
	Bellaire, TX 77401-5814			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	e)	
Physician		US Anesthesia Partners		

The Instru	uction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 46/58 Rpt: 49/64	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	rs)
	- ical Association Political Action Committee		00015658	<u> </u>
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
04/14/2025	Robben, Christopher P.		\$9	99.00
	6 Contributor address; City; State; Zip Code		1	
	Houston, TX 77030-2710			
-	upation / Job title (See Instructions)	9 Employer (See Instructions		
Physician		Houston Methodist Inter	mal Medicine Group	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
04/15/2025	—		\$9	99.00
	Contributor address; City; State; Zip Code		1	
	Plano, TX 75024-3215			
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	s)	
Physician		Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
04/04/2025				00.00
	Contributor address; City; State; Zip Code		•	
	El Paso, TX 79905-2709			
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	s)	
Physician		Texas Tech Univ-El Pas	so-Residency Program	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/31/2025				99.00
	Contributor address; City; State; Zip Code		•	
	Bellaire, TX 77401-5106			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Physician		US Anesthesia Partners	s of Texas, PA	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
03/31/2025				99.00
	Contributor address; City; State; Zip Code		4	
	Richmond, TX 77406-4303			
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	1 S)	
Physician		US Anesthesia Partners		
-		<u> </u>		

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The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 47/58 Rpt: 50/64
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	cal Association Political Action Committee		00015658
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
03/31/2025	Schoppa, Derek M.	ļ	\$99.0
	6 Contributor address; City; State; Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1
		,	
	Bellaire, TX 77401-4814	,	
8 Principal occl	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>
Physician	• • • •	US Anesthesia Partners	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
03/31/2025		,	\$99.0
	Contributor address; City; State; Zip Code		
		,	
		,	
	Houston, TX 77007-6479		
	upation / Job title (See Instructions)	Employer (See Instructions	
Physician		US Anesthesia Partners	s of Texas, PA
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
03/31/2025	Shah, Tanmay H.		\$99.0
	Contributor address; City; State; Zip Code	,	1
		,	
	Sugar Land, TX 77479-4672	,	
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	s)
Physician		US Anesthesia Partners	s of Texas, PA
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
03/31/2025	Sheikh, Maria	,	\$99.0
	Contributor address; City; State; Zip Code		1
l		,	
	Houston, TX 77041-6251	,	
Bringinal occu	upation / Job title (See Instructions)	Employer (See Instructions	
Physician	ipation / Job title (See instructions)	US Anesthesia Partners	
			- -
Date 03/31/2025	Full name of contributor       out-of-state PAC (ID#:_         Shenoy, Vikram	)	Amount of Contribution (\$) \$99.0
03/31/2023			ψυυ 
l	Contributor address; City; State; Zip Code	,	
1		,	
	Houston, TX 77024-6148	,	
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	s)
Physician		US Anesthesia Partners	s of Texas, PA
i		<u>,I</u>	

Т	The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 48/58 Rpt: 51/64	
2 F	-ILER NAME				Filer ID (Ethics Commission	Filers)
		cal Association Political Action Committee			00015658	
<b>4</b> D	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
0	03/31/2025	Shepard, Maria K.				\$99.00
		6 Contributor address; City; State; Zip Code				
		Cypress, TX 77433-6354	-			
		pation / Job title (See Instructions)	9 Employer (See Instructions			
F	Physician		US Anesthesia Partners	s of	Texas, PA	
C	Date	Full name of contributor out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)	
0	03/31/2025	Sheth, Milan K.				\$99.00
		Contributor address; City; State; Zip Code				
		Sugar Land, TX 77479-6741				
		pation / Job title (See Instructions)	Employer (See Instructions			
F	Physician		US Anesthesia Partners	s of	Texas, PA	
C	Date	Full name of contributor out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)	
0	03/31/2025	Shetty, Shakunthala				\$99.00
		Contributor address; City; State; Zip Code		"		
		Pearland, TX 77584-8734				
		pation / Job title (See Instructions)	Employer (See Instructions	,		
F	Physician		US Anesthesia Partners	s of	Texas, PA	
	Date	Full name of contributor out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)	
0	03/31/2025	Shevchenko, Yevgeny				\$99.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77079-7324				
		pation / Job title (See Instructions)	Employer (See Instructions			
F	Physician		US Anesthesia Partners	s of	Texas, PA	
	Date	Full name of contributor out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)	
0	03/31/2025	Shirak, Michelle O.				\$99.00
		Contributor address; City; State; Zip Code		"		
		Houston, TX 77009-5202				
P	<sup>-</sup> rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	is)		
F	Physician		US Anesthesia Partners	s of <sup>-</sup>	Texas, PA	
$\vdash$						

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	The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 49/58 Rpt: 52/64
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		cal Association Political Action Committee		00015658
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
	03/31/2025	Shore, Brad L.	ļ	\$99.00
	1	6 Contributor address; City; State; Zip Code		1
	ļ	1	ļ	
	ļ	1	ł	
		Bellaire, TX 77401-3726		
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	
	Physician		US Anesthesia Partners	s of Texas, PA
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	03/31/2025	Simon, Mark C.	,	\$99.00
	ł	Contributor address; City; State; Zip Code		4
	ļ	1	ļ	
	ļ	1	ł	
	ļ	Spring, TX 77389-1486	,	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Physician		US Anesthesia Partners	s of Texas, PA
╞	Date	Full name of contributor out-of-state PAC (ID#:_	:)	Amount of Contribution (\$)
	03/31/2025	Sims, Paul E.		\$99.00
		Contributor address; City; State; Zip Code		4
	ļ		ł	
	ļ	1	ł	
	ļ	Porter, TX 77365-3269	ł	
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
	Physician		US Anesthesia Partners	s of Texas, PA
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	03/31/2025	Sorkin, Tatiana A.		\$99.00
	ļ	Contributor address; City; State; Zip Code		4
	ļ		,	
	ļ	1	ł	
	ļ	Houston, TX 77024-6504	ł	
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
	Physician		US Anesthesia Partners	s of Texas, PA
⊨	Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
	03/31/2025	Sprockel, Dennis G J		\$99.00
		Contributor address; City; State; Zip Code		4
	ļ		ļ	
	ļ	1	ļ	
	ļ	Houston, TX 77079-3162	ļ	
┢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
	Physician		US Anesthesia Partners	s of Texas, PA
$\vdash$				

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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 50/58 Rpt: 53/64	
2 FILER NAME			3 Filer ID (Ethics Commissio	n Filers)
	cal Association Political Action Committee		00015658	1111010,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
04/04/2025	Sra, Karan P. K.			\$2,500.00
	6 Contributor address; City; State; Zip Code			
- · · ·	Houston, TX 77007-7008	<u>1 /2 </u>		
	pation / Job title (See Instructions)	9 Employer (See Instructions		
Physician		Bayou City Dermatology	y	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/31/2025				\$99.00
	Contributor address; City; State; Zip Code			
	Coring TV 77280-2470			
Principal occu	Spring, TX 77380-3479 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Physician		US Anesthesia Partners		
-			•	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	¢00.00
04/14/2025	Stubbers, Sheena G.			\$99.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77030-3508			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Physician		Houston Methodist Inter	rnal Medicine Group	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
03/31/2025	Su, Young Y.			\$99.00
	Contributor address; City; State; Zip Code			
Duin sin stars	Dayton, TX 77535-1235			
Principal occu Physician	ipation / Job title (See Instructions)	Employer (See Instructions US Anesthesia Partners		
-				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	<b>*</b> ~~ ~~
03/31/2025	Sykes, Daniel M.			\$99.00
	Contributor address; City; State; Zip Code			
	Manvel, TX 77578-4886			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Physician		US Anesthesia Partners		
-			·	

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The Instru	uction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 51/58 Rpt: 54/64
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	- ical Association Political Action Committee		00015658
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
03/31/2025	Tabor, Debra D.		\$99.00
	6 Contributor address; City; State; Zip Code		1
	Houston, TX 77007-1720		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Physician		US Anesthesia Partners	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
03/31/2025			\$99.00
	Contributor address; City; State; Zip Code		
	Cypress, TX 77429-2802		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	s)
Physician		US Anesthesia Partners	s of Texas, PA
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/31/2025	Tanauli, Nasir A.		\$99.00
	Contributor address; City; State; Zip Code		1
	Spring, TX 77379-7735	•	
	upation / Job title (See Instructions)	Employer (See Instructions	
Physician		US Anesthesia Partners	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/31/2025			\$99.00
	Contributor address; City; State; Zip Code		
	Katy, TX 77494-4060		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	c)
Physician		US Anesthesia Partners	
Date 03/31/2025	Full name of contributor       out-of-state PAC (ID#:         Taylor, Shakaala R.	J	Amount of Contribution (\$) \$99.00
0010112020	-		φυυ.υ.
	Contributor address; City; State; Zip Code		
1			
	Humble, TX 77396-4301		
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions	s)
Physician		US Anesthesia Partners	s of Texas, PA
i		<u>.I</u>	

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The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 52/58 Rpt: 55/64	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
Texas Medic	cal Association Political Action Committee		00015658	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
03/31/2025	Teniola, Babajide O.		\$	99.00
	6 Contributor address; City; State; Zip Code		1	
- · · ·	Richmond, TX 77469-3750	<u> </u>		
	upation / Job title (See Instructions)	9 Employer (See Instructions		
Physician		US Anesthesia Partners	1	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
04/15/2025	Tesfa, Ganana		. \$1	16.50
	Contributor address; City; State; Zip Code			
	Irving, TX 75063-8413			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)	
Physician		Neurology Associates o		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
03/31/2025	Thommen, Prince J.	,		99.00
	Contributor address; City; State; Zip Code		1	-
	Bellaire, TX 77401-4803			
	upation / Job title (See Instructions)	Employer (See Instructions		
Physician		US Anesthesia Partners	s of Texas, PA	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
03/31/2025	Thomson, Hugh K.		\$9	99.00
	Contributor address; City; State; Zip Code		1	
	Houston TV 77025 2417			
Drincinal occu	Houston, TX 77025-2417 upation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Phincipal occu Physician		US Anesthesia Partners	•	
-			1	
Date 03/31/2025	Full name of contributor out-of-state PAC (ID#: Tom, Donald H.	)	Amount of Contribution (\$)	99.00
03/31/2023	Contributor address; City; State; Zip Code		Ψ`	99.00
	Continuutor address, City, State, Zip Code			
	Houston, TX 77025-2920			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	S)	
Physician		US Anesthesia Partners	s of Texas, PA	
1				

The Instr	ruction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 53/58 Rpt: 56/64	
2 FILER NAM			3 Filer ID (Ethics Commission F	-ilers)
	dical Association Political Action Committee		00015658	lici 5 <sub>7</sub>
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
03/31/2025	5 Tom, Robert J.			\$99.00
	6 Contributor address; City; State; Zip Code		1	
	Delleize TV 77401 E621			
• Drincipal oc	Bellaire, TX 77401-5631 cupation / Job title (See Instructions)	9 Employer (See Instructions	<u></u>	
Physician		US Anesthesia Partners		
_	Full some of contributor			
Date 04/17/2025	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	\$75.00
04/1//2025				Φ10.00
	Contributor address; City; State; Zip Code			
	Sugar Land, TX 77479-2105			
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	<u>ι</u> ε)	
Physician		Premier Internal Medicir		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
03/31/2025	— —			\$99.00
	Contributor address; City; State; Zip Code		•	
	Houston, TX 77054-3215			
	cupation / Job title (See Instructions)	Employer (See Instructions		
Physician		US Anesthesia Partners	-	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/31/2025	5 Trautmann, Johan K.			\$99.00
	Contributor address; City; State; Zip Code			
	League City, TX 77573-4578			
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Physician		US Anesthesia Partners		
	Full name of contributor Out-of-state PAC (ID#:			
Date 03/31/2025		)	Amount of Contribution (\$)	\$99.00
0010112020	Contributor address; City; State; Zip Code		4	ψ55.00
	Continuouol address, City, State, Zip Code			
	Sugar Land, TX 77479-2559			
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	ι ξ)	
Physician		US Anesthesia Partners	s of Texas, PA	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 54/58 Rpt: 57/64	
2 FILER NAME			3 Filer ID (Ethics Commission F	ilers)
	cal Association Political Action Committee		00015658	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
03/31/2025	Vargheese, Ajay K.			\$99.00
	6 Contributor address; City; State; Zip Code		1	
	Houston, TX 77006-3211			
	upation / Job title (See Instructions)	9 Employer (See Instructions		
Physician		US Anesthesia Partners	s of Texas, PA	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/31/2025	Vije, Hadassah N.			\$99.00
	Contributor address; City; State; Zip Code			
	Bellaire, TX 77401-4215			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)	
Physician		US Anesthesia Partners	s of Texas, PA	
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
04/17/2025	Vijjeswarapu, Daniel V.			\$625.00
	Contributor address; City; State; Zip Code		4	
	San Antonio, TX 78253-6283			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>)</u>	
Physician		CentroMed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
04/22/2025	Vozza, Brenda Marie			\$99.00
	Contributor address; City; State; Zip Code	,	•	
	Longview, TX 75605-2846			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ٤)	
Physician		Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
03/31/2025	Vu, Steve K.			\$99.00
	Contributor address; City; State; Zip Code			·• • ·
	Bellaire, TX 77401-2203			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
Physician	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	US Anesthesia Partners		
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The Instruc	tion Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 55/58 Rpt: 58/64	
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
	al Association Political Action Committee		00015658	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
03/31/2025	Wagner, Chad E.			\$99.00
	6 Contributor address; City; State; Zip Code		1	
	Magnolia, TX 77354-1337			
	pation / Job title (See Instructions)	9 Employer (See Instructions		
Physician		US Anesthesia Partners	s of Texas, PA	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
03/31/2025	Waldrop, William B.			\$99.00
ľ	Contributor address; City; State; Zip Code		1	
	Missouri City, TX 77459-1488	1		
	pation / Job title (See Instructions)	Employer (See Instructions		
Physician		US Anesthesia Partners	s of Texas, PA	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
03/31/2025	Wang, Yaoyao A.			\$99.00
	Contributor address; City; State; Zip Code			
	Sugar Land, TX 77479-4735			
Principal occur	bation / Job title (See Instructions)	Employer (See Instructions		
Physician		US Anesthesia Partners		
Date 03/31/2025	Full name of contributor out-of-state PAC (ID#:_ Wagar, Tahira	)	Amount of Contribution (\$)	\$99.00
03/31/2025				\$99.00
	Contributor address; City; State; Zip Code			
	Spring, TX 77379-1529			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Physician	, , , , , , , , , , , , , , , , , , ,	US Anesthesia Partners		
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
04/25/2025	Welch, Christian M.	J		\$99.00
· · · · ·	Contributor address; City; State; Zip Code			<b>400</b>
	Contributor address, City, State, Zip Code			
	San Antonio, TX 78258-1659			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Physician		Self Employed		

Т	he Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 56/58 Rpt: 59/64
2 FI	ILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		cal Association Political Action Committee		00015658
<b>4</b> Da	ate	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
03	3/31/2025	Westerheide, William S.		\$99.00
		6 Contributor address; City; State; Zip Code		1
		Kingwood, TX 77345-1909		
		ipation / Job title (See Instructions)	9 Employer (See Instructions	
P	hysician		US Anesthesia Partners	s of Texas, PA
Da	ate	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
03	3/31/2025	White, Brandon Lynn		\$99.00
		Contributor address; City; State; Zip Code		1
		Spring, TX 77380-3912	1	
		pation / Job title (See Instructions)	Employer (See Instructions	
Ы	hysician		US Anesthesia Partners	s of Texas, PA
	ate	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
04	4/16/2025	White, Darryl Glenn		\$99.00
		Contributor address; City; State; Zip Code		1
		Teague, TX 75860-5172		<u> </u>
	rıncıpal occu hysician	ipation / Job title (See Instructions)	Employer (See Instructions Freestone Medical Cent	
	-			
	ate	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03	3/31/2025	Wilcox, Darrell W.		\$99.00
		Contributor address; City; State; Zip Code		
		Spring, TX 77389-2161		
,	ringinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	~
	hysician		US Anesthesia Partners	
	-			
	ate	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
04	4/17/2025	Williams, Paul Brian		\$25.00
		Contributor address; City; State; Zip Code		
		Longview, TX 75605-7706		
				-\
	rincipai occu hysician	ipation / Job title (See Instructions)	Employer (See Instructions Texas Urology Specialis	
	Tysician			

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Th	ne Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 57/58 Rpt: 60/64	
2 FIL	ER NAME			3 Filer ID (Ethics Commission Filers	s)
		cal Association Political Action Committee		00015658	<i>'</i> ,
4 Dat	te	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
03/	/31/2025	Wright, Adam C.		\$99	9.00
		6 Contributor address; City; State; Zip Code		1	
		Houston, TX 77059-5561	<u> </u>		
		pation / Job title (See Instructions)	9 Employer (See Instructions		
Ph	iysician		US Anesthesia Partners	s of Texas, PA	
Dat	te	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/	/31/2025	Xu, Wen Annie		\$99	9.00
1		Contributor address; City; State; Zip Code		1	
		Sugar Land, TX 77479-2790			
	•	pation / Job title (See Instructions)	Employer (See Instructions		
Ph	iysician		US Anesthesia Partners	s of Texas, PA	
Dat	te	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/	/31/2025	Yang, Shawn X.		\$9!	9.00
		Contributor address; City; State; Zip Code			
		Sugar Land, TX 77479-2742			
		pation / Job title (See Instructions)	Employer (See Instructions		
Ph	iysician		US Anesthesia Partners	s of Texas, PA	
Dat	te	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
04/	/04/2025	Yoo, Harrison Wonhee		\$100	0.00
		Contributor address; City; State; Zip Code			
		Boerne, TX 78015-4890			
Prir	ncipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Ph	iysician		IMED Healthcare Assoc	ziates	
Dat	te	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/	/31/2025	Zaafran, Sherif Z.		\$99	9.00
		Contributor address; City; State; Zip Code		1	
		Houston, TX 77055-7016			
Prir	ncipal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)	
Ph	iysician		US Anesthesia Partners	s of Texas, PA	

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 58/58 Rpt: 61/64 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Medical Association Political Action Committee 00015658 4 5 Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 7 03/31/2025 \$99.00 Zarzour, David P. 6 Contributor address; City; State; Zip Code Bellaire, TX 77401-2804 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Physician US Anesthesia Partners of Texas, PA

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule C3: Sch: 1/1 Rpt: 62/64	
2	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Texas Medical Association Political Action Committee				00015658	
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)	
	04/07/2025		Diagnostic Clinic of Victoria			1,000.00

# NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

	The Instruction Guide explains how to complete this form.			1	1 Total pages Schedule C4: Sch: 1/1 Rpt: 63/64	
2	FILER NAME				Filer ID	(Ethics Commission Filers)
	Texas Medical Association Political Action Committee			00015658		
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)	
	04/22/2025		Texas Medical Association			21,411.42

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loa Fees Off Food/Beverage Expense Pol Gift/Awards/Memorials Expense Prir	n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense ting Expense aries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)						
Sch: 1/1 Rpt: 64/64		Texas Medical Association Political Action Committee							
4 Date	5 Payee name								
04/16/2025	Haile, Israel								
6 Amount (\$)	7 Payee address; City; State; Zip Code								
\$99.00	125 Newman St								
Expenditure from corporate funds	Fairfield, TX 75840								
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b) Description							
OF EXPENDITURE	Refund of contribution		side of Texas. Complete Schedule T.						
			K, officeholder living expense						
		Refund of contr	ibution						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		e sought	Office held						
Date	Payee name								
04/08/2025	Sumer, Baran Devrim								
Amount (\$)	Payee address; City; State; Zi	o Code							
\$99.00	11040 Lawnhaven Rd								
Expenditure from corporate funds	Dallas, TX 75230								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Refund of contribution	side of Texas. Complete Schedule T. K, officeholder living expense ibution							
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		e sought	Office held						