

FORM MPAC
COVER SHEET PG 1

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME Texas Medical Association Political Action Committee		13 Filer ID (Ethics Commission Filers) 00015658
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 58,509.90
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 198.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 293,734.85
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Clayton Stewart

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - MPAC**FORM MPAC**
COVER SHEET PG 3
3 of 64

17 COMMITTEE NAME Texas Medical Association Political Action Committee		18 Filer ID (Ethics Commission Filers) 00015658
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 36,098.48
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 1,000.00
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 21,411.42
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 198.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/58 Rpt: 4/64
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abdalla, Mohamad A. 6 Contributor address; City; State; Zip Code Houston, TX 77083-5865	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abraham, Binu R. Contributor address; City; State; Zip Code Missouri City, TX 77459-1854	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Abramson, Steven I. Contributor address; City; State; Zip Code Houston, TX 77096-3534	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Adeoti, Lasnette V. Contributor address; City; State; Zip Code Fulshear, TX 77441-1543	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Agbetoba, Airat A. Contributor address; City; State; Zip Code Bellaire, TX 77401-4840	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/58 Rpt: 5/64
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aiyer, Viswanathan <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77009-6607	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alaniz, Pedro F. <hr/> Contributor address; City; State; Zip Code Richmond, TX 77407-1957	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Sandra J. <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-4410	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Ali, Mohamed Salah-Eldin <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-5040	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Ali, Mohammad <hr/> Contributor address; City; State; Zip Code Houston, TX 77042-2549	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/58 Rpt: 6/64
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Carley Michelle <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77030-1501	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) UTMSH Residency Program
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allred, Anna M. <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469-4297	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 03/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Almond, Suzanne <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418-9302	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amanchukwu, Chiamaka Nnedi <hr/> Contributor address; City; State; Zip Code Manvel, TX 77578-2169	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 04/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aqtash, Obadah <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45231-6069	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) HeartPlace

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/58 Rpt: 7/64
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arif, Abdus S. <hr/> 6 Contributor address; City; State; Zip Code Humble, TX 77346-1475	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Asghar, Ali <hr/> Contributor address; City; State; Zip Code Houston, TX 77089-1716	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashary, Nishan E Abbas <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-4139	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baber, Rosalind <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-5612	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baerenstecher, John G. <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-5000	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/58 Rpt: 8/64
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 04/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Susan Rudd <hr/> 6 Contributor address; City; State; Zip Code Benbrook, TX 76132-1066	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banks, Brenda J. <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-2554	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Bannis, Rohan <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459-2436	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Barroso, Stephen R. <hr/> Contributor address; City; State; Zip Code Conroe, TX 77304-1402	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Bawany, Fauzia A. <hr/> Contributor address; City; State; Zip Code Baytown, TX 77521-3051	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/58 Rpt: 11/64
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brann, James R. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77024-2638	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broughton, Kirbie D. <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459-1496	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Christopher J. <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546-6154	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown-Nembhard, Tonya Renee <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706-3021	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Beaumont Pediatric Center PLLC
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Carlos Javier <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501-3735	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Gastroenterology

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/58 Rpt: 12/64
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrion-Zamora, Victor R. <hr/> 6 Contributor address; City; State; Zip Code Humble, TX 77396-4582	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, Luke M. <hr/> Contributor address; City; State; Zip Code Spring, TX 77386-4835	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Carvajal Carvajal, Tomas <hr/> Contributor address; City; State; Zip Code Katy, TX 77494-2192	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Gregg C. <hr/> Contributor address; City; State; Zip Code Humble, TX 77346-4685	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Summerwood Family Clinic
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavanaugh, Mark R. <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-3030	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/58 Rpt: 13/64
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cebe, James J. <hr/> 6 Contributor address; City; State; Zip Code Cypress, TX 77433-2064	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan, Tiffany Michelle <hr/> Contributor address; City; State; Zip Code Houston, TX 77062-3618	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chang, Alex C. <hr/> Contributor address; City; State; Zip Code Houston, TX 77077-2157	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheng, Nancy <hr/> Contributor address; City; State; Zip Code Houston, TX 77035-3633	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Chin, Lilibeth B. <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584-6805	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/58 Rpt: 14/64
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chirala, Karthik <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77494-6257	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Choi, Jae W. <hr/> Contributor address; City; State; Zip Code Houston, TX 77043-4754	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Chuan, Joseph <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-7128	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chun, Christopher Sung Jin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75244-7446	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Epic Pain and Orthopedics
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Dana G. <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012-5428	Amount of Contribution (\$) \$33.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/58 Rpt: 15/64
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cline, Donald M. <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573-1777	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, James K. <hr/> Contributor address; City; State; Zip Code Conroe, TX 77384-3268	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contreras, Michael G. <hr/> Contributor address; City; State; Zip Code Houston, TX 77080-5540	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coons, Martha Fletcher <hr/> Contributor address; City; State; Zip Code Austin, TX 78751-3527	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Administrative		Employer (See Instructions) Office of Richard E. Coons, MD, PA
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Lane J. <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-6249	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/58 Rpt: 16/64
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craven, Judith L. 6 Contributor address; City; State; Zip Code Lawrenceville, GA 30044-6094	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuzick, Leslie M. Contributor address; City; State; Zip Code Nacogdoches, TX 75965-2275	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Daumerie, Geraldine J. Contributor address; City; State; Zip Code Houston, TX 77042-2549	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Davila-Perez, Ruben F. Contributor address; City; State; Zip Code Houston, TX 77094-3209	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Jabon R. Contributor address; City; State; Zip Code Houston, TX 77055-7418	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/58 Rpt: 17/64
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dhother, Sukhjinder S. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77025-1714	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dizon, John E. <hr/> Contributor address; City; State; Zip Code Katy, TX 77494-5979	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Dogan, Oya <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584-8444	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Donnell, Malcolm T. <hr/> Contributor address; City; State; Zip Code Houston, TX 77065-5364	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dupont, Nefertiti C. <hr/> Contributor address; City; State; Zip Code Spring, TX 77393-2074	Amount of Contribution (\$) \$49.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eagleton, Mark C. <hr/> 6 Contributor address; City; State; Zip Code Pearland, TX 77584-7760	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellison, William J. <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-4119	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Emmanuel, Michelle I. <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-1770	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Estess, Sandra <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220-2255	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eype, Sheila M. <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459-2159	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fahey, Brian K. <hr/> 6 Contributor address; City; State; Zip Code Bellaire, TX 77401-4413	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farias Kovac, Mario Hermogenes <hr/> Contributor address; City; State; Zip Code Houston, TX 77096-4232	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Fernandez, Cristina M. <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-1224	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferris, Marley S. <hr/> Contributor address; City; State; Zip Code Houston, TX 77098-5333	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Gary W. <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-6200	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 04/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, John Gerard <hr/> 6 Contributor address; City; State; Zip Code Carrollton, TX 75010-1144	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Harris E. <hr/> Contributor address; City; State; Zip Code Houston, TX 77027-5871	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Karin A. <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551-4332	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMB - UT Medical Branch OBG Dept
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Lindsay A. <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-2144	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Lindsay M. <hr/> Contributor address; City; State; Zip Code Houston, TX 77010-4060	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 04/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freedman, Lynn <hr/> 6 Contributor address; City; State; Zip Code Burleson, TX 76028-1337	7 Amount of Contribution (\$) \$55.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fritzhand, Kevin S. <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-2334	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuller, Tracy A. <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-6406	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 04/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gajera, Prakash G. <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-7605	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerald, Laurel <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109-3538	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giam, Patrick Y. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77005-3903	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Janet Marie <hr/> Contributor address; City; State; Zip Code Houston, TX 77027-4006	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilmer, William S. <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-2613	Amount of Contribution (\$) \$212.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) William S. Gilmer, MD, PA
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glentzer, Mark J. <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550-3232	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Godwin, Kristalynne T. <hr/> Contributor address; City; State; Zip Code League City, TX 77573-2080	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Mark T. <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77494-0675	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, David M. <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-5935	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Greger, Jennifer R. <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77316-3044	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Griggs, Felicia S. <hr/> Contributor address; City; State; Zip Code Houston, TX 77081-6603	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Groen, Alfred L. <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3318	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunn, Clinton M. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77019-3920	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guo, James S. <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-2029	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Haack, Kirsten J. <hr/> Contributor address; City; State; Zip Code Houston, TX 77027-5517	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hailey, Brian S. <hr/> Contributor address; City; State; Zip Code Oklahoma City, OK 73118-7120	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) M & S Radiology Associates, P.A.
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haldankar, Pradnya S. <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-6670	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/58 Rpt: 25/64
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 04/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haley, Christopher T. <hr/> 6 Contributor address; City; State; Zip Code Temple, TX 76502-7926	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ham, Angelito <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-5725	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, George K. <hr/> Contributor address; City; State; Zip Code Houston, TX 77042-2502	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 04/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Linda Wahl <hr/> Contributor address; City; State; Zip Code Quanah, TX 79252-4607	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Hardeman County Memorial Hospital
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey, Benjamin D. <hr/> Contributor address; City; State; Zip Code Houston, TX 77055-1949	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/58 Rpt: 26/64
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 04/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heafer, Harold Arthur <hr/> 6 Contributor address; City; State; Zip Code Kemp, TX 75143-5565	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hence, Reginald D. <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433-6337	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henkes, David Norman <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-2221	Amount of Contribution (\$) \$625.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pathology Reference Laboratory, LLC
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henschel, John W. <hr/> Contributor address; City; State; Zip Code Spring, TX 77386-1888	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Hector J. <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-1401	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hiller, Kenneth N. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77094-1279	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hirsch, Douglas J. <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-6933	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Bradford W. <hr/> Contributor address; City; State; Zip Code Waco, TX 76712-7565	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Ken C. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107-1907	Amount of Contribution (\$) \$16.67
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) The Hopper Group-Hopper Health Strategies
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hornung, Joseph L. <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584-9127	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/58 Rpt: 28/64
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston, Christopher <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77042-2549	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humphreys, James Loyd <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023-4492	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Precision Pathology
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunter, Grant <hr/> Contributor address; City; State; Zip Code Houston, TX 77042-2549	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Hwang, Walt <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-2375	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingle, Ashwin P. <hr/> Contributor address; City; State; Zip Code Houston, TX 77056-2948	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/58 Rpt: 29/64
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 04/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isaacson, Terah C. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77009-7753	7 Amount of Contribution (\$) \$208.34
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Bayou City Surgical Specialists, PLLC
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, J. Stuart <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-5053	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Jayasinghe, Chandra P. <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-6311	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffcoat, Sheila R. <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459-2456	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Joseph Dillon <hr/> Contributor address; City; State; Zip Code Port Lavaca, TX 77979-5494	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Memorial Medical Clinic

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Stacie N. <hr/> 6 Contributor address; City; State; Zip Code Pearland, TX 77584-3450	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Ty R. <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-5701	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Rachel M. <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-2619	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Danny M. <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77498-2517	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jumper, Cynthia Ann <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424-5001	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

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SCHEDULE A1

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4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kessinger, Thomas W. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77059-3725	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 04/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ketron, Lowell Lane <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356-2003	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Healthy Living Heart and Vascular
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, David Tyler <hr/> Contributor address; City; State; Zip Code Laredo, TX 78045-7174	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolle, Bracken S. <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-5474	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Koons, Patrick <hr/> Contributor address; City; State; Zip Code League City, TX 77573-7380	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

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SCHEDULE A1

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8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kridel, Russell W. H. <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-2204	Amount of Contribution (\$) \$625.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Facial Plastic Surgery Associates
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kumar, Suresh <hr/> Contributor address; City; State; Zip Code Houston, TX 77056-1313	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Lai, Chuong <hr/> Contributor address; City; State; Zip Code Houston, TX 77098-3606	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Lake, Yasmin N. <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-2740	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

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8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamba, Jaspreet S. <hr/> Contributor address; City; State; Zip Code Houston, TX 77064-5120	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasater, Matthew P. <hr/> Contributor address; City; State; Zip Code Katy, TX 77494-3693	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Lastoczy, Frank M. <hr/> Contributor address; City; State; Zip Code Porter, TX 77365-2079	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Lateef, Ahmad H. <hr/> Contributor address; City; State; Zip Code Houston, TX 77070-3865	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

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4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeBlanc, Kelly L. <hr/> 6 Contributor address; City; State; Zip Code Missouri City, TX 77459-2589	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Chevy Chu <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501-1106	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Cora Y. <hr/> Contributor address; City; State; Zip Code Houston, TX 77094-3512	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lella, Leela Kumar <hr/> Contributor address; City; State; Zip Code Midland, TX 79701-5846	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindberg, Scott A. <hr/> Contributor address; City; State; Zip Code Katy, TX 77494-2554	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loubser, Paul G. <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-3121	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Lu, Dai <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77345-1886	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Lu, Lingen <hr/> Contributor address; City; State; Zip Code Houston, TX 77042-2549	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Luehr, Susan L. <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-2315	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

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4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madabhushi, Rangarajan V. N. S. <hr/> 6 Contributor address; City; State; Zip Code Missouri City, TX 77459-4491	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Makonza Goto, Rudo <hr/> Contributor address; City; State; Zip Code Houston, TX 77098-1979	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Mankarious, Ramy <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-3160	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Manning, Gary M. <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-4808	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Rogelio Avila <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-1743	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

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4 Date 04/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maruvada, Sreekar <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77027-3974	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Kids Way Clinic PA
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masters, Patrick Allen <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230-5856	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Gastroenterology Consultants of San Antonio-Medica
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mastroianni, Maxwell R. <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-3218	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathew, Anil T. <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-5000	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Mauritz, Amy A. <hr/> Contributor address; City; State; Zip Code Katy, TX 77450-4226	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

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4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxwell, Matthew J. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77008-4129	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 03/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKenna, Rachel Marie <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79119-1204	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMasters, Mark A. <hr/> Contributor address; City; State; Zip Code Houston, TX 77098-2563	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mercado, Claudia Getzabeth <hr/> Contributor address; City; State; Zip Code Laredo, TX 78041-6225	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, Sandra G. <hr/> Contributor address; City; State; Zip Code Houston, TX 77054-3108	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

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

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 04/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monday, Kimberly E. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77005-3318	7 Amount of Contribution (\$) \$208.34
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) UTMSH - Dept of Neurology
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mora, Ricardo Rodriguez <hr/> Contributor address; City; State; Zip Code Spring, TX 77379-6800	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Mujica Fernandez, Luis F. <hr/> Contributor address; City; State; Zip Code Spring, TX 77386-4087	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Munga, Susan W. <hr/> Contributor address; City; State; Zip Code Conroe, TX 77385-1163	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Rebecca L. <hr/> Contributor address; City; State; Zip Code Houston, TX 77070-1391	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mutyala, Chaitanya <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77056-6220	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myung, Chang Ryul <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78520-0213	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Valley Regional Medical Center
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nabi, Qaiser <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-2306	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Narayan, Rakesh <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-5707	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Nasrallah, Kyle <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77345-1767	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nasser, Faiz S. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77025-1715	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nazareth, Karl <hr/> Contributor address; City; State; Zip Code Houston, TX 77046-3712	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Nazareth, Veeral M. <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-4719	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nemeth, Ira R. <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-2403	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor College of Medicine - Emergency Medicine
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Dominique H. <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584-4943	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/58 Rpt: 43/64
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Hoang H. <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77382-2529	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Huy A. <hr/> Contributor address; City; State; Zip Code Richmond, TX 77407-4357	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Jordan T. <hr/> Contributor address; City; State; Zip Code Houston, TX 77096-5323	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norrell, Stacy L. <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77355-1836	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Noble Anesthesia Partners
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nwankwo, Chika C. <hr/> Contributor address; City; State; Zip Code Houston, TX 77055-1290	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/58 Rpt: 44/64
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Obi, Chukwuemeka Franklyn <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77024-4654	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Odinkemelu, Didi <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-3925	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Okafor, Kanayo K. <hr/> Contributor address; City; State; Zip Code Houston, TX 77055-3612	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Oldebeken, Scott R. <hr/> Contributor address; City; State; Zip Code Houston, TX 77042-2549	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliverson, Thomas J. <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429-5898	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oluleye, Babajide <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77042-2549	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osborn, Ronald B. <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-1936	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, George W. <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-4219	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Pasdar-Shirazi, Francisco <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-4783	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Purnal A. <hr/> Contributor address; City; State; Zip Code Houston, TX 77042-2549	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 04/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearse, Lee Ann <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75244-7703	7 Amount of Contribution (\$) \$208.34
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Pediatric Cardiologists of N TX
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pedley, Chad A. <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-1114	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Javier <hr/> Contributor address; City; State; Zip Code Conroe, TX 77384-2701	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham, Huy Q. <hr/> Contributor address; City; State; Zip Code Spring, TX 77379-7056	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 04/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinnamaneni, Pavan <hr/> Contributor address; City; State; Zip Code Lufkin, TX 75904-5360	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinsky, Jay R. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77096-4204	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poindexter, David P. <hr/> Contributor address; City; State; Zip Code Humble, TX 77347-0876	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) David P. Poindexter, MD
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, John W. <hr/> Contributor address; City; State; Zip Code Houston, TX 77079-5803	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralston, Alvin J. <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-4521	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramesh, Rekha C. <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-6415	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez-Chapman, Ana Lisa <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77005-3522	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) UTMSH - Dept of Anesthesiology
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rashid, M. Jawad <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-2609	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 04/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rezaie, Morvarid <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132-4537	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) The Center for Cancer and Blood Disorders
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, Adam D. <hr/> Contributor address; City; State; Zip Code Houston, TX 77018-3118	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Riney, Stephen A. <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-5814	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 04/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robben, Christopher P. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77030-2710	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Houston Methodist Internal Medicine Group
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Gabriel Angel <hr/> Contributor address; City; State; Zip Code Plano, TX 75024-3215	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rondla, Madhumitha <hr/> Contributor address; City; State; Zip Code El Paso, TX 79905-2709	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Tech Univ-El Paso-Residency Program
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roseman, Stephen C. <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-5106	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz, Juan P. <hr/> Contributor address; City; State; Zip Code Richmond, TX 77406-4303	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schoppa, Derek M. <hr/> 6 Contributor address; City; State; Zip Code Bellaire, TX 77401-4814	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sencherey, Maxwell K. <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-6479	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah, Tanmay H. <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-4672	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheikh, Maria <hr/> Contributor address; City; State; Zip Code Houston, TX 77041-6251	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Shenoy, Vikram <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-6148	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepard, Maria K. <hr/> 6 Contributor address; City; State; Zip Code Cypress, TX 77433-6354	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheth, Milan K. <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-6741	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Shetty, Shakunthala <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584-8734	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Shevchenko, Yevgeny <hr/> Contributor address; City; State; Zip Code Houston, TX 77079-7324	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirak, Michelle O. <hr/> Contributor address; City; State; Zip Code Houston, TX 77009-5202	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shore, Brad L. <hr/> 6 Contributor address; City; State; Zip Code Bellaire, TX 77401-3726	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simon, Mark C. <hr/> Contributor address; City; State; Zip Code Spring, TX 77389-1486	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Sims, Paul E. <hr/> Contributor address; City; State; Zip Code Porter, TX 77365-3269	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorkin, Tatiana A. <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-6504	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprockel, Dennis G J <hr/> Contributor address; City; State; Zip Code Houston, TX 77079-3162	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 04/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sra, Karan P. K. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007-7008	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Bayou City Dermatology
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanosheck, Kyle D. <hr/> Contributor address; City; State; Zip Code Spring, TX 77380-3479	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 04/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbers, Sheena G. <hr/> Contributor address; City; State; Zip Code Houston, TX 77030-3508	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Methodist Internal Medicine Group
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Su, Young Y. <hr/> Contributor address; City; State; Zip Code Dayton, TX 77535-1235	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Sykes, Daniel M. <hr/> Contributor address; City; State; Zip Code Manvel, TX 77578-4886	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tabor, Debra D. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007-1720	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tallackson, Donald B. <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429-2802	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanauli, Nasir A. <hr/> Contributor address; City; State; Zip Code Spring, TX 77379-7735	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Matthew T. <hr/> Contributor address; City; State; Zip Code Katy, TX 77494-4060	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Shakaala R. <hr/> Contributor address; City; State; Zip Code Humble, TX 77396-4301	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/58 Rpt: 55/64
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teniola, Babajide O. <hr/> 6 Contributor address; City; State; Zip Code Richmond, TX 77469-3750	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tesfa, Ganana <hr/> Contributor address; City; State; Zip Code Irving, TX 75063-8413	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Neurology Associates of Arlington, PA
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thommen, Prince J. <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-4803	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomson, Hugh K. <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-2417	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom, Donald H. <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-2920	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/58 Rpt: 56/64
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom, Robert J. 6 Contributor address; City; State; Zip Code Bellaire, TX 77401-5631	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Elizabeth Contributor address; City; State; Zip Code Sugar Land, TX 77479-2105	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Premier Internal Medicine Assoc PA
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, An D. Contributor address; City; State; Zip Code Houston, TX 77054-3215	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Trautmann, Johan K. Contributor address; City; State; Zip Code League City, TX 77573-4578	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Tu, Jo H. Contributor address; City; State; Zip Code Sugar Land, TX 77479-2559	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/58 Rpt: 57/64
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargheese, Ajay K. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77006-3211	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vije, Hadassah N. <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-4215	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vijjeswarapu, Daniel V. <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78253-6283	Amount of Contribution (\$) \$625.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) CentroMed
Date 04/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vozza, Brenda Marie <hr/> Contributor address; City; State; Zip Code Longview, TX 75605-2846	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vu, Steve K. <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-2203	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/58 Rpt: 58/64
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, Chad E. <hr/> 6 Contributor address; City; State; Zip Code Magnolia, TX 77354-1337	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waldrop, William B. <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459-1488	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Yaoyao A. <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-4735	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Waqar, Tahira <hr/> Contributor address; City; State; Zip Code Spring, TX 77379-1529	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Christian M. <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258-1659	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/58 Rpt: 59/64
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westerheide, William S. <hr/> 6 Contributor address; City; State; Zip Code Kingwood, TX 77345-1909	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Brandon Lynn <hr/> Contributor address; City; State; Zip Code Spring, TX 77380-3912	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Darryl Glenn <hr/> Contributor address; City; State; Zip Code Teague, TX 75860-5172	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Freestone Medical Center
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilcox, Darrell W. <hr/> Contributor address; City; State; Zip Code Spring, TX 77389-2161	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Paul Brian <hr/> Contributor address; City; State; Zip Code Longview, TX 75605-7706	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Urology Specialists - Longview

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/58 Rpt: 60/64
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Adam C. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77059-5561	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Xu, Wen Annie <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-2790	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Yang, Shawn X. <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-2742	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yoo, Harrison Wonhee <hr/> Contributor address; City; State; Zip Code Boerne, TX 78015-4890	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) IMED Healthcare Associates
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaafran, Sherif Z. <hr/> Contributor address; City; State; Zip Code Houston, TX 77055-7016	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners of Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers)
00015658

4 Date

04/07/2025

5 Corporation / Labor Organization name

Diagnostic Clinic of Victoria

6 Amount (\$)

1,000.00

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C4:
Sch: 1/1 Rpt: 63/64

2 FILER NAME

Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers)
00015658

4 Date

04/22/2025

5 Corporation / Labor Organization name

Texas Medical Association

6 Amount (\$)

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/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 64/64	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
4 Date 04/16/2025	5 Payee name Haile, Israel	
6 Amount (\$) \$99.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 125 Newman St Fairfield, TX 75840	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refund of contribution	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund of contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/08/2025	Payee name Sumer, Baran Devrim	
Amount (\$) \$99.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 11040 Lawnhaven Rd Dallas, TX 75230	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refund of contribution	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund of contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held