FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00068176 3 COMMITTEE NAME **OFFICE USE ONLY** Metropolitan Anesthesia Consultants, LLP Political Action Committee Date Received **ELECTRONICALLY FILED** 07/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 3625 North Hall St Date Hand-delivered or Date Postmarked Suite 800 Change of Address Dallas, TX 75219 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Justin NAME NICKNAME LAST **SUFFIX Phillips** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 205 Pennsylvania Ave. SE STREET **ADDRESS** (Residence or Business) Washington, DC 20003 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 205 Pennsylvania Ave. SE MAILING **ADDRESS** Washington, DC 20003 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (202) 543-8345 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/22/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

L2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Metropolitan Anesthe	esia Consultants, LLP Pol	itical Action Committee	00068176	i
4 COMMITTEE ACTIVITY	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(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.)			
5 CONTRIBUTION		D POLITICAL CONTRIBUTIONS (OTHER THAN	<u> </u>	
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	OR GUARANTEES OF LOANS, OR ### ADDE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA		\$	27.400.00
	(OTHER THAN PLE	EDGES, LOANS, OR GUARANTEES OF LOANS)		27,460.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	2,838.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	T DAY \$	90,660.74
OUTSTANDING LOAN TOTALS	I	AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
6 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code.		
		Mr. A.	atia Disillia	
			stin Phillips ampaign Treasu	Irer
		Signature of C	ampaign medSt	n Ci
AFFIX NOTAI	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed 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 offi	cer administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

				3 of 89
17 COMMIT		18 Filer ID	(Ethics Co	mmission Filers)
•	itan Anesthesia Consultants, LLP Political Action Committee	00068176		
	LE SUBTOTALS SCHEDULE		SUBT	TOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	27,460.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	\$		
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION				
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	2,838.94
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	WONET	ARY POLITICAL (CONTRIBUTIO	CNU		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/83 Rpt: 4/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 04/30/2025	5 Full name of contributor Akaluso, Chinenye6 Contributor address; City; Si)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 02/26/2025	Full name of contributor Akaluso, Chinenye Contributor address; City; Si	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
	•	pation / Job title (See Instructions	s)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 01/22/2025	Full name of contributor Akaluso, Chinenye Contributor address; City; St	out-of-state PAC (ID#:_		-	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106		-			
		pation / Job title (See Instructions	s)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 06/30/2025	Full name of contributor Akaluso, Chinenye Contributor address; City; Si Dallas, TX 75219-5106				Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST	;)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 03/31/2025	Full name of contributor Akaluso, Chinenye Contributor address; City; Si Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	
		pation / Job title (See Instructions	s)			onsultants	

	MONEI	ARY POLITICAL (CONTRIBUTION	JNS		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/83 Rpt: 5/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLF	Political Action Comn	nittee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 05/30/2025	5 Full name of contributor Akaluso, Chinenye6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	•		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 06/30/2025	Full name of contributor Allison, Michael Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	•	pation / Job title (See Instructions	s)	Employer (See Instructions		and the state	
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C		
	Date 03/31/2025	Full name of contributor Allison, Michael Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
	Dringing coou	Dallas, TX 75219-5106 pation / Job title (See Instructions	2)	Employer (See Instructions	<u>'</u>		
		ANESTHESIOLOGIST	5)	Metropolitan Anesthesia		onsultants	
	Date 01/22/2025	Full name of contributor Allison, Michael Contributor address; City; S Dallas, TX 75219-5106				Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST	s)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 04/30/2025	Full name of contributor Allison, Michael Contributor address; City; S Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	

	MONEI	ARY POLITICAL (CONTRIBUTIO	JNS		SCHEDULI	E A1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/83 Rpt: 6/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLF	Political Action Comn	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 05/30/2025	5 Full name of contributor Allison, Michael6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 02/26/2025	Full name of contributor Allison, Michael Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106		1			
	·	pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 04/30/2025	Full name of contributor Andrade, Emilio Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106		T	Ļ		
		pation / Job title (See Instructions	S)	Employer (See Instructions		n	
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 06/30/2025	Full name of contributor Andrade, Emilio Contributor address; City; S Dallas, TX 75219-5106)	•	Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 01/22/2025	Full name of contributor Andrade, Emilio Contributor address; City; S Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	S)	Employer (See Instructions	<u>. </u>		
		ANESTHESIOLOGIST	-	Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL (ONTRIBUTIO	JNS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/83 Rpt: 7/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 02/26/2025	5 Full name of contributor Andrade, Emilio6 Contributor address; City; Si)	7	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 03/31/2025	Full name of contributor Andrade, Emilio Contributor address; City; Si	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	•	pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants 	
	Date 05/30/2025	Full name of contributor Andrade, Emilio Contributor address; City; Si	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$50.00
_	Dringing con	Dallas, TX 75219-5106	<u> </u>	Employer (Coo Instructions	<u>, </u>		
		pation / Job title (See Instructions ANESTHESIOLOGIST	·)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 03/31/2025	Full name of contributor Baker, MacArthur Contributor address; City; Si Dallas, TX 75219-5106			•	Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	;)	Employer (See Instructions	<u> </u>		
	PHYSICIAN	ANESTHESIOLOGIST	,	Metropolitan Anesthesia		onsultants	
	Date 06/30/2025	Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$50.00
L	Dringing	Dallas, TX 75219-5106		Employer (Cas Instruct)	<u></u>		
		pation / Job title (See Instructions ANESTHESIOLOGIST) 	Employer (See Instructions Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL (ONTRIBUTIO	JNS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/83 Rpt: 8/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 01/22/2025	5 Full name of contributor Baker, MacArthur6 Contributor address; City; St			7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 05/30/2025	Full name of contributor Baker, MacArthur Contributor address; City; Si	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	·	pation / Job title (See Instructions	3)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 04/30/2025	Full name of contributor Baker, MacArthur Contributor address; City; Si	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Delegale at a second	Dallas, TX 75219-5106	`	F	<u>-</u>		
		pation / Job title (See Instructions	5)	Employer (See Instructions		ongultanta	
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsulants ————————————————————————————————————	
	Date 02/26/2025	Full name of contributor Baker, MacArthur Contributor address; City; Si Dallas, TX 75219-5106)		Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 04/30/2025	Full name of contributor Boehmer, Drew Contributor address; City; Si Dallas, TX 75219-5106	out-of-state PAC (ID#:_		-	Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL (JONTRIBUTIC	JNS		SCHEDULE	A1
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/83 Rpt: 9/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 06/30/2025	5 Full name of contributor Boehmer, Drew6 Contributor address; City; St)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 05/30/2025	Full name of contributor Boehmer, Drew Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	•	pation / Job title (See Instructions	s)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants 	
	Date 06/30/2025	Full name of contributor Brekke, Jeffrey Contributor address; City; S Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
_	Drincinal occu	pation / Job title (See Instructions	2)	Employer (See Instructions	5) 		
		ANESTHESIOLOGIST	<i>>)</i>	Metropolitan Anesthesia		onsultants	
	Date 03/31/2025	Full name of contributor Brekke, Jeffrey Contributor address; City; Si Dallas, TX 75219-5106)		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 01/22/2025	Full name of contributor Brekke, Jeffrey Contributor address; City; S Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu	nation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u>		
		ANESTHESIOLOGIST	•	Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL (ONTRIBUTIO	JNS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/83 Rpt: 10/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comn	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 04/30/2025	5 Full name of contributor Brekke, Jeffrey6 Contributor address; City; St)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 02/26/2025	Full name of contributor Brekke, Jeffrey Contributor address; City; Si	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106		 			
	·	pation / Job title (See Instructions	5)	Employer (See Instructions		b	
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants 	
	Date 05/30/2025	Full name of contributor Brekke, Jeffrey Contributor address; City; Si	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants 	
	Date 02/26/2025	Full name of contributor Brown, Marc Contributor address; City; Si Dallas, TX 75219-5106)		Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions ANESTHESIOLOGIST	;)	Employer (See Instructions Metropolitan Anesthesia	•	onsultants	
	Date 05/30/2025	Full name of contributor Brown, Marc Contributor address; City; Si Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL (CONTRIBUTIO	JNS		SCHEDULE	A1
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/83 Rpt: 11/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 01/22/2025	5 Full name of contributor Brown, Marc6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 04/30/2025	Full name of contributor Brown, Marc Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	•	pation / Job title (See Instructions	s)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants 	
	Date 06/30/2025	Full name of contributor Brown, Marc Contributor address; City; S Dallas, TX 75219-5106	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
_	Dringinal occu	pation / Job title (See Instructions	-1	Employer (See Instructions	·/		
		ANESTHESIOLOGIST	5)	Metropolitan Anesthesia		onsultants	
	Date 03/31/2025	Full name of contributor Brown, Marc Contributor address; City; S Dallas, TX 75219-5106)		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 04/30/2025	Full name of contributor Bryant, Glenn Contributor address; City; S Dallas, TX 75219-5106	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$50.00
	Principal occu	nation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u>		
		ANESTHESIOLOGIST	•	Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 9/83 Rpt: 12/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 05/30/2025	5 Full name of contributor Bryant, Glenn6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8		pation / Job title (See Instructions	9	1 3 (angultanta	
	Date 02/26/2025	Full name of contributor Bryant, Glenn Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code	Metropolitan Anesthesia		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions)	Employer (See Instructions		oncultanta	
		ANESTHESIOLOGIST		Metropolitan Anesthesia	1 C		
	Date 01/22/2025	Full name of contributor Bryant, Glenn Contributor address; City; St	out-of-state PAC (ID#:atte; Zip Code			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions ANESTHESIOLOGIST)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 06/30/2025	Full name of contributor Bryant, Glenn Contributor address; City; St Dallas, TX 75219-5106)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 03/31/2025	Full name of contributor Bryant, Glenn Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	

MONE	TARY POLITICAL CONTRIBUTION	UNS	SCHEDULE	A1
The Instru	uction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 10/83 Rpt: 13/89	
2 FILER NAME Metropolitar	E n Anesthesia Consultants, LLP Political Action Com	mittee	3 Filer ID (Ethics Commission F 00068176	-ilers)
4 Date 02/26/2025		f:)	7 Amount of Contribution (\$)	\$100.00
	Dallas, TX 75219-5106			
	upation / Job title (See Instructions) I ANESTHESIOLOGIST	9 Employer (See Instructions Metropolitan Anesthesia		
Date 01/22/2025	Full name of contributor	·	Amount of Contribution (\$)	\$50.00
	Dallas, TX 75219-5106	_		
	upation / Job title (See Instructions) I ANESTHESIOLOGIST	Employer (See Instructions Metropolitan Anesthesia		
Date 04/30/2025	Full name of contributor out-of-state PAC (ID# Cardini, Tiffany Contributor address; City; State; Zip Code	<u>:</u>	Amount of Contribution (\$)	\$50.00
Dringing Lagg	Dallas, TX 75219-5106 upation / Job title (See Instructions)	Employer (Co. Instruction		
	I ANESTHESIOLOGIST	Employer (See Instructions Metropolitan Anesthesia		
Date 03/31/2025	Contributor address; City; State; Zip Code	÷:	Amount of Contribution (\$)	\$50.00
Principal occu	Dallas, TX 75219-5106 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
•	N ANESTHESIOLOGIST	Metropolitan Anesthesia		
Date 05/30/2025	Full name of contributor out-of-state PAC (ID# Cardini, Tiffany Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$50.00
	Dallas, TX 75219-5106			
	upation / Job title (See Instructions) I ANESTHESIOLOGIST	Employer (See Instructions Metropolitan Anesthesia		
	upation / Job title (See Instructions)	Employer (See Instructions Metropolitan Anesthesia		_

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 11/83 Rpt: 14/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 05/30/2025	5 Full name of contributor Chan, Calvin6 Contributor address; City; State	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	PHYSICIAN	pation / Job title (See Instructions) ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia			
	Date 04/30/2025	Full name of contributor Chan, Calvin Contributor address; City; Sta	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106			<u></u>		
		pation / Job title (See Instructions) ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 03/31/2025	Full name of contributor Chan, Calvin Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$50.00
	Deire die alle acces	Dallas, TX 75219-5106		Faralassa (Ossalassassissas			
		pation / Job title (See Instructions) ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 01/22/2025	Full name of contributor Chan, Calvin Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	<u> </u> s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 06/30/2025	Full name of contributor Chan, Calvin Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) ANESTHESIOLOGIST		Employer (See Instructions		oncultante	
	rn i Sician	AIVES I RESIULUGIS I		Metropolitan Anesthesia	<u>. C</u>	บารนแสกเธ	

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 12/83 Rpt: 15/89	
2	FILER NAME	A	D. Illiand Andrew Committee		3	Filer ID (Ethics Commission	n Filers)
	Metropolitan	Anesthesia Consultants, LLP		tee	L	00068176	
4	Date 02/26/2025	5 Full name of contributorChan, Calvin6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	9	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 06/30/2025	Full name of contributor Cirone, Anthony Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 01/22/2025	Full name of contributor Cirone, Anthony Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	-	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	•	pation / Job title (See Instructions ANESTHESIOLOGIST	(i)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 04/30/2025	Full name of contributor Cirone, Anthony Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 03/31/2025	Full name of contributor Cirone, Anthony Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
\vdash	Principal occu	pation / Job title (See Instructions) I	Employer (See Instructions	<u>(</u>		
		ANESTHESIOLOGIST	′	Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 13/83 Rpt: 16/89	
2	FILER NAME	Anesthesia Consultants, LLP	Political Action Commit	ttoo	3	Filer ID (Ethics Commission 00068176	n Filers)
Ļ	-				L		
4	Date 05/30/2025	5 Full name of contributor Cirone, Anthony	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
		6 Contributor address; City; St Dallas, TX 75219-5106	ate, Zip Code				
8	Principal occu	nation / Job title (See Instructions) [9	Employer (See Instructions	<u>. </u>		
ľ		ANESTHESIOLOGIST	,	Metropolitan Anesthesia		onsultants	
_			<u>l</u>	- Would open tarry wroot roots	_		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/26/2025	Cirone, Anthony					\$100.00
		Contributor address; City; St	ate; Zip Code				
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/22/2025	Courtney, Paul	_				\$50.00
		Contributor address; City; St	ate: Zip Code		l		
			, <u></u> p				
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		ANESTHESIOLOGIST	,	Metropolitan Anesthesia		onsultants	
-	Data	Full name of contributor		·	_		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	ΦΕΩ ΩΩ
	04/30/2025	Courtney, Paul					\$50.00
		Contributor address; City; St	ate; Zip Code				
		Delles TV 75210 5100					
		Dallas, TX 75219-5106	,		<u></u>		
	•	pation / Job title (See Instructions)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/31/2025	Courtney, Paul					\$50.00
		Contributor address; City; St	ate; Zip Code		1		
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	
				·			

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 14/83 Rpt: 17/89	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee		00068176	
4	Date 06/30/2025	5 Full name of contributor Courtney, Paul	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
		6 Contributor address; City; St Dallas, TX 75219-5106	ate; Zip Code				
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions	<u>L</u>		
		ANESTHESIOLOGIST	,	Metropolitan Anesthesia		onsultants	
_	Date	Full name of contributor	D suit of state DAC (ID)		Г	Amount of Contribution (\$)	
	02/26/2025	Courtney, Paul	out-of-state PAC (ID#:)		Amount of Continbution (\$)	\$100.00
	0212012023		. 7 0 1				Φ100.00
		Contributor address; City; St	ate; Zip Code				
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	C	onsultants	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/30/2025	Courtney, Paul					\$50.00
		Contributor address; City; St	ate; Zip Code				
		B TV 75040 5400					
	Data da al acces	Dallas, TX 75219-5106	<u> </u>	Faralassa (Caralassatiana	Ĺ		
		pation / Job title (See Instructions ANESTHESIOLOGIST)	Employer (See Instructions Metropolitan Anesthesia		oncultante	
					· C		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/26/2025	Culpepper, Donnie					\$100.00
		Contributor address; City; St	ate; Zip Code				
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	C	onsultants	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/22/2025	Culpepper, Donnie	_				\$50.00
		Contributor address; City; St	ate; Zip Code				
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions)	Employer (See Instructions		and the sta	
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	C	onsuitants	

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 15/83 Rpt: 18/89	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Metropolitan	Anesthesia Consultants, LLP		ttee	L	00068176	
4	Date 03/31/2025	5 Full name of contributorCulpepper, Donnie6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	s) <u> </u>	Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 06/30/2025	Full name of contributor Culpepper, Donnie Contributor address; City; St	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	05/30/2025	Culpepper, Donnie Contributor address; City; St					\$50.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions	3)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	а С —	onsultants ————————————————————————————————————	
	Date 04/30/2025	Full name of contributor Culpepper, Donnie Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Dringing Cook	pation / Job title (See Instructions	<u>, </u>	Employer (See Instructions	, 		
		ANESTHESIOLOGIST	,	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 02/26/2025	Full name of contributor Deshpande, Pranav	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Contributor address; City; Si	ate; Zip Code		-		
		Dallas, TX 75219-5106			L		
		pation / Job title (See Instructions	s)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 16/83 Rpt: 19/89	
2	FILER NAME	A continue in Occasional III B	Bullion Laurence		3	Filer ID (Ethics Commission	Filers)
	-	Anesthesia Consultants, LLP		ee	L	00068176	
4	Date 04/30/2025	5 Full name of contributorDeshpande, Pranav6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8		pation / Job title (See Instructions	(s)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants 	
	Date 03/31/2025	Full name of contributor Deshpande, Pranav Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 05/30/2025	Full name of contributor Deshpande, Pranav Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	•	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 06/30/2025	Full name of contributor Deshpande, Pranav Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 01/22/2025	Full name of contributor Deshpande, Pranav Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	•	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions ANESTHESIOLOGIST	s)	Employer (See Instructions Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 17/83 Rpt: 20/89	
2	FILER NAME	Assethania Carasultanta III D	Dalikiaal Askias Cassasik		3	Filer ID (Ethics Commission	n Filers)
	-	Anesthesia Consultants, LLP		tee	L	00068176	
4	Date 01/22/2025	5 Full name of contributorEllis, Stephen6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 03/31/2025	Full name of contributor Ellis, Stephen Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 04/30/2025	Full name of contributor Ellis, Stephen Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$50.00
	Dringing Lagor	Dallas, TX 75219-5106		Franksian (Cook and and and	<u></u>		
		pation / Job title (See Instructions ANESTHESIOLOGIST)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 02/26/2025	Full name of contributor Ellis, Stephen Contributor address; City; St Dallas, TX 75219-5106)	•	Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 05/30/2025	Full name of contributor Ellis, Stephen Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
_	Principal occu	pation / Job title (See Instructions	<u> </u>	Employer (See Instructions	;) [
		ANESTHESIOLOGIST	'	Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL (JONTRIBUTIC	JNS		SCHEDULE	A1
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 18/83 Rpt: 21/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLF	Political Action Comn	nittee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 03/31/2025	5 Full name of contributor Fleishman, Ari6 Contributor address; City; S			7	Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 01/22/2025	Full name of contributor Fleishman, Ari Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219-5106					
	·	pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 04/30/2025	Full name of contributor Fleishman, Ari Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$25.00
	D: : 1	Dallas, TX 75219-5106	,	T = 1	Ĺ		
		pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 05/30/2025	Full name of contributor Fleishman, Ari Contributor address; City; S Dallas, TX 75219-5106				Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia	•	onsultants	
	Date 06/30/2025	Full name of contributor Fleishman, Ari Contributor address; City; S Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u>L</u>		
		ANESTHESIOLOGIST	~1	Metropolitan Anesthesia		onsultants	

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 19/83 Rpt: 22/89
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Metropolitan	Anesthesia Consultants, LLP Political Action Com	nittee	00068176
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$)
	02/26/2025	Fleishman, Ari 6 Contributor address; City; State; Zip Code		\$50.00
		Dallas, TX 75219-5106		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	
	PHYSICIAN	ANESTHESIOLOGIST	Metropolitan Anesthesia	a Consultants
	Date 03/31/2025	Full name of contributor out-of-state PAC (ID#: Foss, Prisila)	Amount of Contribution (\$) \$50.00
		Contributor address; City; State; Zip Code		
		Dallas, TX 75219-5106	1	
		pation / Job title (See Instructions)	Employer (See Instructions	
	PHYSICIAN	ANESTHESIOLOGIST	Metropolitan Anesthesia	a Consultants
	Date 01/22/2025	Full name of contributor out-of-state PAC (ID#: Foss, Prisila Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$50.00
		Dallas, TX 75219-5106		
	•	pation / Job title (See Instructions)	Employer (See Instructions	
	PHYSICIAN	ANESTHESIOLOGIST	Metropolitan Anesthesia	a Consultants
	Date 04/30/2025	Full name of contributor out-of-state PAC (ID#: Foss, Prisila Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$50.00
		Dallas, TX 75219-5106		
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
		ANESTHESIOLOGIST	Metropolitan Anesthesia	
	Date 02/26/2025	Full name of contributor out-of-state PAC (ID#: Foss, Prisila Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$100.00
	Dala die el	Dallas, TX 75219-5106	Employer (October 1997)	
		pation / Job title (See Instructions) ANESTHESIOLOGIST	Employer (See Instructions Metropolitan Anesthesia	

	MONEI	ARY POLITICAL (CONTRIBUTION	JNS		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 20/83 Rpt: 23/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLF	Political Action Comn	nittee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 05/30/2025	5 Full name of contributor Foss, Prisila6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 06/30/2025	Full name of contributor Foss, Prisila Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	•	pation / Job title (See Instructions	s)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 01/22/2025	Full name of contributor Foster, Tabitha Contributor address; City; S Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$75.00
	Dringing Cook	pation / Job title (See Instructions	2)	Employer (See Instructions	<u>'</u>		
		ANESTHESIOLOGIST	5)	Metropolitan Anesthesia		onsultants	
	Date 05/30/2025	Full name of contributor Foster, Tabitha Contributor address; City; S Dallas, TX 75219-5106			•	Amount of Contribution (\$)	\$75.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST	s)	Employer (See Instructions Metropolitan Anesthesia	•	onsultants	
	Date 02/26/2025	Full name of contributor Foster, Tabitha Contributor address; City; S Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$150.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	

	MONET	ARY POLITICAL (ONTRIBUTIO	JNS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 21/83 Rpt: 24/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	ı Filers)
4	Date 06/30/2025	5 Full name of contributor Foster, Tabitha6 Contributor address; City; Si)	7	Amount of Contribution (\$)	\$75.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 04/30/2025	Full name of contributor Foster, Tabitha Contributor address; City; Si	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$75.00
		Dallas, TX 75219-5106					
	•	pation / Job title (See Instructions	3)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 03/31/2025	Full name of contributor Foster, Tabitha Contributor address; City; Si	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$75.00
		Dallas, TX 75219-5106			Ļ		
		pation / Job title (See Instructions	3)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants ————————————————————————————————————	
	Date 02/26/2025	Full name of contributor Garcia, Tony Contributor address; City; Si Dallas, TX 75219-5106)		Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST	;)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 06/30/2025	Full name of contributor Garcia, Tony Contributor address; City; Si Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	s)		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	
						onsultants	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 22/83 Rpt: 25/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 01/22/2025	5 Full name of contributor Garcia, Tony6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	PHYSICIAN	pation / Job title (See Instructions ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia			
	Date 04/30/2025	Full name of contributor Garcia, Tony Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106			<u></u>		
		pation / Job title (See Instructions ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 05/30/2025	Full name of contributor Garcia, Tony Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Deinsinal assu	Dallas, TX 75219-5106		Francis voy (Coo Instructions	<u></u>		
		pation / Job title (See Instructions ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 03/31/2025	Full name of contributor Garcia, Tony Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 04/30/2025	Full name of contributor Geiser, John	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$42.00
		I pation / Job title (See Instructions ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL (CONTRIBUTION	CNC		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 23/83 Rpt: 26/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLF	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 02/26/2025	5 Full name of contributor Geiser, John6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$84.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 01/22/2025	Full name of contributor Geiser, John Contributor address; City; S	out-of-state PAC (ID#:_tate; Zip Code)		Amount of Contribution (\$)	\$42.00
		Dallas, TX 75219-5106		•			
	·	pation / Job title (See Instructions	s)	Employer (See Instructions		No	
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants 	
	Date 05/30/2025	Full name of contributor Geiser, John Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$42.00
		Dallas, TX 75219-5106		1			
		pation / Job title (See Instruction: ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 06/30/2025	Contributor address; City; S			-	Amount of Contribution (\$)	\$42.00
		Dallas, TX 75219-5106	,	1	Ĺ		
		pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia	-	onsultants	
	Date 03/31/2025	Full name of contributor Geiser, John Contributor address; City; S Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$42.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	I S)		
		ANESTHESIOLOGIST	,	Metropolitan Anesthesia		onsultants	
				1			

	MONEI	ARY POLITICAL C	CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 24/83 Rpt: 27/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 02/26/2025	Full name of contributor Gibson, Valentine Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$200.00
		Dallas, TX 75219-5106					
8		pation / Job title (See Instructions ANESTHESIOLOGIST	9	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 03/31/2025	Full name of contributor Gibson, Valentine Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions ANESTHESIOLOGIST)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 01/22/2025	Full name of contributor Gibson, Valentine Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date 05/30/2025	Full name of contributor Gibson, Valentine Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u>		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date 04/30/2025	Full name of contributor Gibson, Valentine Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 25/83 Rpt: 28/89	
2	FILER NAME	Amosthopia Consultanta II D	Delitical Action Commit	***	3	Filer ID (Ethics Commission	n Filers)
	Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	.tee		00068176	
4	Date 02/26/2025	5 Full name of contributorGlenesk, Niklas6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Dallas, TX 75219-5106 pation / Job title (See Instructions	.) le	Employer (See Instructions			
ľ		ANESTHESIOLOGIST	,,	Metropolitan Anesthesia		oncultante	
	FITTSICIAN	ANESTTIESIOLOGIST		well opolitan Anesthesia	1 C		
	Date 01/22/2025	Full name of contributor Glenesk, Niklas Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u></u>		
	PHYSICIAN	PHYSICIAN ANESTHESIOLOGIST			a C	onsultants	
Date		Full name of contributor	out-of-state PAC (ID#:		Г	Amount of Contribution (\$)	
	02/26/2025	Haldeman, Richard	out of state 1710 (IBII	/		7 mileant of Continuation (4)	\$84.00
		Contributor address; City; Si Dallas, TX 75219-5106	ate; Zip Code				
_	Dringing ago	pation / Job title (See Instructions	<u>, </u>	Employer (Coo Instructions	<u>'</u>		
	•	ANESTHESIOLOGIST)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 01/22/2025	Full name of contributor Haldeman, Richard Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$42.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 06/30/2025	Full name of contributor Haldeman, Richard Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$42.00
	Deineinel	Dallas, TX 75219-5106	. I	Employer (Con Instruct			
		pation / Job title (See Instructions)	Employer (See Instructions Matropolitan Apacthosis		oncultants	
	PRISICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	α C	บารนแสทเธ	

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 26/83 Rpt: 29/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	ttee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 04/30/2025	5 Full name of contributor Haldeman, Richard6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$42.00
		Dallas, TX 75219-5106					
8	PHYSICIAN	pation / Job title (See Instructions ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia			
	Date 03/31/2025	Full name of contributor Haldeman, Richard Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$42.00
		Dallas, TX 75219-5106	, 1	5 1 (0 1 1 1	<u></u>		
		pation / Job title (See Instructions ANESTHESIOLOGIST	(1)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 05/30/2025	Full name of contributor Haldeman, Richard Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$42.00
	Dringinal occu	Dallas, TX 75219-5106	<u> </u>	Employer (See Instructions	·/ 		
	•	ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	
	Date 02/26/2025	Full name of contributor Hale Wattiker, Brittani Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 04/30/2025	Full name of contributor Hale Wattiker, Brittani	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions ANESTHESIOLOGIST	()	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	TITISICIAN	, ((VEO 11 IEO)OEOO!O!		wich opolitan Anestrieste		บารนาณาเร	

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 27/83 Rpt: 30/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	ttee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 03/31/2025	5 Full name of contributor Hale Wattiker, Brittani6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219-5106					
8		pation / Job title (See Instructions	9	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date 06/30/2025	Full name of contributor Hale Wattiker, Brittani Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date 05/30/2025	Full name of contributor Hale Wattiker, Brittani Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219-5106	-				
	•	pation / Job title (See Instructions ANESTHESIOLOGIST	(i)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 01/22/2025	Full name of contributor Hale Wattiker, Brittani Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date 06/30/2025	Full name of contributor Hayes, Christopher Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	nation / Job title (See Instructions	()	Employer (See Instructions	<u>. </u>		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	
			•				

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 28/83 Rpt: 31/89	
2	FILER NAME	A	Delitical Astica Committee		3	Filer ID (Ethics Commission	n Filers)
	Metropolitan	Anesthesia Consultants, LLP	_	ttee 		00068176	
4	Date 02/26/2025	 Full name of contributor Hayes, Christopher Contributor address; City; St 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Dallas, TX 75219-5106 pation / Job title (See Instructions) c	Employer (See Instructions			
ľ		ANESTHESIOLOGIST)	Metropolitan Anesthesia		oncultante	
	FITTSICIAN	ANESTTIESIOLOGIST		wetropolitari Ariestriesia	1 C		
	Date 01/22/2025	Full name of contributor Hayes, Christopher Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	PHYSICIAN	PHYSICIAN ANESTHESIOLOGIST M			a C	onsultants	
Date		Full name of contributor	out-of-state PAC (ID#:		Г	Amount of Contribution (\$)	
	03/31/2025	Hayes, Christopher	out or state 1710 (IBII	/		7 mileant of Continuation (4)	\$50.00
		Contributor address; City; St	ate; Zip Code				
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	·)	Employer (See Instructions	<u>. </u>		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia Consultants			
_	Date	Full name of contributor	out-of-state PAC (ID#:	\) Amount of Contribution (\$)		
	04/30/2025	Hayes, Christopher Contributor address; City; St Dallas, TX 75219-5106				(v)	\$50.00
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u>. </u>		
	•	ANESTHESIOLOGIST	,	Metropolitan Anesthesia		onsultants	
_	Date	Full name of contributor	D out of state DAC (ID#)		Г	Amount of Contribution (\$)	
	05/30/2025	Hayes, Christopher	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	03/30/2023	<u> </u>			ŀ		φ30.00
		Contributor address; City; St	ate, zip Code				
<u> </u>	Dringing	Dallas, TX 75219-5106	<u>, </u>	Employer (Cas Instruct)	<u>'</u>		
		pation / Job title (See Instructions)	Employer (See Instructions Motropolitan Aposthosis		oncultante	
	rn i Sician	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	UNSUILANIS	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 29/83 Rpt: 32/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 04/30/2025	5 Full name of contributor Hein, Tillmann6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8		pation / Job title (See Instructions) ANESTHESIOLOGIST) 9	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 03/31/2025	Full name of contributor Hein, Tillmann Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions) ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 01/22/2025	Full name of contributor Hein, Tillmann Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
_	Principal occu	Dallas, TX 75219-5106 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		ANESTHESIOLOGIST		Metropolitan Anesthesia			
	Date 05/30/2025	Full name of contributor Hein, Tillmann Contributor address; City; St. Dallas, TX 75219-5106	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C		
	Date 06/30/2025	Full name of contributor Hein, Tillmann Contributor address; City; St. Dallas, TX 75219-5106	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions)	Employer (See Instructions		oncultante	
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	i C	onsuliants	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS	SCHEDUL	E A1		
	The Instru	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 30/83 Rpt: 33/89			
2	FILER NAME				3 Filer ID (Ethics Commission	n Filers)		
	Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	ittee	00068176			
4	Date 02/26/2025	5 Full name of contributor Hein, Tillmann6 Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code)	7 Amount of Contribution (\$)	\$100.00		
		Dallas, TX 75219-5106						
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	s)			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a Consultants			
	Date 03/31/2025	Full name of contributor Hemingway, Erik Contributor address; City; Sta	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$50.00		
		Dallas, TX 75219-5106						
		pation / Job title (See Instructions)		Employer (See Instructions				
			Metropolitan Anesthesia	a Consultants				
	Date 04/30/2025	Full name of contributor Hemingway, Erik Contributor address; City; Sta	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$50.00		
		Dallas, TX 75219-5106						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>			
	CFO			Metropolitan Anesthesia	itan Anesthesia Consultants			
	Date 05/30/2025	Full name of contributor Hemingway, Erik Contributor address; City; Sta	out-of-state PAC (ID#:_ atte; Zip Code)	Amount of Contribution (\$)	\$50.00		
	Principal occu CFO	pation / Job title (See Instructions)		Employer (See Instructions Metropolitan Anesthesia				
	Date 01/22/2025	Full name of contributor Hemingway, Erik Contributor address; City; Sta Dallas, TX 75219-5106	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	\$50.00		
	Principal occu CFO	pation / Job title (See Instructions)		Employer (See Instructions Metropolitan Anesthesia				
								

	MONEI	ARY POLITICAL (CONTRIBUTION	15		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 31/83 Rpt: 34/89	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Metropolitan	Anesthesia Consultants, LLP	Political Action Committ	ee	L	00068176	
4	Date 06/30/2025	5 Full name of contributor Hemingway, Erik	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
		6 Contributor address; City; St	ate; Zip Code				
Ļ	Delegate at a second	Dallas, TX 75219-5106	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Faralas and (October 1974)	<u>Γ</u>		
8		pation / Job title (See Instructions	9	1 , (oncultante	
	CFO			Metropolitan Anesthesia	1 C		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/26/2025	Hemingway, Erik					\$100.00
		Contributor address; City; St	ate; Zip Code		1		
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	s)		
	CFO			Metropolitan Anesthesia	a C	onsultants	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	05/30/2025	Highfill, Erin	_				\$50.00
		Contributor address; City; St	ate; Zip Code		1		
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)		
	04/30/2025	Highfill, Erin		,		(,)	\$50.00
		Contributor address; City; St			ł		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Contributor address, City, St	ate, Zip Code				
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	(3)	Employer (See Instructions	<u>L</u>		
	•	ANESTHESIOLOGIST	,	Metropolitan Anesthesia		onsultants	
_					Т		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	ΦΕΩ ΩΩ
	06/30/2025						\$50.00
		Contributor address; City; St	ate; Zip Code				
		Dellag TV 75210 5100					
_	<u> </u>	Dallas, TX 75219-5106	<u>, </u>		Ĺ		
		pation / Job title (See Instructions	5)	Employer (See Instructions		ana ultanta	
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsuitants	

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 32/83 Rpt: 35/89	
2	FILER NAME		- P		3	Filer ID (Ethics Commission	n Filers)
	Metropolitan	Anesthesia Consultants, LLP		tee	L	00068176	
4	Date 02/26/2025	Full name of contributor Highfill, Erin Contributor address; City; Si	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
8		pation / Job title (See Instructions	9	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants 	
	Date 01/22/2025	Full name of contributor Highfill, Erin Contributor address; City; Si	out-of-state PAC (ID#: ate; Zip Code		•	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	PHYSICIAN	PHYSICIAN ANESTHESIOLOGIST			a C	onsultants	
	Date 03/31/2025	Full name of contributor Highfill, Erin Contributor address; City; Si	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	•	pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia		oncultante	
	FITSICIAN				1 C		
	Date 06/30/2025	Full name of contributor Hollenshead, Andy Contributor address; City; Si Dallas, TX 75219-5106	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 02/26/2025	Contributor address; City; Si	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
_	Dringinal age:	Dallas, TX 75219-5106	.)	Employer (Soc Instructions	٠, 		
		pation / Job title (See Instructions ANESTHESIOLOGIST	7)	Employer (See Instructions Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 33/83 Rpt: 36/89	
2	FILER NAME	Anesthesia Consultants, LLP	Political Action Commi	ttoo	3	Filer ID (Ethics Commission 00068176	Filers)
_	-		_		L		
4	Date 05/30/2025	5 Full name of contributorHollenshead, Andy6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8		pation / Job title (See Instructions	s) [9	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date 04/30/2025	Full name of contributor Hollenshead, Andy Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
_	Date	Full name of contributor	out-of-state PAC (ID#:	1	Г	Amount of Contribution (\$)	
03/31/2025		Hollenshead, Andy	out or state 1710 (1511	/		7 uniount of Continuation (4)	\$50.00
		Contributor address; City; Si	ate; Zip Code				
		Dallas, TX 75219-5106	, 		Ĺ		
		pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	1 C	onsultants 	
	Date 01/22/2025	Full name of contributor Hollenshead, Andy Contributor address; City; Si Dallas, TX 75219-5106	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	;) 		
	•	ANESTHESIOLOGIST	, ,	Metropolitan Anesthesia		onsultants	
_				,		Amount of Contribution (\$)	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	04/30/2025	Jackson, Joe					\$50.00
		Contributor address; City; State; Zip Code					
L		Dallas, TX 75219-5106			L		
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	

	MONEI	ARY POLITICAL (JONTRIBUTIC	CNI		SCHEDULE	E A1
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 34/83 Rpt: 37/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLF	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 03/31/2025	5 Full name of contributor Jackson, Joe6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 02/26/2025	Full name of contributor Jackson, Joe Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106			<u> </u>		
	·	pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants ————————————————————————————————————	
	Date 05/30/2025	Full name of contributor Jackson, Joe Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code)	•	Amount of Contribution (\$)	\$50.00
	Dringing Cook	Dallas, TX 75219-5106	-1	Employer (See Instructions	, 		
		pation / Job title (See Instructions ANESTHESIOLOGIST	o)	Metropolitan Anesthesia		onsultants	
	Date 06/30/2025	Full name of contributor Jackson, Joe Contributor address; City; S Dallas, TX 75219-5106				Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions	5)	Employer (See Instructions	-		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants 	
	Date 01/22/2025	Full name of contributor Jackson, Joe Contributor address; City; S Dallas, TX 75219-5106	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	<u> </u>	Employer (See Instructions	<u>L</u>		
		ANESTHESIOLOGIST	,	Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 35/83 Rpt: 38/89	
2	FILER NAME	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 01/22/2025	 5 Full name of contributor Jones, Zachary 6 Contributor address; City; St 	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$200.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date 02/26/2025	Full name of contributor Karn, Jacqulin Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date 01/22/2025	Full name of contributor Karn, Jacqulin Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 04/30/2025	Full name of contributor Koshy, Daniel Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	•	ANESTHESIOLOGIST	,	Metropolitan Anesthesia		onsultants	
	Date 05/30/2025	Full name of contributor Koshy, Daniel Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	.		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
			-				

	MONEI	ARY POLITICAL C	CONTRIBUTION	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 36/83 Rpt: 39/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	r Filers)
4	Date 01/22/2025	5 Full name of contributor Koshy, Daniel6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106	_ _				
8	PHYSICIAN	pation / Job title (See Instructions ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia			
	Date 03/31/2025	Full name of contributor Koshy, Daniel Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106			L		
		pation / Job title (See Instructions ANESTHESIOLOGIST)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 06/30/2025	Full name of contributor Koshy, Daniel Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	Dallas, TX 75219-5106 pation / Job title (See Instructions	<u> </u>	Employer (See Instructions	:) 		
		ANESTHESIOLOGIST	,	Metropolitan Anesthesia		onsultants	
	Date 02/26/2025	Full name of contributor Koshy, Daniel Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date 04/30/2025	Full name of contributor Kwon, Min Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions ANESTHESIOLOGIST)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	THISICIAN	, wve3		weaupolitan Anestrieste		บารนแนกเธ	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 37/83 Rpt: 40/89	
2	FILER NAME	Anesthesia Consultants, LLP	Political Action Committee	too	3	Filer ID (Ethics Commission 00068176	n Filers)
Ļ	-				Ļ		
4	Date 02/26/2025	5 Full name of contributorKwon, Min6 Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)	'	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
8		pation / Job title (See Instructions)	9	, , ,			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants 	
	Date 01/22/2025	Full name of contributor Kwon, Min Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 03/31/2025	Full name of contributor Kwon, Min Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)	•	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 06/30/2025	Full name of contributor Kwon, Min Contributor address; City; Sta Dallas, TX 75219-5106	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 06/30/2025	Full name of contributor Lankford, Lawrence Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u>		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	
			l				

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 38/83 Rpt: 41/89	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	L	00068176	
4	Date 02/26/2025	Full name of contributor Lankford, Lawrence Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$200.00
8	Principal occu	Dallas, TX 75219-5106 pation / Job title (See Instructions	.) la	Employer (See Instructions			
ľ		ANESTHESIOLOGIST	"	Metropolitan Anesthesia		onsultants	
	Date 05/30/2025	Full name of contributor Lankford, Lawrence Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date 03/31/2025	Full name of contributor Lankford, Lawrence Contributor address; City; St	out-of-state PAC (ID#: :::ate; Zip Code)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
	Principal occu	nation / Job title (See Instructions	3)	Employer (See Instructions	<u>L</u> 5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	C	onsultants	
	Date 04/30/2025	Full name of contributor Lankford, Lawrence Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date 01/22/2025	Full name of contributor Lankford, Lawrence Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Delegation	Dallas, TX 75219-5106		Employer (O / · · · · ·	<u></u>		
		pation / Job title (See Instructions ANESTHESIOLOGIST	i) 	Employer (See Instructions Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 39/83 Rpt: 42/89	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	L	00068176	
4	Date 01/22/2025	5 Full name of contributorMahowald, Matt6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Dallas, TX 75219-5106 pation / Job title (See Instructions) C	Employer (See Instructions			
ľ		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	
	Date 02/26/2025	Full name of contributor Mahowald, Matt Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants 	
	Date 04/30/2025	Full name of contributor Margolis, Mark Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u>L</u> 5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	C	onsultants	
	Date 03/31/2025	Full name of contributor Margolis, Mark Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date 05/30/2025	Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106	<u>, </u>		<u></u>		
		pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 40/83 Rpt: 43/89	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee		00068176	
4	Date 06/30/2025	5 Full name of contributor Margolis, Mark6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Dallas, TX 75219-5106 pation / Job title (See Instructions) 9	Employer (See Instructions			
ľ		ANESTHESIOLOGIST	9	Metropolitan Anesthesia		onsultants	
_				- Wetropolitari Ariestriesia			
	Date 02/26/2025	Full name of contributor Margolis, Mark Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date 01/22/2025	Full name of contributor Margolis, Mark Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date 01/22/2025	Full name of contributor Matthews, Varghese Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	i)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date 02/26/2025	Full name of contributor Matthews, Varghese Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 41/83 Rpt: 44/89	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	L	00068176	
4	Date 03/31/2025	5 Full name of contributorMatthews, Varghese6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Dallas, TX 75219-5106 pation / Job title (See Instructions	.) [c	Employer (See Instructions			
ľ		ANESTHESIOLOGIST	,,	Metropolitan Anesthesia		onsultants	
	Date 05/30/2025	Full name of contributor Matthews, Varghese Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions	3)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date 04/30/2025	Full name of contributor Matthews, Varghese Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions ANESTHESIOLOGIST	(3)	Employer (See Instructions Metropolitan Anesthesia	•	onsultants	
	Date 06/30/2025	Full name of contributor Matthews, Varghese Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 06/30/2025	Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions ANESTHESIOLOGIST	(3)	Employer (See Instructions Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 42/83 Rpt: 45/89	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	L	00068176	
4	Date 02/26/2025	5 Full name of contributor Merchun, Christopher6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Dallas, TX 75219-5106 pation / Job title (See Instructions) lo	Employer (See Instructions			
ľ		ANESTHESIOLOGIST) s	Employer (See Instructions Metropolitan Anesthesia		oncultante	
_					· -		
	Date 01/22/2025	Full name of contributor Merchun, Christopher Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date 03/31/2025	Full name of contributor Merchun, Christopher Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date 05/30/2025	Full name of contributor Merchun, Christopher Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date 04/30/2025	Full name of contributor Merchun, Christopher Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions) I	Employer (See Instructions	<u>. </u>		
		ANESTHESIOLOGIST	´	Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL (JONTRIBUTIC	JNS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 43/83 Rpt: 46/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comn	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 01/22/2025	 Full name of contributor Miller, Christopher Contributor address; City; Si)	7	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 05/30/2025	Full name of contributor Miller, Christopher Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
	•	pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 02/26/2025	Full name of contributor Miller, Christopher Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$200.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 03/31/2025	Full name of contributor Miller, Christopher Contributor address; City; S Dallas, TX 75219-5106			•	Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST	s)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 06/30/2025	Full name of contributor Miller, Christopher Contributor address; City; Si Dallas, TX 75219-5106	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 44/83 Rpt: 47/89	
2	FILER NAME	Amosthopia Consultanta II D	Delitical Action Commit	***	3	Filer ID (Ethics Commission	n Filers)
	-	Anesthesia Consultants, LLP		.tee	L	00068176	
4	Date 04/30/2025	 Full name of contributor Miller, Christopher Contributor address; City; St 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
8	Dringing occu	Dallas, TX 75219-5106 pation / Job title (See Instructions) c	Employer (See Instructions			
°		ANESTHESIOLOGIST)	Metropolitan Anesthesia		oncultante	
	PHISICIAN	ANESTRESIOLOGIST		Metropolitan Ariestnesia	i C	Ulisuitarits	
	Date 04/30/2025	Full name of contributor Moorman, Andrew Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
_	Date	Full name of contributor	out-of-state PAC (ID#:		Г	Amount of Contribution (\$)	
	03/31/2025	Moorman, Andrew	out or state 1710 (IBII	/		7 mileant of Continuation (4)	\$50.00
		Contributor address; City; St	ate; Zip Code				
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	05/30/2025	Moorman, Andrew Contributor address; City; St Dallas, TX 75219-5106				`,	\$50.00
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;) 		
	•	ANESTHESIOLOGIST	,	Metropolitan Anesthesia		onsultants	
_				- Wetropolitari / trestresie			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	* =0.00
	06/30/2025	Moorman, Andrew]		\$50.00
		Contributor address; City; St	ate; Zip Code				
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
			-				

	MONEI	ARY POLITICAL CONTRI	BUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to compl	ete this fo	rm.	1	Total pages Schedule A1: Sch: 45/83 Rpt: 48/89	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Metropolitan	Anesthesia Consultants, LLP Political Ac	tion Commit	tee		00068176	
4	Date 02/26/2025	Full name of contributor out-of-stateMoorman, Andrew	te PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
		6 Contributor address; City; State; Zip Code	 ?				
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date	Full name of contributor ut-of-stat	te PAC (ID#:)		Amount of Contribution (\$)	
	01/22/2025	Moorman, Andrew					\$50.00
		Contributor address; City; State; Zip Code	e				
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date	Full name of contributor out-of-stat	e PAC (ID#:)		Amount of Contribution (\$)	
	04/30/2025	Morton, Stan					\$50.00
		Contributor address; City; State; Zip Code	9				
	D: : 1	Dallas, TX 75219-5106		- '0 ' '	Ĺ		
		pation / Job title (See Instructions)		Employer (See Instructions Motropolitan Aposthosis	•	oncultante	
	CEO			Metropolitan Anesthesia	1 C		
	Date	–	te PAC (ID#:)		Amount of Contribution (\$)	
	06/30/2025	Morton, Stan Contributor address; City; State; Zip Code			•		\$50.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	CEO			Metropolitan Anesthesia	a C	onsultants	
	Date	Full name of contributor out-of-stat	te PAC (ID#:)		Amount of Contribution (\$)	
	01/22/2025	Morton, Stan					\$50.00
		Contributor address; City; State; Zip Code)				
		Dallas, TX 75219-5106					
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Metropolitan Anesthesia		onsultants	
			1				

	MONEI	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 46/83 Rpt: 49/89	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Metropolitan	Anesthesia Consultants, LLP	Political Action Committe	ee 		00068176	
4	Date 05/30/2025	Full name of contributor Morton, Stan Contributor address: Ciby Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
		6 Contributor address; City; Sta Dallas, TX 75219-5106	ite, zip Code				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>. </u>		
	CEO	, ,		Metropolitan Anesthesia		onsultants	
_	Date	Full name of contributor	out-of-state PAC (ID#:		Г	Amount of Contribution (\$)	
	03/31/2025	Morton, Stan	Out-of-State PAC (ID#			Amount of Contribution (4)	\$50.00
	00/01/2020		to Zin Code		-		Ψ50.00
		Contributor address; City; Sta	ite; zip Code				
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	CEO	,		Metropolitan Anesthesia		onsultants	
_	Date	Full name of contributor	out-of-state PAC (ID#:	· ·	Г	Amount of Contribution (\$)	
	02/26/2025	Morton, Stan	Out-of-state 1 AC (ID#)		γιποαπε οι Continuation (φ)	\$100.00
	02,20,2020	Contributor address; City; Sta	ate: 7in Code		ł		+200.00
		Contributor address, City, Ste	ate, zip code				
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	CEO			Metropolitan Anesthesia	a C	onsultants	
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	06/30/2025	Musick, Devin		/		(+)	\$50.00
		Contributor address; City; Sta	ate: 7in Code		ł		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Contributor address, City, Ste	ate, zip code				
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	01/22/2025	Musick, Devin				(1)	\$50.00
			nte: 7in Code		ł		
		Communication additional, Only, One	, 2.p 0000				
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	
\vdash				·			

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 47/83 Rpt: 50/89	
2	FILER NAME	A continue in Occasional III B	D. Illiand Andrew Committee		3	Filer ID (Ethics Commission	n Filers)
	Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee		00068176	
4	Date 02/26/2025	5 Full name of contributorMusick, Devin6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	9	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 03/31/2025	Full name of contributor Musick, Devin Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 04/30/2025	Full name of contributor Musick, Devin Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	•	pation / Job title (See Instructions ANESTHESIOLOGIST)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 05/30/2025	Full name of contributor Musick, Devin Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	·)	Employer (See Instructions	<u>. </u>		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 05/30/2025	Full name of contributor Pace, Justin Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$40.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions ANESTHESIOLOGIST	·)	Employer (See Instructions Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 48/83 Rpt: 51/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 04/30/2025	Full name of contributor Pace, Justin Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$40.00
		Dallas, TX 75219-5106					
8	PHYSICIAN	pation / Job title (See Instructions) ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia			
	Date 02/26/2025	Full name of contributor Pace, Justin Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$80.00
		Dallas, TX 75219-5106			Ĺ		
		pation / Job title (See Instructions) ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 03/31/2025	Full name of contributor Pace, Justin Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$40.00
	Dringinal occu	Dallas, TX 75219-5106 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	·/_		
		ANESTHESIOLOGIST	'	Metropolitan Anesthesia		onsultants	
	Date 01/22/2025	Full name of contributor Pace, Justin Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$40.00
	•	pation / Job title (See Instructions) ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia		oncultante	
	Date 01/22/2025	Full name of contributor Pang, Don	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia		onsultants	
	·····	,		men oponium / mesunesic		on outlier to	

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 49/83 Rpt: 52/89	
2	FILER NAME	Anesthesia Consultants, LLP	Political Action Commit	too	3	Filer ID (Ethics Commission 00068176	n Filers)
Ļ	-				Ļ		
4	Date 03/31/2025	5 Full name of contributorPang, Don6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	9	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 02/26/2025	Full name of contributor Pang, Don Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 01/22/2025	Full name of contributor Parikh, Monisha Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
_	Dringinal occu	pation / Job title (See Instructions	<u>, </u>	Employer (See Instructions	,, 		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	
	Date 02/26/2025	Full name of contributor Parikh, Monisha Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 01/22/2025	Full name of contributor Patel, Muhammad Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$50.00
	Dringing	Dallas, TX 75219-5106	A	Employer (Con Instruct			
		pation / Job title (See Instructions)	Employer (See Instructions		anaultanta	
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	4 C	บารนแสกเร	

	MONEI	ARY POLITICAL C	CONTRIBUTION	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 50/83 Rpt: 53/89	
2	FILER NAME	Anesthesia Consultants, LLP	Political Action Commit	too	3	Filer ID (Ethics Commission 00068176	n Filers)
Ļ	•				Ļ		
4	Date 06/30/2025	5 Full name of contributor Patel, Muhammad 6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 05/30/2025	Full name of contributor Patel, Muhammad Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	03/31/2025	Patel, Muhammad	out of state 1740 (IB#	/		7 and and a contained alon (4)	\$50.00
		Contributor address; City; St	ate; Zip Code				
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>. </u>		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
_	Date	Full name of contributor	out-of-state PAC (ID#:		Т	Amount of Contribution (\$)	
	04/30/2025	Patel, Muhammad Contributor address; City; St				(4)	\$50.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 02/26/2025	Full name of contributor Patel, Muhammad	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	02/20/2023						Φ100.00
		Contributor address; City; St Dallas, TX 75219-5106	ate, Zip Code				
_	Principal occur	pation / Job title (See Instructions	γ Γ	Employer (See Instructions	;) 		
		ANESTHESIOLOGIST	,	Metropolitan Anesthesia		onsultants	
				ea epontari / tricotricolt		55dna.no	

	MONEI	ARY POLITICAL (CONTRIBUTIO	CNI		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 51/83 Rpt: 54/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 03/05/2025	5 Full name of contributor Perry, Paul6 Contributor address; City; St)	7	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 06/05/2025	Full name of contributor Perry, Paul Contributor address; City; St				Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
	·	pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 05/05/2025	Full name of contributor Perry, Paul Contributor address; City; St	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	6)	Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 02/05/2025	Full name of contributor Perry, Paul Contributor address; City; St Dallas, TX 75219-5106				Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST	s)	Employer (See Instructions Metropolitan Anesthesia	•	onsultants	
	Date 01/22/2025	Contributor address; City; St	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$100.00
	Dringing	Dallas, TX 75219-5106		Employer (Coo Instruct)	<u></u>		
		pation / Job title (See Instructions ANESTHESIOLOGIST) 	Employer (See Instructions Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL (CONTRIBUTIO	JNS		SCHEDUL	E A1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 52/83 Rpt: 55/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLF	Political Action Comn	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 04/07/2025	Full name of contributor Perry, PaulContributor address; City; S			7	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 06/30/2025	Full name of contributor Rane, Clarissa Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$42.00
		Dallas, TX 75219-5106					
	·	pation / Job title (See Instructions	s)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 02/26/2025	Full name of contributor Rane, Clarissa Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$84.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions	s)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants 	
	Date 04/30/2025	Full name of contributor Rane, Clarissa Contributor address; City; S Dallas, TX 75219-5106			•	Amount of Contribution (\$)	\$42.00
		pation / Job title (See Instructions ANESTHESIOLOGIST	s)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 03/31/2025	Full name of contributor Rane, Clarissa Contributor address; City; S Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$42.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u>. </u>		
		ANESTHESIOLOGIST	•	Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 53/83 Rpt: 56/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 05/30/2025	5 Full name of contributor Rane, Clarissa6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$42.00
L		Dallas, TX 75219-5106	1-				
8	PHYSICIAN	pation / Job title (See Instructions ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia			
	Date 01/22/2025	Full name of contributor Rane, Clarissa Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$42.00
		Dallas, TX 75219-5106			<u></u>		
		pation / Job title (See Instructions ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 05/30/2025	Full name of contributor Rane, Mihir Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$42.00
	Dringing aggr	Dallas, TX 75219-5106 pation / Job title (See Instructions	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Employer (See Instructions	<u>''</u>		
	•	ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	
	Date 03/31/2025	Full name of contributor Rane, Mihir Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$42.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 06/30/2025	Full name of contributor Rane, Mihir Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#: ate; Zip Code)	•	Amount of Contribution (\$)	\$42.00
		pation / Job title (See Instructions ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia		oneultante	
	rn13ICIAN	AIVES I RESIULUGIS I		weuopolitan Anesthesia	<u>. C</u>	บารนแสทเธ	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 54/83 Rpt: 57/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 02/26/2025	5 Full name of contributor Rane, Mihir6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$84.00
		Dallas, TX 75219-5106					
8		pation / Job title (See Instructions ANESTHESIOLOGIST	9	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 04/30/2025	Full name of contributor Rane, Mihir Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$42.00
		Dallas, TX 75219-5106		5 1 (0 1) "	Ĺ		
		pation / Job title (See Instructions ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 01/22/2025	Full name of contributor Rane, Mihir Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$42.00
	Principal occu	Dallas, TX 75219-5106 pation / Job title (See Instructions		Employer (See Instructions	·)		
	•	ANESTHESIOLOGIST	,	Metropolitan Anesthesia		onsultants	
	Date 03/31/2025	Full name of contributor Rastogi, Akhil Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 01/22/2025	Full name of contributor Rastogi, Akhil	out-of-state PAC (ID#:ate; Zip Code)	Ī	Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions		Employer (See Instructions		oncultante	
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	i C	onsuliants	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 55/83 Rpt: 58/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 04/30/2025	5 Full name of contributor Rastogi, Akhil6 Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219-5106	1				
8		pation / Job title (See Instructions)	9	1 , (
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	1 C		
	Date 02/26/2025	Full name of contributor Rastogi, Akhil Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions)		Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	1 C	onsultants 	
	Date 06/30/2025	Full name of contributor Rastogi, Akhil Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219-5106					
	•	pation / Job title (See Instructions) ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 05/30/2025	Full name of contributor Rastogi, Akhil Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date 01/22/2025	Full name of contributor Remster, Jeffrey Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
\vdash	Principal occu	pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	<u>L</u> s)		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	
			l				

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 56/83 Rpt: 59/89	
2	FILER NAME	Anesthesia Consultants, LLP	Political Action Commit	ttoo	3	Filer ID (Ethics Commission 00068176	Filers)
_	-		_		L		
4	Date 02/26/2025	Full name of contributor Remster, Jeffrey Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8		pation / Job title (See Instructions	S) [5	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 04/30/2025	Full name of contributor Remster, Jeffrey Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
_	Date	Full name of contributor	out-of-state PAC (ID#:	1	Т	Amount of Contribution (\$)	
	06/30/2025	Remster, Jeffrey	out or state 1710 (IBII	/		7 mileant of Continuation (4)	\$50.00
		Contributor address; City; St	ate; Zip Code		-		
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u>L</u> 3)		
		ANESTHESIOLOGIST	,	Metropolitan Anesthesia		onsultants	
_	Date	Full name of contributor	out-of-state PAC (ID#:		Т	Amount of Contribution (\$)	
	05/30/2025	Remster, Jeffrey Contributor address; City; St Dallas, TX 75219-5106				Amount of Contribution (\$)	\$50.00
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	:) 		
	•	ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	
_				- Wetropolitari 7 triestriesie	. 		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	#05.00
	03/31/2025						\$25.00
		Contributor address; City; St	ate; Zip Code				
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
			1				

	MONEI	ARY POLITICAL (CONTRIBUTION	ONO		SCHEDUL	E A1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 57/83 Rpt: 60/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLF	Political Action Comn	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 04/30/2025	Full name of contributor Rew, CharlesContributor address; City; S			7	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 05/30/2025	Full name of contributor Rew, Charles Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
	·	pation / Job title (See Instructions	s)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 02/26/2025	Full name of contributor Rew, Charles Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions	s)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 03/31/2025	Full name of contributor Rew, Charles Contributor address; City; S Dallas, TX 75219-5106				Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions ANESTHESIOLOGIST	s)	Employer (See Instructions Metropolitan Anesthesia	•	onsultants	
	Date 06/30/2025	Full name of contributor Rew, Charles Contributor address; City; S Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u>-</u>		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL C	CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 58/83 Rpt: 61/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 01/22/2025	Full name of contributor Rew, Charles Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8		pation / Job title (See Instructions ANESTHESIOLOGIST) 9	Employer (See Instructions Metropolitan Anesthesia		oncultante	
	Date 05/30/2025	Full name of contributor Rock, Kerryn Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
		Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST Metro				oncultante	
-	Date	Full name of contributor	out-of-state PAC (ID#:	Metropolitan Anesthesia	T	Amount of Contribution (\$)	
	02/26/2025	Rock, Kerryn Contributor address; City; St	_			(,)	\$100.00
		Dallas, TX 75219-5106					
	•	pation / Job title (See Instructions ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia	ee Instructions) n Anesthesia Consultants		
	Date 06/30/2025	Full name of contributor Rock, Kerryn Contributor address; City; St Dallas, TX 75219-5106)	•	Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 03/31/2025	Full name of contributor Rock, Kerryn Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:		-	Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	

	MONEI	ARY POLITICAL (CONTRIBUTION	JNS		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 59/83 Rpt: 62/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLF	Political Action Comn	nittee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 01/22/2025	5 Full name of contributor Rock, Kerryn6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 04/30/2025	Full name of contributor Rock, Kerryn Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	•	pation / Job title (See Instructions	s)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 01/22/2025	Full name of contributor Rosener, John Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219-5106		T	Ļ		
		pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 01/22/2025	Full name of contributor Salmon, Shelby Contributor address; City; S Dallas, TX 75219-5106				Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> S)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 05/30/2025	Full name of contributor Salmon, Shelby Contributor address; City; S Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
\vdash	Principal occu	pation / Job title (See Instructions	 s)	Employer (See Instructions	<u>L</u>		
		ANESTHESIOLOGIST	-,	Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL (CONTRIBUTION	JNS		SCHEDUL	E A1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 60/83 Rpt: 63/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLF	Political Action Comn	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 06/30/2025	5 Full name of contributor Salmon, Shelby6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 03/31/2025	Full name of contributor Salmon, Shelby Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	·	Principal occupation / Job title (See Instructions) Employer (See Instructions) Motopolitan An					
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	а С —	onsultants 	
	Date 02/26/2025	Full name of contributor Salmon, Shelby Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
	Drive in all accoun	Dallas, TX 75219-5106	-1	Franksian (Cas Instructions	<u>-,</u>		
		pation / Job title (See Instruction: ANESTHESIOLOGIST	S)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 04/30/2025	Full name of contributor Salmon, Shelby Contributor address; City; S Dallas, TX 75219-5106				Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions ANESTHESIOLOGIST	s)	Employer (See Instructions Metropolitan Anesthesia	•	onsultants	
	Date 02/26/2025	Full name of contributor Santini, Mario Contributor address; City; S Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
	Principal occu	I pation / Job title (See Instructions	s)	Employer (See Instructions	<u>L</u> S)		
		ANESTHESIOLOGIST	•	Metropolitan Anesthesia		onsultants	
	THISICIAN	ANLSTILSIOLOGIST		ivieu opolitan Anestnesia	. C	บารน <u>แ</u> สาเธ	

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 61/83 Rpt: 64/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 01/22/2025	5 Full name of contributor Santini, Mario6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	9	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date 06/30/2025	Full name of contributor Sarmiento, Stephen Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
	Principal occu	Principal occupation / Job title (See Instructions) Employer (See Instructions)			5)		
	PHYSICIAN ANESTHESIOLOGIST Metropolitan		Metropolitan Anesthesia	ı C	onsultants		
	Date 01/22/2025	Full name of contributor Sarmiento, Stephen Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions ANESTHESIOLOGIST	(1)	Employer (See Instructions Metropolitan Anesthesia			
	Date 02/26/2025	Full name of contributor Sarmiento, Stephen Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date 04/30/2025	Full name of contributor Sarmiento, Stephen Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u>		
		ANESTHESIOLOGIST	<i>'</i>	Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 62/83 Rpt: 65/89	
2	FILER NAME	Amosthopia Consultanta II D	Political Action Commi	***	3	Filer ID (Ethics Commission	n Filers)
	-	Anesthesia Consultants, LLP	_	ee	L	00068176	
4	Date 03/31/2025	5 Full name of contributorSarmiento, Stephen6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Dallas, TX 75219-5106 pation / Job title (See Instructions	.)	Employer (See Instructions			
ľ		ANESTHESIOLOGIST)	Metropolitan Anesthesia		oncultante	
	FITTSICIAN	ANESTTIESIOLOGIST		Well opolitan Anesthesia	1 C		
	Date 05/30/2025	Full name of contributor Sarmiento, Stephen Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	PHYSICIAN	HYSICIAN ANESTHESIOLOGIST N			a C	onsultants	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	02/26/2025	Saunders, Clark				(,,	\$50.00
		Contributor address; City; St Dallas, TX 75219-5106	ate; Zip Code				
	Drincinal occu	pation / Job title (See Instructions		Employer (See Instructions	۰, 		
		ANESTHESIOLOGIST	,	Metropolitan Anesthesia Consultants			
	Date 05/30/2025	Full name of contributor Saunders, Clark Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 01/22/2025	Full name of contributor Saunders, Clark Contributor address; City; St	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$25.00
	Dringing	Dallas, TX 75219-5106	a 1	Employer (Co.s. Instruct			
		pation / Job title (See Instructions	5)	Employer (See Instructions		on a ultanta	
	PHYSICIAN	ANESTHESIOLOGIST	l	Metropolitan Anesthesia	4 C	บารนแสกเร	

	MONEI	ARY POLITICAL C	CONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 63/83 Rpt: 66/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 06/30/2025	5 Full name of contributor Saunders, Clark6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219-5106					
8	PHYSICIAN	pation / Job title (See Instructions ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia			
	Date 04/30/2025	Full name of contributor Saunders, Clark Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Deire die alle access	Dallas, TX 75219-5106	. 1	Employer (See Instructions			
						onsultants	
	Date 03/31/2025	Full name of contributor Saunders, Clark Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	•	Amount of Contribution (\$)	\$25.00
	Dringing aggr	Dallas, TX 75219-5106 pation / Job title (See Instructions	, I	Employer (See Instructions	<u>''</u>		
	•	ANESTHESIOLOGIST)	Employer (See Instructions) Metropolitan Anesthesia Consultants			
	Date 06/30/2025	Full name of contributor Shu, Stephen Contributor address; City; St Dallas, TX 75219-5106			•	Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions ANESTHESIOLOGIST)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 03/31/2025	Full name of contributor Shu, Stephen	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions ANESTHESIOLOGIST)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
				ou opontari / triodiriodit		S. Santaino	

	MONEI	ARY POLITICAL (CONTRIBUTIO	JNS		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 64/83 Rpt: 67/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLF	Political Action Comn	nittee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 04/30/2025	5 Full name of contributor Shu, Stephen6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 05/30/2025	Full name of contributor Shu, Stephen Contributor address; City; S)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106		 	<u> </u>		
	·	Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST Metropolitan Anesth				No	
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants 	
	Date 01/22/2025	Full name of contributor Shu, Stephen Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
_	Dringing con	Dallas, TX 75219-5106	-1	Employer (Co.) Instructions	<u>'</u>		
		pation / Job title (See Instructions ANESTHESIOLOGIST	o)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 02/26/2025	Full name of contributor Shu, Stephen		<u> </u>		Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia	•	onsultants	
	Date 03/31/2025	Full name of contributor Shults, Justin Contributor address; City; S Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u>-</u>		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	

	MONET	ARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 65/83 Rpt: 68/89
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Metropolitan	Anesthesia Consultants, LLP Political Action Comm	nittee	00068176
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	06/30/2025	Shults, Justin 6 Contributor address; City; State; Zip Code		\$50.00
		Dallas, TX 75219-5106		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	
	PHYSICIAN	ANESTHESIOLOGIST	Metropolitan Anesthesia	a Consultants
	Date 02/26/2025	Full name of contributor out-of-state PAC (ID#:_Shults, Justin)	Amount of Contribution (\$) \$100.00
		Contributor address; City; State; Zip Code		
		Dallas, TX 75219-5106		
		pation / Job title (See Instructions)	Employer (See Instructions	
	PHYSICIAN	ANESTHESIOLOGIST	Metropolitan Anesthesia	a Consultants
	Date 05/30/2025	Full name of contributor out-of-state PAC (ID#:_ Shults, Justin Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$50.00
		Dallas, TX 75219-5106		
	•	pation / Job title (See Instructions)	Employer (See Instructions	
	PHYSICIAN	ANESTHESIOLOGIST	Metropolitan Anesthesia	a Consultants
	Date 04/30/2025	Full name of contributor out-of-state PAC (ID#:_ Shults, Justin Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$50.00
		Dallas, TX 75219-5106		
		upation / Job title (See Instructions) ANESTHESIOLOGIST	Employer (See Instructions Metropolitan Anesthesia	
	Date 01/22/2025	Full name of contributor out-of-state PAC (ID#:_ Shults, Justin Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$50.00
		Dallas, TX 75219-5106		
		ipation / Job title (See Instructions) ANESTHESIOLOGIST	Employer (See Instructions Metropolitan Anesthesia	

	MONEI	ARY POLITICAL (JONTRIBUTIC	JNS		SCHEDUL	E A1
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 66/83 Rpt: 69/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLF	Political Action Comn	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 04/30/2025	5 Full name of contributor Siskowski, Matthew6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 05/30/2025	Full name of contributor Siskowski, Matthew Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 02/26/2025	Full name of contributor Siskowski, Matthew Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$200.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 01/22/2025	Full name of contributor Siskowski, Matthew Contributor address; City; S Dallas, TX 75219-5106				Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions ANESTHESIOLOGIST	s)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 03/31/2025	Full name of contributor Siskowski, Matthew Contributor address; City; S Dallas, TX 75219-5106	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 67/83 Rpt: 70/89	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	L	00068176	
4	Date 06/30/2025	5 Full name of contributorSiskowski, Matthew6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Dallas, TX 75219-5106 pation / Job title (See Instructions) lo	Employer (See Instructions			
ľ		ANESTHESIOLOGIST	ا ا	Metropolitan Anesthesia		onsultants	
	Date 03/31/2025	Full name of contributor Sistla, Aditya Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106	<u>, </u>				
		pation / Job title (See Instructions)	Employer (See Instructions			
	PHYSICIAN ANESTHESIOLOGIST Metropolitan Ar			Metropolitan Anesthesia	ı C	onsultants 	
	Date 05/30/2025	Full name of contributor Sistla, Aditya Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	•	pation / Job title (See Instructions ANESTHESIOLOGIST)		Employer (See Instructions) Metropolitan Anesthesia Consultants		
	Date 06/30/2025	Full name of contributor Sistla, Aditya Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#: ate; Zip Code		•	Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>. </u>		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 02/26/2025	Full name of contributor Sistla, Aditya Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		•	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia		onsultants	

	MONET	ARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this t	orm.	1 Total pages Schedule A1: Sch: 68/83 Rpt: 71/89
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Metropolitan	Anesthesia Consultants, LLP Political Action Comr	nittee	00068176
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$)
	04/30/2025	Sistla, Aditya 6 Contributor address; City; State; Zip Code	_	\$50.00
		Dallas, TX 75219-5106		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	
	PHYSICIAN	ANESTHESIOLOGIST	Metropolitan Anesthesia	a Consultants
	Date 01/22/2025	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$) \$50.00
		Contributor address; City; State; Zip Code		
		Dallas, TX 75219-5106	1	
		upation / Job title (See Instructions)	Employer (See Instructions	
	PHYSICIAN	ANESTHESIOLOGIST	Metropolitan Anesthesia	a Consultants
	Date 04/30/2025	Full name of contributor out-of-state PAC (ID#:_ Sparkman, Caroline Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$50.00
		Dallas, TX 75219-5106	,	
	•	pation / Job title (See Instructions)	Employer (See Instructions	
	PHYSICIAN	ANESTHESIOLOGIST	Metropolitan Anesthesia	a Consultants
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_Sparkman, Caroline Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$50.00
		Dallas, TX 75219-5106		
		ipation / Job title (See Instructions) ANESTHESIOLOGIST	Employer (See Instructions Metropolitan Anesthesia	
	Date 03/31/2025	Full name of contributor out-of-state PAC (ID#: Sparkman, Caroline Contributor address; City; State; Zip Code Dallas, TX 75219-5106		Amount of Contribution (\$) \$50.00
_	Principal occur	upation / Job title (See Instructions)	Employer (See Instructions	2)
		ANESTHESIOLOGIST	Metropolitan Anesthesia	

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 69/83 Rpt: 72/89	
2	FILER NAME	A	Deliving Aurice Constitution		3	Filer ID (Ethics Commission	n Filers)
	-	Anesthesia Consultants, LLP		ttee 	L	00068176	
4	Date 01/22/2025	5 Full name of contributorSparkman, Caroline6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	9	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 05/30/2025	Full name of contributor Sparkman, Caroline Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		•	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	PHYSICIAN	PHYSICIAN ANESTHESIOLOGIST N			a C	onsultants	
	Date 02/26/2025	Full name of contributor Sparkman, Caroline Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	•	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
	Principal occu	nation / Job title (See Instructions	5)	Employer (See Instructions	<u>L</u> S)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 05/30/2025	Full name of contributor Spieker, John Contributor address; City; St Dallas, TX 75219-5106			•	Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 04/30/2025	Full name of contributor Spieker, John Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$750.00
		Dallas, TX 75219-5106	, ,				
		pation / Job title (See Instructions	5)	Employer (See Instructions		on a ultanta	
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	i C	UNSUITANTS	

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 70/83 Rpt: 73/89	
2	FILER NAME		- III - I - I - I - I - I - I - I - I -		3	Filer ID (Ethics Commission	n Filers)
	Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	L	00068176	
4	Date 05/30/2025	5 Full name of contributorStamatakos, Todd6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Dallas, TX 75219-5106 pation / Job title (See Instructions	,) c	Employer (See Instructions			
ľ		ANESTHESIOLOGIST	"	Metropolitan Anesthesia		onsultants	
	Date 01/22/2025	Full name of contributor Stamatakos, Todd Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions	3)	Employer (See Instructions			
	PHYSICIAN	PHYSICIAN ANESTHESIOLOGIST Metropolitan			ı C	onsultants	
	Date 04/30/2025	Full name of contributor Stamatakos, Todd Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia	•	onsultants	
	Date 02/26/2025	Full name of contributor Stamatakos, Todd Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u>. </u>		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 06/30/2025	Full name of contributor Stamatakos, Todd Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u>L</u> S)		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	
			1				

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 71/83 Rpt: 74/89	
2	FILER NAME	A	Delitical Asticus Communit		3	Filer ID (Ethics Commission	n Filers)
	-	Anesthesia Consultants, LLP		.tee	L	00068176	
4	Date 03/31/2025	Full name of contributor Stamatakos, Todd Contributor address; City; Si	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Dallas, TX 75219-5106 pation / Job title (See Instructions	. la	Employer (See Instructions			
°		ANESTHESIOLOGIST	,,	Metropolitan Anesthesia		oncultante	
	FITSICIAN	ANESTRESIOLOGIST		wetropolitan Ariestriesia	1 C		
	Date 06/30/2025	Full name of contributor Steffek, Haden Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$150.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	PHYSICIAN	PHYSICIAN ANESTHESIOLOGIST Metropolitan Ane			a C	onsultants	
	Date 05/30/2025	Full name of contributor Steffek, Haden Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$150.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 03/31/2025	Full name of contributor Steffek, Haden Contributor address; City; Si Dallas, TX 75219-5106	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$150.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 01/22/2025	Full name of contributor Steffek, Haden Contributor address; City; Si	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$150.00
		Dallas, TX 75219-5106					
\vdash	Principal occu	pation / Job title (See Instructions	(a)	Employer (See Instructions	<u>()</u>		
		ANESTHESIOLOGIST	"	Metropolitan Anesthesia		onsultants	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 72/83 Rpt: 75/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 02/26/2025	Full name of contributor Steffek, Haden Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$300.00
		Dallas, TX 75219-5106					
8	PHYSICIAN	pation / Job title (See Instructions) ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia			
	Date 04/30/2025	Full name of contributor Steffek, Haden Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$150.00
		Dallas, TX 75219-5106			L		
		pation / Job title (See Instructions) ANESTHESIOLOGIST)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 02/26/2025	Full name of contributor Sunny, Jamie Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	Dallas, TX 75219-5106 pation / Job title (See Instructions)		Employer (See Instructions	:, 		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	
	Date 01/22/2025	Full name of contributor Sunny, Jamie Contributor address; City; Sta Dallas, TX 75219-5106				Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) ANESTHESIOLOGIST)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 05/30/2025	Full name of contributor Sunny, Jamie	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions))	Employer (See Instructions		o no culto into	
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsuitants	

	MONEI	ARY POLITICAL (CONTRIBUTION	JNS		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 73/83 Rpt: 76/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLF	Political Action Comn	nittee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 04/30/2025	5 Full name of contributor Sunny, Jamie6 Contributor address; City; S			7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 06/30/2025	Full name of contributor Sunny, Jamie Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	·	pation / Job title (See Instructions	s)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 03/31/2025	Full name of contributor Sunny, Jamie Contributor address; City; S	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106		 	L		
	·	pation / Job title (See Instructions ANESTHESIOLOGIST	s)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 04/30/2025	Full name of contributor Syed, Sannoor Contributor address; City; S Dallas, TX 75219-5106				Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instruction: ANESTHESIOLOGIST	s)	Employer (See Instructions Metropolitan Anesthesia	•	onsultants	
	Date 05/30/2025	Full name of contributor Syed, Sannoor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
\vdash	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u>L</u> S)		
		ANESTHESIOLOGIST	•	Metropolitan Anesthesia		onsultants	
				1			

	MONEI	ARY POLITICAL (JONTRIBUTIC	ONO		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 74/83 Rpt: 77/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLF	Political Action Comn	nittee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 01/22/2025	5 Full name of contributor Syed, Sannoor6 Contributor address; City; S			7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 06/30/2025	Full name of contributor Syed, Sannoor Contributor address; City; S)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106		1			
	·	pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants 	
	Date 03/31/2025	Full name of contributor Syed, Sannoor Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
	D: : 1	Dallas, TX 75219-5106	,	T = 1 /0 1 1 1	Ĺ		
		pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
				Wetropolitan Ariestriesia	1 C		
	Date 02/26/2025	Full name of contributor Syed, Sannoor Contributor address; City; S Dallas, TX 75219-5106)		Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions ANESTHESIOLOGIST	5)	Employer (See Instructions Metropolitan Anesthesia	•	onsultants	
	Date 03/31/2025	Full name of contributor Taneja, Rishi Contributor address; City; S Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 75/83 Rpt: 78/89	
2	FILER NAME	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 06/30/2025	 5 Full name of contributor Taneja, Rishi 6 Contributor address; City; Sta 	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8		pation / Job title (See Instructions) ANESTHESIOLOGIST) 9	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 02/26/2025	Full name of contributor Taneja, Rishi Contributor address; City; St	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions) ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 01/22/2025	Full name of contributor Taneja, Rishi Contributor address; City; St	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$50.00
	Principal occu	Dallas, TX 75219-5106 pation / Job title (See Instructions	<u> </u>	Employer (See Instructions	;) 		
		ANESTHESIOLOGIST	,	Metropolitan Anesthesia		onsultants	
	Date 04/30/2025	Full name of contributor Taneja, Rishi Contributor address; City; St. Dallas, TX 75219-5106	out-of-state PAC (ID#:		-	Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 05/30/2025	Full name of contributor Taneja, Rishi Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 76/83 Rpt: 79/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 04/30/2025	5 Full name of contributor Toung, David6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106	1				
8	PHYSICIAN	pation / Job title (See Instructions ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia			
	Date 05/30/2025	Full name of contributor Toung, David Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Dringing Lagor	Dallas, TX 75219-5106		Franksian (Cookasta sa	<u></u>		
		pation / Job title (See Instructions ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 06/30/2025	Full name of contributor Toung, David Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Dringing Lagran	Dallas, TX 75219-5106		Familia ya y (Can Ingahu yakin ya	<u></u>		
		pation / Job title (See Instructions ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 02/26/2025	Full name of contributor Toung, David Contributor address; City; St Dallas, TX 75219-5106				Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions)	Employer (See Instructions			
	Date 01/22/2025	Full name of contributor Toung, David Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:	Metropolitan Anesthesia		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia		onsultants	
	·····	,		men oponium / mesunesic		on contained	

	MONEI	ARY POLITICAL (CONTRIBUTIO	JNS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 77/83 Rpt: 80/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comn	nittee	3	Filer ID (Ethics Commission 00068176	n Filers)
4	Date 03/31/2025	5 Full name of contributor Toung, David6 Contributor address; City; St)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	6)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 02/26/2025	Full name of contributor Villegas, Melissa Contributor address; City; Si	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106		 			
	·	pation / Job title (See Instructions	5)	Employer (See Instructions		B	
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants 	
	Date 04/30/2025	Full name of contributor Villegas, Melissa Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
_	Dringinal occu	pation / Job title (See Instructions	<u> </u>	Employer (See Instructions	-, 		
		ANESTHESIOLOGIST) -	Metropolitan Anesthesia		onsultants	
	Date 06/30/2025	Full name of contributor Villegas, Melissa Contributor address; City; Si Dallas, TX 75219-5106				Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions ANESTHESIOLOGIST	s)	Employer (See Instructions Metropolitan Anesthesia	•	onsultants	
	Date 03/31/2025	Full name of contributor Villegas, Melissa Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u>I</u> S)		
		ANESTHESIOLOGIST	,	Metropolitan Anesthesia		onsultants	
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 78/83 Rpt: 81/89	
2	FILER NAME	Anasthasia Cansultanta IIID	Dolitical Action Commit	too	3	Filer ID (Ethics Commission	r Filers)
	-	Anesthesia Consultants, LLP		iee	L	00068176	
4	Date 01/22/2025	Full name of contributor Villegas, Melissa Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
8	Dringing Loggy	Dallas, TX 75219-5106		Employer (See Instructions			
o		pation / Job title (See Instructions)	9	1 7 (oncultanta	
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	1 C	onsulants ————————————————————————————————————	
	Date 05/30/2025	Full name of contributor Villegas, Melissa Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	5)		
	PHYSICIAN	PHYSICIAN ANESTHESIOLOGIST Metropolitan			ı C	onsultants	
	Date 05/30/2025	Full name of contributor Vu, Lisa Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
_	Principal occu	pation / Job title (See Instructions)	1	Employer (See Instructions	;) 		
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	
	Date 02/26/2025	Full name of contributor Vu, Lisa Contributor address; City; Sta Dallas, TX 75219-5106	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date 01/22/2025	Full name of contributor Vu, Lisa Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
\vdash	Principal occu	pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	;) [
		ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	

The Instruction Guide explains how to complete this form. 1 Total pages Schedule Af Sch: 79/83 Rpt: 82/89 2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee 3 Filer ID (Ethics Commit 00068176 4 Date 03/31/2025 5 Full name of contributor out-of-state PAC (ID#:	JLE A1
Metropolitan Anesthesia Consultants, LLP Political Action Committee 00068176 4 Date 03/31/2025	
O3/31/2025 Vu, Lisa 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106 8 Principal occupation / Job title (See Instructions)	sion Filers)
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST Date 06/30/2025 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST Date 04/30/2025 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST Date 04/30/2025 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST Date 04/30/2025 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST Date 04/30/2025 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST Date 04/30/2025 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST Date 04/30/2025 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST Date 04/30/2025 Amount of Contribution (See Instructions) PHYSICIAN ANESTHESIOLOGIST Amount of Contribution (See Instructions) PHYSICIAN ANESTH	\$50.00
Date O6/30/2025	
Date O6/30/2025	
O6/30/2025	
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST Date 04/30/2025 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST Date 04/30/2025 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST Date 04/30/2025 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST Date 04/30/2025 Full name of contributor out-of-state PAC (ID#:	\$50.00
PHYSICIAN ANESTHESIOLOGIST Date 04/30/2025 Pull name of contributor Vu, Lisa Contributor address; City; State; Zip Code Dallas, TX 75219-5106 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST Date 04/30/2025 Full name of contributor O4/30/2025 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST Date 04/30/2025 Full name of contributor Weaver, Robert Contributor address; City; State; Zip Code Amount of Contribution (State PAC (ID#:	
Date 04/30/2025	
O4/30/2025 Vu, Lisa Contributor address; City; State; Zip Code Dallas, TX 75219-5106 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST Date O4/30/2025 Full name of contributor out-of-state PAC (ID#:) Weaver, Robert Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST Date 04/30/2025 Full name of contributor out-of-state PAC (ID#:	\$50.00
PHYSICIAN ANESTHESIOLOGIST Date 04/30/2025 Full name of contributor out-of-state PAC (ID#:) Weaver, Robert Contributor address; City; State; Zip Code Metropolitan Anesthesia Consultants Amount of Contribution (state PAC (ID#:))	
04/30/2025 Weaver, Robert Contributor address; City; State; Zip Code	
Dallas, TX 75219-5106	\$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST Employer (See Instructions) Metropolitan Anesthesia Consultants	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (State) 03/31/2025 Weaver, Robert Contributor address; City; State; Zip Code Dallas, TX 75219-5106	\$50.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
PHYSICIAN ANESTHESIOLOGIST Metropolitan Anesthesia Consultants	

	MONEI	ARY POLITICAL (JONTRIBUTIC	JNS		SCHEDULI	E A1
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 80/83 Rpt: 83/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Comm	nittee	3	Filer ID (Ethics Commission 00068176	ı Filers)
4	Date 06/30/2025	Full name of contributor Weaver, RobertContributor address; City; S)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 05/30/2025	Full name of contributor Weaver, Robert Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
	·	pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 02/26/2025	Full name of contributor Weaver, Robert Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions	5)	Employer (See Instructions			
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	a C	onsultants	
	Date 01/22/2025	Full name of contributor Weaver, Robert Contributor address; City; S Dallas, TX 75219-5106			•	Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions ANESTHESIOLOGIST	s)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 02/26/2025	Full name of contributor West, Mary Contributor address; City; Si Dallas, TX 75219-5106	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$84.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u>. </u>		
		ANESTHESIOLOGIST	•	Metropolitan Anesthesia		onsultants	
	2.2						

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 81/83 Rpt: 84/89	
2	FILER NAME Metropolitan	Anesthesia Consultants, LLP	Political Action Commit	tee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 06/30/2025	5 Full name of contributorWest, Mary6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$42.00
		Dallas, TX 75219-5106					
8	PHYSICIAN	pation / Job title (See Instructions ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia			
	Date 01/22/2025	Full name of contributor West, Mary Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$42.00
		Dallas, TX 75219-5106			L		
		pation / Job title (See Instructions) ANESTHESIOLOGIST)	Employer (See Instructions Metropolitan Anesthesia		onsultants	
	Date 03/31/2025	Full name of contributor West, Mary Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$42.00
	Principal occu	Dallas, TX 75219-5106	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Employer (See Instructions	·/		
	•	ANESTHESIOLOGIST		Metropolitan Anesthesia		onsultants	
	Date 05/30/2025	Full name of contributor West, Mary Contributor address; City; St. Dallas, TX 75219-5106)		Amount of Contribution (\$)	\$42.00
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	<u> </u> 5)		
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	ı C	onsultants	
	Date 04/30/2025	Full name of contributor West, Mary Contributor address; City; St Dallas, TX 75219-5106	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$42.00
		pation / Job title (See Instructions		Employer (See Instructions		oneultante	
	PHISICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia		บทรนแสทเร	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 82/83 Rpt: 85/89	
2	FILER NAME Metropolitan	n Anesthesia Consultants, LLP Political Action Committee		tee	3	Filer ID (Ethics Commission 00068176	Filers)
4	Date 01/22/2025	5 Full name of contributor	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
8	PHYSICIAN	pation / Job title (See Instructions) ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia			
	Date 06/30/2025	Full name of contributor Yan, Dawn Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219-5106					
		pation / Job title (See Instructions) ANESTHESIOLOGIST		Employer (See Instructions Metropolitan Anesthesia			
	Date 05/30/2025	Full name of contributor Yan, Dawn Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	Dallas, TX 75219-5106 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	;) 		
		ANESTHESIOLOGIST	,	Metropolitan Anesthesia		onsultants	
	Date 03/31/2025	Full name of contributor Yan, Dawn Contributor address; City; Sta)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	<u>L</u>		
	PHYSICIAN ANESTHESIOLOGIST Metropolitan Anesthes		ı C	onsultants			
	Date 04/30/2025	Full name of contributor Yan, Dawn Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions)		Employer (See Instructions		oncultanta	
	PHYSICIAN	ANESTHESIOLOGIST		Metropolitan Anesthesia	i C	บารนแสกเร	

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 83/83 Rpt: 86/89		
2	FILER NAME Metropolitan	FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176		
4	Date 02/26/2025	 Full name of contributor)	7 Amount of Contribution (\$) \$100.00		
8	Principal occu	Dallas, TX 75219-5106 pation / Job title (See Instructions)	9 Employer (See Instructions	<u>(</u>		
		ANESTHESIOLOGIST	Metropolitan Anesthesia			
	Date 05/30/2025	Full name of contributor out-of-state PAC (ID#:_ Yang, Neil Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$100.00		
		Dallas, TX 75219-5106				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	PHYSICIAN ANESTHESIOLOGIST Me		Metropolitan Anesthesia	Metropolitan Anesthesia Consultants		
	Date 04/30/2025	Full name of contributor out-of-state PAC (ID#:_ Yang, Neil Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$100.00		
		Dallas, TX 75219-5106				
		pation / Job title (See Instructions) ANESTHESIOLOGIST	Employer (See Instructions Metropolitan Anesthesia			
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_Yang, Neil Contributor address; City; State; Zip Code Dallas, TX 75219-5106)	Amount of Contribution (\$) \$100.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	PHYSICIAN	ANESTHESIOLOGIST	Metropolitan Anesthesia	a Consultants		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 1/3 Rpt: 87/89	Metropolitan Anesthesia Consultants, LLP Political Action 00068176			
4 Date	5 Payee name			
05/13/2025	Bank of Texas			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$150.14	P O 2300			
Expenditure from	# 2300			
corporate funds	Tulsa, OK 74192-0001			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
EXPENDITORE	Candidate/Officeholder/Political Committee			
	Bank Fee			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
04/14/2025	Bank of Texas			
Amount (\$)	Payee address; City; State; Zip Code			
\$142.82	P O 2300			
	# 2300			
Expenditure from corporate funds	Tulsa, OK 74192-0001			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.			
	Candidate/Officeholder/Political Committee			
	Dankie			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI				
Date	Payee name			
03/14/2025	Bank of Texas			
Amount (\$)	Payee address; City; State; Zip Code			
\$172.98	P O 2300			
	# 2300			
Expenditure from corporate funds	Tulsa, OK 74192-0001			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
LAI LINDITURE	Candidate/Officeholder/Political Committee			
	Bank Fee			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
experialitare to benefit O/O/I				

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 C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/3 Rpt: 88/89	Metropolitan Anesthesia Consultants, LLP Political Action 00068176
4 Date	5 Payee name
06/13/2025	Bank of Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$172.98	P O 2300
	# 2300
Expenditure from corporate funds	Tulsa, OK 74192-0001
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Bank Fee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/14/2025	Bank of Texas
Amount (\$)	Payee address; City; State; Zip Code
\$188.14	P O 2300
Ψ100.14	
Expenditure from	# 2300
corporate funds	Tulsa, OK 74192-0001
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Dank ree
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
04/09/2025	Jones, Zachary
	· · · · · · · · · · · · · · · · · · ·
Amount (\$) \$434.50	Payee address; City; State; Zip Code 3625 N Hall St
Φ454.50	
Expenditure from	Ste 800
corporate funds	Dallas, TX 75219-5106
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Reimbursement for PAC fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
SAPORARIO TO BOTTON O/OI	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·			
Sch: 3/3 Rpt: 89/89	Metropolitan Anesthesia Consultants, LLP Political Action 00068176			
4 Date	5 Payee name			
01/22/2025	Jones, Zachary			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$225.07	3625 N Hall St			
	Ste 800			
Expenditure from corporate funds	Dallas, TX 75219-5106			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
LAPENDITORE	Candidate/Officeholder/Political Committee			
	Reimbursement for catering expenses			
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
05/10/2025	Jones, Zachary			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,157.88	3625 N Hall St			
	Ste 800			
Expenditure from	Dallas, TX 75219-5106			
corporate funds				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	Reimbursement of Travel and Lodging for			
	Conference			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
04/09/2025	Sarmiento, Stephen			
Amount (\$)	Payee address; City; State; Zip Code			
\$194.43	3625 N Hall St			
·	Ste 800			
Expenditure from corporate funds	Dallas, TX 75219-5106			
'				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Candidate/Officeholder/Political Committee			
	Reimbursement for PAC fundraiser			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH				