

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00068176	2 Total pages filed: 89
3 COMMITTEE NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/15/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3625 North Hall St Suite 800 Dallas, TX 75219		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Justin NICKNAME LAST SUFFIX Phillips		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 205 Pennsylvania Ave. SE Washington, DC 20003		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 205 Pennsylvania Ave. SE Washington, DC 20003		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (202) 543-8345		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year 01/22/2025 THROUGH Month Day Year 06/30/2025		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee	13 Filer ID (Ethics Commission Filers) 00068176
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 27,460.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,838.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 90,660.74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Mr. Justin Phillips

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 89

17 COMMITTEE NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		18 Filer ID (Ethics Commission Filers) 00068176
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 27,460.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,838.94
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/83 Rpt: 4/89
2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 04/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akaluso, Chinenye <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akaluso, Chinenye <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
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Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan, Calvin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
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Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cirone, Anthony <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cirone, Anthony <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
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Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cirone, Anthony <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
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Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

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Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney, Paul <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney, Paul <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
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Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culpepper, Donnie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
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Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deshpande, Pranav <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
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Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleishman, Ari <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleishman, Ari <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
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Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleishman, Ari <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$25.00
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8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foss, Prisila <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foss, Prisila <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
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SCHEDULE A1

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Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foss, Prisila <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Tabitha <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
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Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
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Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Tabitha <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Tabitha <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Tony <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Tony <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

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SCHEDULE A1

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4 Date 01/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Tony <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$50.00
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Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Tony <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Tony <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Tony <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geiser, John <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

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Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geiser, John <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
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8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenesk, Niklas <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
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Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haldeman, Richard <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
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Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale Wattiker, Brittani <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
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Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hemingway, Erik <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
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Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Joe <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
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Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kwon, Min <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kwon, Min <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lankford, Lawrence <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/83 Rpt: 41/89
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4 Date 02/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lankford, Lawrence 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lankford, Lawrence Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lankford, Lawrence Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lankford, Lawrence Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lankford, Lawrence Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 01/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahowald, Matt <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahowald, Matt <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolis, Mark <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolis, Mark <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolis, Mark <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolis, Mark <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolis, Mark <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolis, Mark <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Varghese <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Varghese <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

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SCHEDULE A1

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4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Varghese <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$50.00
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Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Varghese <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
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Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Varghese <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merchun, Christopher <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

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SCHEDULE A1

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SCHEDULE A1

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4 Date 01/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Christopher <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
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Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Christopher <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Christopher <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Christopher <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

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SCHEDULE A1

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8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moorman, Andrew <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moorman, Andrew <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moorman, Andrew <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moorman, Andrew <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 02/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moorman, Andrew <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moorman, Andrew <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Stan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Stan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Stan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Metropolitan Anesthesia Consultants

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SCHEDULE A1

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2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 05/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Stan <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Stan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Stan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Musick, Devin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Musick, Devin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/83 Rpt: 50/89
2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 02/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Musick, Devin <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Musick, Devin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Musick, Devin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Musick, Devin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pace, Justin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

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SCHEDULE A1

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2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 04/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pace, Justin <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pace, Justin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pace, Justin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pace, Justin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pang, Don <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

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SCHEDULE A1

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4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pang, Don <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$50.00
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Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pang, Don <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parikh, Monisha <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parikh, Monisha <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Muhammad <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

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Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Muhammad Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
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8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 06/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Paul <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 05/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Paul <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Paul <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Paul <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
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8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rane, Clarissa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rane, Clarissa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rane, Clarissa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rane, Clarissa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$42.00
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Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rane, Mihir <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
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Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rastogi, Akhil <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$25.00
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Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
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Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salmon, Shelby <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salmon, Shelby <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

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Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salmon, Shelby <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salmon, Shelby <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salmon, Shelby <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santini, Mario <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

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Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarmiento, Stephen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
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Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarmiento, Stephen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
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Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stamatakos, Todd Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
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8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toung, David <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toung, David <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toung, David <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toung, David <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/83 Rpt: 80/89
2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toungh, David <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villegas, Melissa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villegas, Melissa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villegas, Melissa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villegas, Melissa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/83 Rpt: 81/89
2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 01/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villegas, Melissa <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villegas, Melissa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vu, Lisa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vu, Lisa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vu, Lisa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/83 Rpt: 82/89
2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vu, Lisa 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vu, Lisa Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vu, Lisa Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weaver, Robert Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weaver, Robert Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/83 Rpt: 83/89
2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weaver, Robert <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weaver, Robert <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weaver, Robert <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weaver, Robert <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Mary <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/83 Rpt: 84/89
2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Mary <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$42.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Mary <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Mary <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Mary <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Mary <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/83 Rpt: 85/89
2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 01/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yan, Dawn <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yan, Dawn <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yan, Dawn <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yan, Dawn <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yan, Dawn <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/83 Rpt: 86/89
2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		3 Filer ID (Ethics Commission Filers) 00068176
4 Date 02/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yan, Dawn <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yang, Neil <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yang, Neil <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yang, Neil <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/3 Rpt: 89/89	2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action	3 Filer ID (Ethics Commission Filers) 00068176
4 Date 01/22/2025	5 Payee name Jones, Zachary	
6 Amount (\$) \$225.07 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3625 N Hall St Ste 800 Dallas, TX 75219-5106	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for catering expenses
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/10/2025	Payee name Jones, Zachary	
Amount (\$) \$1,157.88 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3625 N Hall St Ste 800 Dallas, TX 75219-5106	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement of Travel and Lodging for Conference
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/09/2025	Payee name Sarmiento, Stephen	
Amount (\$) \$194.43 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3625 N Hall St Ste 800 Dallas, TX 75219-5106	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for PAC fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held