#### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 76 00024940 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Society Of Anesthesiologists Political Action Committee Date Received **ELECTRONICALLY FILED** 07/26/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 401 W. 15th St. #990 Austin, TX 78701 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount Dr. Kristyn B. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Ingram CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 401 West 15th Street, Suite 990 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 401 W. 15th St. #990 MAILING **ADDRESS** Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 370-1659 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 X August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 06/26/2025 07/25/2025

**GO TO PAGE 2** 

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

| 2 COMMITTEE NAME  | and a state of the Bullion of A                                   | ation <b>Q</b> and the   | 13 Filer ID                         | (Ethics Commission Filers)                     |
|---|---|--|-------------------------------------|--|
| Texas Society Of An   | esthesiologists Political A                                       | ction Committee  | 00024940                            | 0  |
| 4 COMMITTEE<br>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                                    | A. Supported   |                                     |  |
|   | of election and nature of issue.)                                 |  |                                     |  |
|   |   | B. Opposed   |                                     |  |
|   | 3. Officeholders  |  |                                     |  |
|   | Assisted (Identify by name or, if applicable, classify by party.) |  |                                     |  |
| 5 CONTRIBUTION  | 1 TOTAL LINITEMIZE  | D POLITICAL CONTRIBUTIONS (OTHER THAN  | 1                                   |  |
| TOTALS  | PLEDGES, LOANS,<br>CONTRIBUTIONS M                                | OR GUARANTEES OF LOANS, OR  IADE ELECTRONICALLY)  qualifies for the higher itemization threshold                   | \$                                  | 0.00   |
|   | 2. TOTAL POLITICA   |  |                                     |  |
|   | (OTHER THAN PLE   | DGES, LOANS, OR GUARANTEES OF LOANS)   | <b> \$</b>                          | 40,190.36                                      |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZEI   | D POLITICAL EXPENDITURES   | \$                                  | 0.00   |
|   | 4. TOTAL POLITICA   | L EXPENDITURES   | \$                                  | 70,000.00                                      |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICAL OF THE REPORTIN                                | CONTRIBUTIONS MAINTAINED AS OF THE LAST<br>G PERIOD  | DAY \$                              | 257,822.33                                     |
| OUTSTANDING<br>LOAN TOTALS  | 1   | AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD   | THE \$                              | 0.00   |
| 6 AFFIDAVIT   | <u> </u>  |  | <u> </u>                            |  |
|   |   | I swear, or affirm, under penalty of p<br>true and correct and includes all info<br>under Title 15, Election Code. | erjury, that the<br>rmation require | accompanying report is ed to be reported by me |
|   |   | Dr Krietv  | n B. Ingram                         |  |
|   |   | Signature of Ca  |                                     | urer   |
|   |   | Signature of Oc  | ampaign meas                        | MICI   |
| AFFIX NOTA  | RY STAMP / SEAL ABOVE   |  |                                     |  |
| Sworn to and subscril   | bed before me, by the said _                                      |  | this the                            | day  |
| of  | , 20, to certify  | which, witness my hand and seal of office.   |                                     |  |
|   |   |  |                                     |  |
|   |   |  |                                     |  |
| Cionatura -t -tt  | r administration and  | Drinted name of officer administrative and   | T:41 4 - 4                          | Floor administration and                       |
| Signature of officer  | r administering oath  | Printed name of officer administering oath   | riue of off                         | ficer administering oath                       |

#### **SUBTOTALS - MPAC**

# FORM MPAC COVER SHEET PG 3

3 of 76

|              |        |  |              |       | 3 01 70               |
|--------------|--------|--|--------------|-------|-----------------------|
| <b>17</b> CO | MMITTE | EE NAME  | 18 Filer ID  | (Ethi | cs Commission Filers) |
| Tex          | xas So | ciety Of Anesthesiologists Political Action Committee                            | 00024940     |       |                       |
|              |        | E SUBTOTALS<br>SCHEDULE  |              |       | SUBTOTAL AMOUNT       |
| 1.           | Х      | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                    |              | \$    | 40,190.36             |
| 2.           | X      | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                      |              | \$    | 0.00                  |
| 3.           | X      | SCHEDULE B: PLEDGED CONTRIBUTIONS  |              | \$    | 0.00                  |
| 4.           |        | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION         | R            | \$    |                       |
| 5.           |        | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION | ATION OR     | \$    |                       |
| 6.           |        | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG                      | ANIZATION    | \$    |                       |
| 7.           |        | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION         |              | \$    |                       |
| 8.           |        | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (                    | DRGANIZATION | \$    |                       |
| 9.           |        | SCHEDULE E: LOANS  |              | \$    |                       |
| 10.          | Х      | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:                 | 5            | \$    | 70,000.00             |
| 11.          | Х      | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   |              | \$    | 0.00                  |
| 12.          | Х      | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION                 | ONS          | \$    | 0.00                  |
| 13.          | Х      | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                    |              | \$    | 0.00                  |
| 14.          |        | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION               | ONS          | \$    |                       |
| 15.          |        | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER        | RETURNED     | \$    |                       |
|              |        |  |              | •     |                       |

|   | MONEI               | ARY POLITICAL CONTRIBUTION   | )NS                                   |        | SCHEDUL   | E <b>A1</b>    |
|---|---------------------|--|---------------------------------------|--------|---|----------------|
|   | The Instru          | ction Guide explains how to complete this f  | orm.                                  | 1      | Total pages Schedule A1:<br>Sch: 1/66 Rpt: 4/76 |                |
| 2 | FILER NAME          |  |                                       | 3      | Filer ID (Ethics Commission                     | n Filers)      |
|   | Texas Socie         | y Of Anesthesiologists Political Action Committee  |                                       | L      | 00024940  |                |
| 4 | Date 07/14/2025     | 5 Full name of contributor out-of-state PAC (ID#:_ Abouleish, Amr                        | )                                     | 7      | Amount of Contribution (\$)                     | \$85.00        |
|   |                     | <ul><li>6 Contributor address; City; State; Zip Code</li><li>Houston, TX 77059</li></ul> |                                       |        |   |                |
| • | Dringinal accu      | pation / Job title (See Instructions)  | 9 Employer (See Instructions          | ·,<br> |   |                |
| 0 | Physician Physician | oation / Job title (See instructions)  | Employer (See Instructions            | ·)     |   |                |
|   | Date                | Full name of contributor out-of-state PAC (ID#:_   | )                                     |        | Amount of Contribution (\$)                     |                |
|   | 07/09/2025          | Allen, Stacey  | · · · · · · · · · · · · · · · · · · · |        | ,   | \$84.00        |
|   |                     | Contributor address; City; State; Zip Code   |                                       |        |   |                |
|   |                     |  |                                       |        |   |                |
|   |                     | San Antonio, TX 78230  |                                       |        |   |                |
|   | Principal occu      | pation / Job title (See Instructions)  | Employer (See Instructions            | 5)     |   |                |
|   | Physician           |  |                                       |        |   |                |
|   | Date                | Full name of contributor  ut-of-state PAC (ID#:_   |                                       |        | Amount of Contribution (\$)                     |                |
|   | 07/10/2025          | Alquicira-Macedo, Fernando   |                                       |        |   | \$84.00        |
|   |                     | Contributor address; City; State; Zip Code   |                                       | 1      |   |                |
|   |                     |  |                                       |        |   |                |
|   |                     | Houston, TX 77085  |                                       |        |   |                |
|   | Drincinal occu      | pation / Job title (See Instructions)  | Employer (See Instructions            | ·/     |   |                |
|   | Physician Physician | pation / Job title (See instructions)  | Employer (See instructions            | ·)     |   |                |
|   |                     | 5 ll ( ) ll ( )  |                                       |        | A ( O 'I' . (b)                                 |                |
|   | Date                | Full name of contributor out-of-state PAC (ID#:_   | )                                     |        | Amount of Contribution (\$)                     | <b>#150.00</b> |
|   | 07/01/2025          | Aluyen, Julius   |                                       |        |   | \$150.00       |
|   |                     | Contributor address; City; State; Zip Code   |                                       |        |   |                |
|   |                     |  |                                       |        |   |                |
|   |                     | San Antonio, TX 78247  |                                       |        |   |                |
|   | Principal occu      | pation / Job title (See Instructions)  | Employer (See Instructions            | 5)     |   |                |
|   | Physician           |  |                                       |        |   |                |
|   | Date                | Full name of contributor out-of-state PAC (ID#:_   | )                                     |        | Amount of Contribution (\$)                     |                |
|   | 07/01/2025          | Amancharla, Maneesh  |                                       |        |   | \$150.00       |
|   |                     | Contributor address; City; State; Zip Code   |                                       | 1      |   |                |
|   |                     |  |                                       |        |   |                |
|   |                     |  |                                       |        |   |                |
|   |                     | Austin, TX 78746   |                                       |        |   |                |
|   |                     | pation / Job title (See Instructions)  | Employer (See Instructions            | 5)     |   |                |
|   | Physician           |  |                                       |        |   |                |
|   |                     |  |                                       |        |   |                |
|   |                     |  |                                       |        |   |                |
|   |                     |  |                                       |        |   |                |

|   | MONEI                       | ARY POLITICAL CONTRIBU                                   | UTIONS                       | SCHEDULE A1                                       |
|---|-----------------------------|--|------------------------------|---|
|   | The Instru                  | etion Guide explains how to complete                     | this form.                   | 1 Total pages Schedule A1:<br>Sch: 2/66 Rpt: 5/76 |
| 2 | FILER NAME                  |  |                              | 3 Filer ID (Ethics Commission Filers)             |
|   | Texas Socie                 | y Of Anesthesiologists Political Action Comm             | nittee                       | 00024940  |
| 4 | Date<br>07/09/2025          | <ul> <li>Full name of contributor</li></ul>              | AC (ID#:)                    | 7 Amount of Contribution (\$) \$84.00             |
|   |                             | Fulshear, TX 77441                                       |                              |   |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)                    | 9 Employer (See Instructions | s)  |
|   | Date                        | Full name of contributor  ut-of-state PA                 | AC (ID#:                     | Amount of Contribution (\$)                       |
|   | 07/01/2025                  | Anson, Byron   | )                            | \$150.00  |
|   | 01,02,2020                  | Contributor address; City; State; Zip Code               |                              |   |
|   |                             | San Antonio, TX 78216                                    |                              |   |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)                    | Employer (See Instructions   | s)  |
|   | Date                        | Full name of contributor  ut-of-state PA                 | AC (ID#:)                    | Amount of Contribution (\$)                       |
|   | 07/14/2025                  | Anton, James   |                              | \$84.00   |
|   |                             | Contributor address; City; State; Zip Code               |                              |   |
|   |                             | Houston, TX 77009  |                              |   |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)                    | Employer (See Instructions   | s)  |
|   | Date                        | Full name of contributor out-of-state PA                 | AC (ID#: )                   | Amount of Contribution (\$)                       |
|   | 07/01/2025                  | Anyama, Best  Contributor address; City; State; Zip Code |                              | \$150.00  |
|   |                             | San Antonio, TX 78257                                    |                              |   |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)                    | Employer (See Instructions   | s)  |
|   | Date                        | Full name of contributor out-of-state PA                 | AC (ID#:)                    | Amount of Contribution (\$)                       |
|   | 07/01/2025                  | Anzalone, Louis  |                              | \$150.00  |
|   |                             | Contributor address; City; State; Zip Code               |                              |   |
|   |                             | San Antonio, TX 78247                                    |                              |   |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)                    | Employer (See Instructions   | s)  |
|   |                             |  |                              |   |

|   | MONET                       | ARY POLITICAL CON   | TRIBUTIO             | DNS                          |   | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|---|----------------------|------------------------------|---|---|-------------|
|   | The Instruc                 | ction Guide explains how to co  | omplete this fo      | orm.                         | 1 | Total pages Schedule A1:<br>Sch: 3/66 Rpt: 6/76 |             |
| 2 | FILER NAME                  | y Of Anesthesiologists Political Action   | on Committee         |                              | 3 | Filer ID (Ethics Commission 00024940            | n Filers)   |
| _ |                             | <u> </u>  |                      |                              | _ |   |             |
| 4 | Date<br>07/01/2025          | <ul> <li>Full name of contributor out</li> <li>Arredondo, Esteban</li> <li>Contributor address; City; State; Zip</li> </ul> | -of-state PAC (ID#:  |                              | , | Amount of Contribution (\$)                     | \$150.00    |
|   |                             | San Antonio, TX 78247   | 1                    |                              |   |   |             |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)   |                      | 9 Employer (See Instructions | ) |   |             |
|   | Date                        | Full name of contributor  | of-state PAC (ID#:_  | )                            |   | Amount of Contribution (\$)                     |             |
|   | 07/09/2025                  | Arunkumar, Radha  | 01 State 1 710 (1511 | <i></i>                      |   | , e. e            | \$84.00     |
|   | 01700/2020                  | Contributor address; City; State; Zip   | Code                 |                              |   |   | Ψ0 1.00     |
|   |                             | Houston, TX 77030   |                      |                              |   |   |             |
|   | Principal occu              | oation / Job title (See Instructions)   |                      | Employer (See Instructions   | ) |   |             |
|   | Physician                   |   |                      |                              |   |   |             |
|   | Date                        | Full name of contributor out  | of-state PAC (ID#:_  | )                            |   | Amount of Contribution (\$)                     |             |
|   | 07/01/2025                  | Askew, William  |                      |                              |   |   | \$150.00    |
|   |                             | Contributor address; City; State; Zip   | Code                 |                              |   |   |             |
|   |                             |   |                      |                              |   |   |             |
|   |                             |   |                      |                              |   |   |             |
|   |                             | Austin, TX 78703  |                      |                              |   |   |             |
|   | Principal occu              | oation / Job title (See Instructions)   |                      | Employer (See Instructions   | ) |   |             |
|   | Physician                   |   |                      |                              |   |   |             |
|   | Date                        | Full name of contributor  out   | of-state PAC (ID#:   | )                            |   | Amount of Contribution (\$)                     |             |
|   | 07/01/2025                  | Astilla, Thaddeus   | ` _                  |                              |   |   | \$150.00    |
|   |                             | Contributor address; City; State; Zip   | Code                 |                              |   |   |             |
|   |                             |   |                      |                              |   |   |             |
|   |                             |   |                      |                              |   |   |             |
|   |                             | San Antonio, TX 78258   |                      |                              |   |   |             |
|   | Principal occu              | pation / Job title (See Instructions)   |                      | Employer (See Instructions   | ) |   |             |
|   | Physician                   |   |                      |                              |   |   |             |
|   | Date                        | Full name of contributor out  | of-state PAC (ID#:   | )                            |   | Amount of Contribution (\$)                     |             |
|   | 07/15/2025                  | Ata, Monica   | ` _                  |                              |   |   | \$84.00     |
|   |                             | Contributor address; City; State; Zip   | Code                 |                              |   |   |             |
|   |                             | , 3, , ,  |                      |                              |   |   |             |
|   |                             |   |                      |                              |   |   |             |
|   |                             | Allen, TX 75013   |                      |                              |   |   |             |
|   | Principal occu              | pation / Job title (See Instructions)   |                      | Employer (See Instructions   | ) |   |             |
|   | Physician                   |   |                      |                              |   |   |             |
|   |                             |   | l                    |                              |   |   |             |
|   |                             |   |                      |                              |   |   |             |
|   |                             |   |                      |                              |   |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTIO  | NS                         |    | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|--|----------------------------|----|---|-------------|
|   | The Instru                  | ction Guide explains how to complete this fo   | rm.                        | 1  | Total pages Schedule A1:<br>Sch: 4/66 Rpt: 7/76 |             |
| 2 | FILER NAME<br>Texas Socie   | ry Of Anesthesiologists Political Action Committee   |                            | 3  | Filer ID (Ethics Commission 00024940            | n Filers)   |
| 4 | Date 07/01/2025             | <ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>                                      | )                          | 7  | Amount of Contribution (\$)                     | \$150.00    |
| 8 | Principal occu              | San Antonio, TX 78247 pation / Job title (See Instructions)  | Employer (See Instructions |    |   |             |
| 0 | Physician Physician         | oalion7 Job little (See Instructions)  | Employer (See instructions | ') |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:Ayoroa, Sarah  Contributor address; City; State; Zip Code | )                          |    | Amount of Contribution (\$)                     | \$150.00    |
|   | Dringing agg                | Austin, TX 78731   | Employer (See Instructions | _  |   |             |
|   | Physician Physician         | pation / Job title (See Instructions)  | Employer (See Instructions | )  |   |             |
|   | Date<br>07/14/2025          | Full name of contributor out-of-state PAC (ID#:  |                            |    | Amount of Contribution (\$)                     | \$150.00    |
|   |                             | College Station, TX 77845  |                            |    |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions | 5) |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:  |                            |    | Amount of Contribution (\$)                     | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions | () |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:  |                            |    | Amount of Contribution (\$)                     | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions | )  |   |             |
|   |                             |  |                            |    |   |             |

|   | MONEI                       | ARY POLITICAL CONTRIBUTION                                     | NS                          |   | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|--|-----------------------------|---|---|-------------|
|   | The Instruc                 | ction Guide explains how to complete this fo                   | rm.                         | 1 | Total pages Schedule A1:<br>Sch: 5/66 Rpt: 8/76 |             |
| 2 | FILER NAME                  | y Of Anesthesiologists Political Action Committee              |                             | 3 | Filer ID (Ethics Commission 00024940            | n Filers)   |
| _ |                             | <u> </u>   |                             | _ |   |             |
| 4 | Date<br>07/01/2025          | <ul> <li>Full name of contributor</li></ul>                    |                             | 7 | Amount of Contribution (\$)                     | \$150.00    |
|   |                             | Austin, TX 78703   |                             |   |   |             |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)                          | Employer (See Instructions) | ) |   |             |
|   | Date                        | Full name of contributor  out-of-state PAC (ID#:               | )                           |   | Amount of Contribution (\$)                     |             |
|   | 07/09/2025                  | Beitzel, Michael   | ,                           |   | ,   | \$84.00     |
|   |                             | Contributor address; City; State; Zip Code                     |                             |   |   |             |
|   |                             | Abilene, TX 79602  |                             |   |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)                          | Employer (See Instructions) | ) |   |             |
|   | Date                        | Full name of contributor  out-of-state PAC (ID#:               | ,                           |   | Amount of Contribution (\$)                     |             |
|   | 07/01/2025                  | Bell, James  |                             |   | Amount of Contribution (¢)                      | \$150.00    |
|   |                             | Contributor address; City; State; Zip Code                     |                             |   |   |             |
|   |                             | Austin, TX 78703   |                             |   |   |             |
|   | Principal occu              | pation / Job title (See Instructions)                          | Employer (See Instructions) | ) |   |             |
|   | Physician                   |  |                             |   |   |             |
|   | Date                        | Full name of contributor out-of-state PAC (ID#:                | )                           |   | Amount of Contribution (\$)                     |             |
|   | 07/01/2025                  | Benavides, Lorenzo  Contributor address; City; State; Zip Code |                             |   |   | \$150.00    |
|   |                             | San Antonio, TX 78229  |                             |   |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)                          | Employer (See Instructions) | ) |   |             |
|   | Date                        | Full name of contributor  ut-of-state PAC (ID#:                |                             |   | Amount of Contribution (\$)                     |             |
|   | 07/01/2025                  | Benavides, Philip  |                             |   |   | \$150.00    |
|   |                             | Contributor address; City; State; Zip Code                     |                             |   |   |             |
|   |                             | San Antonio, TX 78255  |                             |   |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)                          | Employer (See Instructions) | ) |   |             |
|   |                             |  |                             |   |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTIO   | NS                           |   | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|---|------------------------------|---|---|-------------|
|   | The Instru                  | ction Guide explains how to complete this fo  | rm.                          | 1 | Total pages Schedule A1:<br>Sch: 6/66 Rpt: 9/76 |             |
| 2 | FILER NAME<br>Texas Socie   | ry Of Anesthesiologists Political Action Committee  |                              | 3 | Filer ID (Ethics Commission 00024940            | n Filers)   |
| 4 | Date 07/01/2025             | <ul> <li>Full name of contributor</li></ul>   | )                            | 7 | Amount of Contribution (\$)                     | \$150.00    |
| 0 | Dringing occur              | Austin, TX 78735  | 0 Employer (See Instructions |   |   |             |
| 8 | Physician Physician         | pation / Job title (See Instructions)   | 9 Employer (See Instructions | ) |   |             |
|   | Date<br>07/02/2025          | Full name of contributor out-of-state PAC (ID#:_<br>Bergeron, Brandy  Contributor address; City; State; Zip Code                  | )                            |   | Amount of Contribution (\$)                     | \$250.00    |
|   | Dringing! aggs              | Beaumont, TX 77726  | Employer (Coo Instructions   |   |   |             |
|   | Physician                   | pation / Job title (See Instructions)   | Employer (See Instructions   | ) |   |             |
|   | Date<br>07/09/2025          | Full name of contributor out-of-state PAC (ID#:_<br>Berndt, R. Barry  Contributor address; City; State; Zip Code                  |                              |   | Amount of Contribution (\$)                     | \$84.00     |
|   |                             | Beaumont, TX 77702  |                              |   |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions   | ) |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:   |                              |   | Amount of Contribution (\$)                     | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions   | ) |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:_Bhinder, Anmol  Contributor address; City; State; Zip Code  San Antonio, TX 78249 |                              |   | Amount of Contribution (\$)                     | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions   | ) |   |             |
|   |                             | ,   |                              |   |   |             |

|   | MONEI                       | ARY POLITICAL CONT   | RIBUTIONS                    |          | SCHEDUL  | E <b>A1</b> |
|---|-----------------------------|--|------------------------------|----------|--|-------------|
|   | The Instru                  | ction Guide explains how to cor                            | mplete this form.            | 1        | Total pages Schedule A1:<br>Sch: 7/66 Rpt: 10/76 |             |
| 2 | FILER NAME Texas Socie      | y Of Anesthesiologists Political Action                    |                              | ı        | Filer ID (Ethics Commission 00024940             | n Filers)   |
| 1 | Date                        | <u> </u>   |                              | _        | Amount of Contribution (\$)                      |             |
| • | 07/01/2025                  | Billeaud, Craig  6 Contributor address; City; State; Zip 6 |                              |          | Amount of Continuation (\$)                      | \$150.00    |
|   |                             | Austin, TX 78738   |                              |          |  |             |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)                      | 9 Employer (See Instructions | 5)       |  |             |
|   | Date                        | Full name of contributor Out-o                             | f-state PAC (ID#:)           | Π        | Amount of Contribution (\$)                      |             |
|   | 07/01/2025                  | Blasko, Melissa  |                              |          | ( ',   | \$150.00    |
|   |                             | Contributor address; City; State; Zip (                    | Code                         |          |  |             |
|   |                             | San Antonio, TX 78247                                      |                              |          |  |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)                      | Employer (See Instructions)  | s)       |  |             |
|   | Date                        | Full name of contributor out-o                             | f-state PAC (ID#:)           |          | Amount of Contribution (\$)                      |             |
|   | 07/01/2025                  | Boatman, Erik  |                              |          |  | \$150.00    |
|   |                             | Contributor address; City; State; Zip (                    | Code                         |          |  |             |
|   |                             | New Braunfels, TX 78132                                    |                              | <u> </u> |  |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)                      | Employer (See Instructions   | s)<br>   |  |             |
|   | Date                        | Full name of contributor out-o                             | f-state PAC (ID#:)           |          | Amount of Contribution (\$)                      |             |
|   | 07/01/2025                  | Bonilla, Jorge<br>Contributor address; City; State; Zip (  | Code                         |          |  | \$150.00    |
|   |                             | San Antonio, TX 78216                                      |                              |          |  |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)                      | Employer (See Instructions   | 5)       |  |             |
|   | Date                        | Full name of contributor out-o                             | f-state PAC (ID#:)           |          | Amount of Contribution (\$)                      |             |
|   | 07/01/2025                  | Boudreau, Eric   |                              |          |  | \$150.00    |
|   |                             | Contributor address; City; State; Zip (                    | Code                         |          |  |             |
|   |                             | Austin, TX 78704   |                              |          |  |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)                      | Employer (See Instructions   | 5)       |  |             |
|   |                             |  |                              |          |  |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTIONS   | 5                           | SCHEDULI   | E <b>A1</b> |
|---|-----------------------------|---|-----------------------------|--|-------------|
|   | The Instru                  | ction Guide explains how to complete this form  | . 1                         | Total pages Schedule A1:<br>Sch: 8/66 Rpt: 11/76 |             |
| 2 | FILER NAME<br>Texas Socie   | y Of Anesthesiologists Political Action Committee   | 3                           | Filer ID (Ethics Commission 00024940             | n Filers)   |
| 4 | Date 07/01/2025             | <ul> <li>Full name of contributor</li></ul>   |                             | Amount of Contribution (\$)                      | \$150.00    |
| _ |                             | San Antonio, TX 78212   |                             |  |             |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)  9 E  | Employer (See Instructions) |  |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:<br>Boyd, Daniel<br>Contributor address; City; State; Zip Code               | )                           | Amount of Contribution (\$)                      | \$150.00    |
|   | Principal occu              | San Antonio, TX 78216   | Employer (See Instructions) |  |             |
|   | Physician Physician         | pation / Job title (See Instructions)   | Employer (See Instructions) |  |             |
|   | Date<br>07/09/2025          | Full name of contributor out-of-state PAC (ID#:<br>Bracken, Christopher<br>Contributor address; City; State; Zip Code       |                             | Amount of Contribution (\$)                      | \$84.00     |
|   |                             | San Antonio, TX 78240   |                             |  |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions) |  |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:   |                             | Amount of Contribution (\$)                      | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions) |  |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#: Brandt, Scott  Contributor address; City; State; Zip Code  Austin, TX 78703 |                             | Amount of Contribution (\$)                      | \$150.00    |
|   | Principal occu<br>Physician | oation / Job title (See Instructions)   | Employer (See Instructions) |  |             |
|   |                             | •   |                             |  |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTIO   | NS                           |   | SCHEDUL  | E <b>A1</b> |
|---|-----------------------------|---|------------------------------|---|--|-------------|
|   | The Instru                  | ction Guide explains how to complete this fo  | orm.                         | 1 | Total pages Schedule A1:<br>Sch: 9/66 Rpt: 12/76 |             |
| 2 | FILER NAME<br>Texas Socie   | y Of Anesthesiologists Political Action Committee   |                              | 3 | Filer ID (Ethics Commission 00024940             | n Filers)   |
| 4 | Date 07/01/2025             | <ul> <li>Full name of contributor</li></ul>   | )                            | 7 | Amount of Contribution (\$)                      | \$150.00    |
| • | Dringing Lagge              | San Antonio, TX 78247   | • Employer (Con Instructions |   |  |             |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)   | 9 Employer (See Instructions | ) |  |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:_ Brodsky, Harris  Contributor address; City; State; Zip Code              |                              |   | Amount of Contribution (\$)                      | \$150.00    |
|   | Dringing! goog              | Austin, TX 78703  | Employer (See Instructions   |   |  |             |
|   | Physician Physician         | pation / Job title (See Instructions)   | Employer (See Instructions   | ) |  |             |
|   | Date<br>07/01/2025          | Full name of contributor  | )                            |   | Amount of Contribution (\$)                      | \$150.00    |
|   |                             | Austin, TX 78756  |                              |   |  |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions   | ) |  |             |
|   | Date<br>07/09/2025          | Full name of contributor out-of-state PAC (ID#:_Brown, Zoe  Contributor address; City; State; Zip Code  Houston, TX 77025 |                              |   | Amount of Contribution (\$)                      | \$8.33      |
|   | Principal occu<br>Physician | oation / Job title (See Instructions)   | Employer (See Instructions   | ) |  |             |
|   | Date<br>07/10/2025          | Full name of contributor out-of-state PAC (ID#:_ Bryan, Joseph Contributor address; City; State; Zip Code  Buda, TX 78610 |                              |   | Amount of Contribution (\$)                      | \$100.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions   | ) |  |             |
|   |                             | ·   |                              |   |  |             |

|   | MONEI                       | ARY POLITICAL CONTRIBUTIONS   |             | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|---|-------------|---|-------------|
|   | The Instru                  | ction Guide explains how to complete this form.                       | 1           | Total pages Schedule A1:<br>Sch: 10/66 Rpt: 13/76 |             |
| 2 | FILER NAME                  | by Of Anacthocialogists Political Action Committee                    | 3           | Filer ID (Ethics Commission 00024940              | n Filers)   |
| _ |                             | ty Of Anesthesiologists Political Action Committee                    |             |   |             |
| 4 | Date<br>07/01/2025          | <ul> <li>5 Full name of contributor  out-of-state PAC (ID#:</li></ul> | 7           | Amount of Contribution (\$)                       | \$150.00    |
|   |                             | Austin, TX 78703  |             |   |             |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)  9 Employer (See Instructions)  | structions) |   |             |
|   | Date                        | Full name of contributor out-of-state PAC (ID#:                       | )           | Amount of Contribution (\$)                       |             |
|   | 07/01/2025                  | Bunker, Noah  |             | `,  | \$150.00    |
|   |                             | Contributor address; City; State; Zip Code                            |             |   |             |
|   |                             | Austin, TX 78746  |             |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions) Employer (See Instructions)     | structions) |   |             |
|   | Date                        | Full name of contributor out-of-state PAC (ID#:                       | <u>, I</u>  | Amount of Contribution (\$)                       |             |
|   | 07/09/2025                  | Butler, Brad  | /           | γ uncome or continuation (φ)                      | \$84.00     |
|   |                             | Contributor address; City; State; Zip Code                            |             |   |             |
|   |                             | Abilene, TX 79602   |             |   |             |
|   | Principal occu              | pation / Job title (See Instructions) Employer (See Ins               | structions) |   |             |
|   | Physician                   |   |             |   |             |
|   | Date                        | Full name of contributor out-of-state PAC (ID#:                       |             | Amount of Contribution (\$)                       |             |
|   | 07/01/2025                  | Capella, Jose Contributor address; City; State; Zip Code              |             |   | \$150.00    |
|   |                             | San Antonio, TX 78230   |             |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  Employer (See Instructions)    | structions) |   |             |
|   | Date                        | Full name of contributor out-of-state PAC (ID#:                       | )           | Amount of Contribution (\$)                       |             |
|   | 07/10/2025                  | Carroll, Luke   |             |   | \$85.00     |
|   |                             | Contributor address; City; State; Zip Code                            |             |   |             |
|   |                             | Houston, TX 77042   |             |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions) Employer (See Instructions)     | structions) |   |             |
|   |                             |   |             |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTI   | IONS                         |                | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|--|------------------------------|----------------|---|-------------|
|   | The Instruc                 | ction Guide explains how to complete this  | s form.                      | 1              | Total pages Schedule A1:<br>Sch: 11/66 Rpt: 14/76 |             |
| 2 | FILER NAME                  | y Of Anesthesiologists Political Action Committee  | <u> </u>                     | 3              | Filer ID (Ethics Commission 00024940              | n Filers)   |
| _ |                             | <u> </u>   |                              | Ļ              |   |             |
| 4 | Date 07/01/2025             | <ul> <li>Full name of contributor  out-of-state PAC (ID Carsner, Jack</li> <li>Contributor address; City; State; Zip Code</li> </ul> |                              | '<br>          | Amount of Contribution (\$)                       | \$150.00    |
|   |                             | Leander, TX 78641  |                              |                |   |             |
| 8 | Principal occu<br>Physician | oation / Job title (See Instructions)  | 9 Employer (See Instructions | s)             |   |             |
|   | Date                        | Full name of contributor  out-of-state PAC (ID:  | #· )                         | Т              | Amount of Contribution (\$)                       |             |
|   | 07/10/2025                  | Causey, Sommer   |                              |                | 7 mileant of Continuation (4)                     | \$84.00     |
|   | 0111012023                  | Contributor address; City; State; Zip Code   |                              |                |   | Ψ04.00      |
|   |                             | , , , , , , , , , , , , , , , , , , ,  |                              |                |   |             |
|   |                             | Galveston, TX 77554  |                              |                |   |             |
|   | Principal occu              | oation / Job title (See Instructions)  | Employer (See Instructions   | s)             |   |             |
|   | Physician                   |  |                              |                |   |             |
|   | Date                        | Full name of contributor  ut-of-state PAC (ID  | #:)                          |                | Amount of Contribution (\$)                       |             |
|   | 07/09/2025                  | Chan, Calvin   |                              |                |   | \$84.00     |
|   |                             | Contributor address; City; State; Zip Code   |                              |                |   |             |
|   |                             |  |                              |                |   |             |
|   |                             | Dallas, TX 75219   |                              |                |   |             |
|   | Principal occu              | pation / Job title (See Instructions)  | Employer (See Instructions   | <u> </u><br>s) |   |             |
|   | Physician                   | ,  |                              |                |   |             |
|   | Date                        | Full name of contributor  out-of-state PAC (ID:  | #:)                          | Π              | Amount of Contribution (\$)                       |             |
|   | 07/01/2025                  | Chang, Kuang-Yu  |                              |                |   | \$150.00    |
|   |                             | Contributor address; City; State; Zip Code   |                              | 1              |   |             |
|   |                             |  |                              |                |   |             |
|   |                             | San Antonio, TX 78247  |                              |                |   |             |
|   | Principal occu              | pation / Job title (See Instructions)  | Employer (See Instructions   | <u> </u><br>s) |   |             |
|   | Physician                   | ,  |                              |                |   |             |
|   | Date                        | Full name of contributor  ut-of-state PAC (ID  | #:)                          |                | Amount of Contribution (\$)                       |             |
|   | 07/01/2025                  | Chavez, Christopher  |                              |                |   | \$150.00    |
|   |                             | Contributor address; City; State; Zip Code   |                              | 1              |   |             |
|   |                             |  |                              |                |   |             |
|   |                             | Austin, TX 78731   |                              |                |   |             |
|   | Principal occu              | pation / Job title (See Instructions)  | Employer (See Instructions   | s)             |   |             |
|   | Physician                   |  |                              |                |   |             |
|   |                             |  |                              |                |   |             |
|   |                             |  |                              |                |   |             |
|   |                             |  |                              |                |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTIO  | NS                           |    | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|--|------------------------------|----|---|-------------|
|   | The Instruc                 | ction Guide explains how to complete this fo   | orm.                         | 1  | Total pages Schedule A1:<br>Sch: 12/66 Rpt: 15/76 |             |
| 2 | FILER NAME<br>Texas Socie   | y Of Anesthesiologists Political Action Committee  |                              | 3  | Filer ID (Ethics Commission 00024940              | n Filers)   |
| 4 | Date 07/23/2025             | <ul> <li>Full name of contributor</li></ul>  |                              | 7  | Amount of Contribution (\$)                       | \$42.00     |
| _ | 5                           | Dallas, TX 75204   |                              |    |   |             |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)  | 9 Employer (See Instructions | 5) |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:_ Choi, Ray  Contributor address; City; State; Zip Code                           | )                            |    | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu              | San Antonio, TX 78230 pation / Job title (See Instructions)  | Employer (See Instructions   | .) |   |             |
|   | Physician                   | sation / oob title (oce monactions)  | Employer (See Instructions   | ') |   |             |
|   | Date<br>07/01/2025          | Full name of contributor   |                              |    | Amount of Contribution (\$)                       | \$150.00    |
|   |                             | Austin, TX 78701   |                              |    |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | 5) |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:_Cinclair, Robert  Contributor address; City; State; Zip Code  Austin, TX 78732   | )                            |    | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | () |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:_ Clanton, David Contributor address; City; State; Zip Code San Antonio, TX 78256 |                              |    | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | () |   |             |
|   |                             |  |                              |    |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUT  | ONS                          |        | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|--|------------------------------|--------|---|-------------|
|   | The Instru                  | ction Guide explains how to complete this  | form.                        | 1      | Total pages Schedule A1:<br>Sch: 13/66 Rpt: 16/76 |             |
| 2 | FILER NAME<br>Texas Socie   | ry Of Anesthesiologists Political Action Committee   | •                            | 3      | Filer ID (Ethics Commission 00024940              | n Filers)   |
| 4 | Date 07/15/2025             | <ul> <li>Full name of contributor</li></ul>  |                              | 7      | Amount of Contribution (\$)                       | \$84.00     |
| _ |                             | San Antonio, TX 78256  |                              | Ĺ      |   |             |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)  | 9 Employer (See Instructions | 5)     |   |             |
|   | Date<br>07/01/2025          | Full name of contributor  out-of-state PAC (ID Coffman, Amy Contributor address; City; State; Zip Code                       | #:)                          |        | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu              | Austin, TX 78731 pation / Job title (See Instructions)   | Employer (See Instructions   | <br>s) |   |             |
|   | Physician Physician         | ,  |                              |        |   |             |
|   | Date<br>07/01/2025          | Full name of contributor   | #:)                          |        | Amount of Contribution (\$)                       | \$150.00    |
|   |                             | Harlingen, TX 78550  |                              |        |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | 5)     |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID Collebrusco, Alan Contributor address; City; State; Zip Code  Austin, TX 78756 | #:)                          | •      | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | 5)     |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID Corbett, William  Contributor address; City; State; Zip Code  Austin, TX 78751 |                              |        | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | 5)     |   |             |
|   |                             |  | •                            |        |   |             |

|   | MONEI                       | ARY POLITICAL CONTR  | KIBUTIO              | ONS                          |                             | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|--|----------------------|------------------------------|-----------------------------|---|-------------|
|   | The Instruc                 | ction Guide explains how to comp   | lete this fo         | orm.                         | 1                           | Total pages Schedule A1:<br>Sch: 14/66 Rpt: 17/76 |             |
| 2 | FILER NAME                  |  |                      | 3                            | Filer ID (Ethics Commission | n Filers)   |             |
|   | Texas Socie                 | y Of Anesthesiologists Political Action C  | committee            |                              |                             | 00024940  |             |
| 4 | Date<br>07/01/2025          | <ul> <li>Full name of contributor  out-of-star  coutin, Mark</li> <li>Contributor address; City; State; Zip Coc</li> </ul> | ate PAC (ID#:_<br>le |                              | 7                           | Amount of Contribution (\$)                       | \$150.00    |
|   |                             | Austin, TX 78703   |                      |                              |                             |   |             |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)  |                      | 9 Employer (See Instructions | i)                          |   |             |
| _ | Date                        | Full name of contributor  out-of-sta   | ate PAC (ID#:_       | )                            |                             | Amount of Contribution (\$)                       |             |
|   | 07/01/2025                  | Cowlishaw, Mary  | ` _                  |                              |                             |   | \$150.00    |
|   |                             | Contributor address; City; State; Zip Coo  | de                   |                              |                             |   |             |
|   |                             | Austin, TX 78702   |                      |                              |                             |   |             |
|   | Principal occu              | pation / Job title (See Instructions)  |                      | Employer (See Instructions   | ()                          |   |             |
|   | Physician                   |  |                      |                              |                             |   |             |
|   | Date                        | Full name of contributor out-of-sta  | ate PAC (ID#:_       | )                            |                             | Amount of Contribution (\$)                       |             |
|   | 07/01/2025                  | Craig, Jason   |                      |                              |                             |   | \$150.00    |
|   |                             | Contributor address; City; State; Zip Cod  | le                   |                              |                             |   |             |
|   |                             |  |                      |                              |                             |   |             |
|   |                             | Austin, TX 78738   |                      |                              |                             |   |             |
|   | Principal occu              | pation / Job title (See Instructions)  |                      | Employer (See Instructions   | <u> </u>                    |   |             |
|   | Physician                   | , and (333 menusions)  |                      | ріоўої (000 іношионо         | ,                           |   |             |
|   | Date                        | Full name of contributor out-of-str  | ate PAC (ID#:_       | )                            |                             | Amount of Contribution (\$)                       |             |
|   | 07/01/2025                  | Crockett, Richard  |                      |                              |                             | (,,   | \$150.00    |
|   |                             | Contributor address; City; State; Zip Coc  | de                   |                              |                             |   |             |
|   |                             | , , , , , , , , , , , , , , , , , , ,  |                      |                              |                             |   |             |
|   |                             |  |                      |                              |                             |   |             |
|   |                             | New Braunfels, TX 78132  |                      |                              |                             |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  |                      | Employer (See Instructions   | 5)                          |   |             |
|   | Date                        | Full name of contributor out-of-sta  | ate PAC (ID#:_       | )                            |                             | Amount of Contribution (\$)                       |             |
|   | 07/02/2025                  | Danley, Matthew  |                      |                              |                             |   | \$84.00     |
|   |                             | Contributor address; City; State; Zip Coo  | le                   |                              |                             |   |             |
|   |                             |  |                      |                              |                             |   |             |
|   |                             | Fort Worth TV 76100  |                      |                              |                             |   |             |
|   | Dringinal accu              | Fort Worth, TX 76109   |                      | Employer (See Instructions   | ·)                          |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  |                      | Employer (See Instructions   | )                           |   |             |
|   | i ilysiciali                |  |                      |                              |                             |   |             |
|   |                             |  |                      |                              |                             |   |             |
|   |                             |  |                      |                              |                             |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTI  | ONS                          |           | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|---|------------------------------|-----------|---|-------------|
|   | The Instru                  | ction Guide explains how to complete this   | form.                        | 1         | Total pages Schedule A1:<br>Sch: 15/66 Rpt: 18/76 |             |
| 2 | FILER NAME<br>Texas Socie   | ry Of Anesthesiologists Political Action Committee  |                              | 3         | Filer ID (Ethics Commission 00024940              | n Filers)   |
| 4 | Date 07/09/2025             | <ul> <li>Full name of contributor</li></ul>   |                              | 7         | Amount of Contribution (\$)                       | \$84.00     |
| _ | Daine in all a con-         | Lucas, TX 75002   | lo Familian (Carlotte Visco  |           |   |             |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)   | 9 Employer (See Instructions | 5)        |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID# Davidson, Joel Contributor address; City; State; Zip Code                    | <del>*</del> :)              |           | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu              | Austin, TX 78746 pation / Job title (See Instructions)  | Employer (See Instructions   | <u>:)</u> |   |             |
|   | Physician                   | odition / Job title (See Instructions)  | Employer (See instructions   | "         |   |             |
|   | Date<br>07/03/2025          | Full name of contributor out-of-state PAC (ID# Davila-Perez, Ruben Contributor address; City; State; Zip Code               | #:)                          | •         | Amount of Contribution (\$)                       | \$21.00     |
|   |                             | Houston, TX 77057   |                              |           |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions   | s)        |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID# Deming, Daniel Contributor address; City; State; Zip Code  Austin, TX 78734  | #:)                          |           | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)        |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID# Desai, Prianka  Contributor address; City; State; Zip Code  Austin, TX 78723 | ±:)                          |           | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)        |   |             |
|   |                             |   | •                            |           |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTION  | ONS                           |    | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|---|-------------------------------|----|---|-------------|
|   | The Instru                  | ction Guide explains how to complete this   | form.                         | 1  | Total pages Schedule A1:<br>Sch: 16/66 Rpt: 19/76 |             |
| 2 | FILER NAME<br>Texas Socie   | y Of Anesthesiologists Political Action Committee   |                               | 3  | Filer ID (Ethics Commission 00024940              | n Filers)   |
| 4 | Date 07/09/2025             | <ul> <li>Full name of contributor  out-of-state PAC (ID#: Dewan, Brian</li> <li>Contributor address; City; State; Zip Code</li> </ul> |                               | 7  | Amount of Contribution (\$)                       | \$84.00     |
| • | Dringing Loggy              | Austin, TX 78731  | D. Employer (See Instructions |    |   |             |
| 8 | Physician Physician         | pation / Job title (See Instructions)   | 9 Employer (See Instructions  | )  |   |             |
|   | Date<br>07/03/2025          | Full name of contributor out-of-state PAC (ID#: DiGiovanni, Ryan  Contributor address; City; State; Zip Code                          | )                             |    | Amount of Contribution (\$)                       | \$100.00    |
|   | Principal occu              | Southlake, TX 76092 pation / Job title (See Instructions)   | Employer (See Instructions    | _  |   |             |
|   | Physician Physician         | valion / Job line (See instructions)  | Employer (See instructions    | ') |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#: Dieterichs, Chad  Contributor address; City; State; Zip Code                          | )                             |    | Amount of Contribution (\$)                       | \$150.00    |
|   |                             | Austin, TX 78733  |                               |    |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions    | 5) |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#: Donovan, Colin  Contributor address; City; State; Zip Code  San Antonio, TX 78215     |                               |    | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions    | )  |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#: Dorsey, Kathryn  Contributor address; City; State; Zip Code  San Antonio, TX 78247    |                               |    | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | oation / Job title (See Instructions)   | Employer (See Instructions    | () |   |             |
|   |                             |   |                               |    |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTIONS  |                           | SCHEDULE  | <b>■ A1</b> |
|---|-----------------------------|--|---------------------------|---|-------------|
|   | The Instru                  | ction Guide explains how to complete this form.  | 1                         | Total pages Schedule A1:<br>Sch: 17/66 Rpt: 20/76 |             |
| 2 | FILER NAME<br>Texas Socie   | ry Of Anesthesiologists Political Action Committee   | 3                         | Filer ID (Ethics Commission 00024940              | Filers)     |
| 4 | Date 07/03/2025             | <ul> <li>Full name of contributor</li></ul>  |                           | Amount of Contribution (\$)                       | \$85.00     |
| _ |                             | Corsicana, TX 75110  |                           |   |             |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)  9 Emp   | lloyer (See Instructions) |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:<br>Duan, Michael<br>Contributor address; City; State; Zip Code                     |                           | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu              | San Antonio, TX 78258 pation / Job title (See Instructions) Emp  | loyer (See Instructions)  |   |             |
|   | Physician                   |  |                           |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:  Duesterhoeft, D'Ann  Contributor address; City; State; Zip Code                   | )                         | Amount of Contribution (\$)                       | \$150.00    |
|   |                             | New Braunfels, TX 78132  |                           |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions) Emp  | loyer (See Instructions)  |   |             |
|   | Date<br>07/14/2025          | Full name of contributor out-of-state PAC (ID#:  Dupont, Cedric  Contributor address; City; State; Zip Code  Rollingwood, TX 78746 | )                         | Amount of Contribution (\$)                       | \$100.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions) Emp  | lloyer (See Instructions) |   |             |
|   | Date<br>07/09/2025          | Full name of contributor out-of-state PAC (ID#: Eddings, Joseph  Contributor address; City; State; Zip Code  Austin, TX 78759      |                           | Amount of Contribution (\$)                       | \$85.00     |
|   | Principal occu<br>Physician | pation / Job title (See Instructions) Emp  | lloyer (See Instructions) |   |             |
|   |                             | •  |                           |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTION  | S                           | SCHEDULI  | E <b>A1</b> |
|---|-----------------------------|---|-----------------------------|---|-------------|
|   | The Instru                  | ction Guide explains how to complete this form  | 1.                          | Total pages Schedule A1:<br>Sch: 18/66 Rpt: 21/76 |             |
| 2 | FILER NAME<br>Texas Socie   | y Of Anesthesiologists Political Action Committee   | 3                           | Filer ID (Ethics Commission 00024940              | n Filers)   |
| 4 | Date 07/09/2025             | <ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>   |                             | Amount of Contribution (\$)                       | \$84.00     |
| _ | Daine in all a con-         | Grand Prairie, TX 75054   | For all and (Constructions) |   |             |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)  9  | Employer (See Instructions) |   |             |
|   | Date 07/01/2025             | Full name of contributor out-of-state PAC (ID#: Eoh, Eun Contributor address; City; State; Zip Code                           |                             | Amount of Contribution (\$)                       | \$150.00    |
|   | Dringing aggr               | Austin, TX 78705  | Employer (Coo Instructions) |   |             |
|   | Physician                   | pation / Job title (See Instructions)   | Employer (See Instructions) |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#: Erian, Ralph Contributor address; City; State; Zip Code                       |                             | Amount of Contribution (\$)                       | \$150.00    |
|   |                             | San Antonio, TX 78212   |                             |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions) |   |             |
|   | Date<br>07/15/2025          | Full name of contributor out-of-state PAC (ID#: Erian, Ralph Contributor address; City; State; Zip Code San Antonio, TX 78212 |                             | Amount of Contribution (\$)                       | \$84.00     |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions) |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#: Farris, Landon  Contributor address; City; State; Zip Code  Austin, TX 78759  |                             | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions) |   |             |
|   |                             | <u>'</u>  |                             |   |             |

|   | MONET                       | ARY POLITICAL CONTRI   | BUTION       | NS                         |          | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|--|--------------|----------------------------|----------|---|-------------|
|   | The Instru                  | ction Guide explains how to comple   | ete this for | rm.                        | 1        | Total pages Schedule A1:<br>Sch: 19/66 Rpt: 22/76 |             |
| 2 | FILER NAME<br>Texas Socie   | y Of Anesthesiologists Political Action Co   | mmittee      |                            | 3        | Filer ID (Ethics Commission 00024940              | n Filers)   |
| 4 | Date 07/09/2025             | <ul> <li>Full name of contributor  out-of-state</li> <li>Fay, James</li> <li>Contributor address; City; State; Zip Code</li> </ul> |              | )                          | 7        | Amount of Contribution (\$)                       | \$84.00     |
| _ |                             | Georgetown, TX 78628   |              |                            |          |   |             |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)  | 9            | Employer (See Instructions | 5)       |   |             |
|   | Date<br>07/01/2025          | Fields, Aaron  Contributor address; City; State; Zip Code  |              |                            |          | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu              | San Antonio, TX 78209 Dation / Job title (See Instructions)  |              | Employer (See Instructions | <u> </u> |   |             |
|   | Physician                   |  |              |                            |          |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state Filardi, J. Pierre  Contributor address; City; State; Zip Code                               | PAC (ID#:    | )                          |          | Amount of Contribution (\$)                       | \$150.00    |
|   |                             | Austin, TX 78731   |              |                            |          |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  |              | Employer (See Instructions | 5)       |   |             |
|   | Date<br>07/01/2025          | Filardi, Ryan  |              | )                          |          | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | oation / Job title (See Instructions)  |              | Employer (See Instructions | )        |   |             |
|   | Date<br>07/09/2025          | Full name of contributor out-of-state Fischer, Stefanie  Contributor address; City; State; Zip Code  Galveston, TX 77551           |              |                            |          | Amount of Contribution (\$)                       | \$84.00     |
|   | Principal occu<br>Physician | oation / Job title (See Instructions)  |              | Employer (See Instructions | i)       |   |             |
|   |                             |  | •            |                            |          |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTIO  | NS                           |   | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|--|------------------------------|---|---|-------------|
|   | The Instru                  | ction Guide explains how to complete this fo   | rm.                          | 1 | Total pages Schedule A1:<br>Sch: 20/66 Rpt: 23/76 |             |
| 2 | FILER NAME<br>Texas Socie   | ry Of Anesthesiologists Political Action Committee   |                              | 3 | Filer ID (Ethics Commission 00024940              | n Filers)   |
| 4 | Date 07/01/2025             | <ul> <li>Full name of contributor</li></ul>  | )                            | 7 | Amount of Contribution (\$)                       | \$150.00    |
| _ | 5                           | San Antonio, TX 78230  |                              |   |   |             |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)  | 9 Employer (See Instructions | ) |   |             |
|   | Date<br>07/01/2025          | Full name of contributor  out-of-state PAC (ID#:   |                              |   | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu              | Houston, TX 77025 pation / Job title (See Instructions)  | Employer (See Instructions   | ) |   |             |
|   | Physician                   |  |                              |   |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#: Foley, Michael Contributor address; City; State; Zip Code                          | )                            |   | Amount of Contribution (\$)                       | \$150.00    |
|   |                             | Austin, TX 78705   |                              |   |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | ) |   |             |
|   | Date<br>07/16/2025          | Full name of contributor out-of-state PAC (ID#: Ford, Dina  Contributor address; City; State; Zip Code  Houston, TX 77096          | )                            |   | Amount of Contribution (\$)                       | \$84.00     |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | ) |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#: Fuentes, Leonel  Contributor address; City; State; Zip Code  San Antonio, TX 78258 | )                            |   | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | ) |   |             |
|   |                             | <u> </u>   |                              |   |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTION   | ONS                                     |    | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|--|---|----|---|-------------|
|   | The Instru                  | ction Guide explains how to complete this f  | orm.                                    | 1  | Total pages Schedule A1:<br>Sch: 21/66 Rpt: 24/76 |             |
| 2 | FILER NAME<br>Texas Socie   | y Of Anesthesiologists Political Action Committee  |   | 3  | Filer ID (Ethics Commission 00024940              | n Filers)   |
| 4 | Date 07/01/2025             | <ul> <li>Full name of contributor</li></ul>  | )                                       | 7  | Amount of Contribution (\$)                       | \$150.00    |
| _ | Daine in all a con-         | Austin, TX 78746   | lo ==================================== |    |   |             |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)  | 9 Employer (See Instructions            | 5) |   |             |
|   | Date<br>07/09/2025          | Full name of contributor out-of-state PAC (ID#:_ Gandhi, Samir Contributor address; City; State; Zip Code                          | )                                       |    | Amount of Contribution (\$)                       | \$84.00     |
|   | Principal occu              | San Antonio, TX 78229  | Employer (See Instructions              | _  |   |             |
|   | Physician Physician         | pation / Job title (See Instructions)  | Employer (See Instructions              | )  |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:_ Garcia, Philip Contributor address; City; State; Zip Code                         | )                                       |    | Amount of Contribution (\$)                       | \$150.00    |
|   |                             | San Antonio, TX 78240  |   |    |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions              | i) |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:_ Garcia, Sergio  Contributor address; City; State; Zip Code  San Antonio, TX 78212 | )                                       |    | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | oation / Job title (See Instructions)  | Employer (See Instructions              | )  |   |             |
|   | Date<br>07/09/2025          | Full name of contributor out-of-state PAC (ID#:_Gardner, Kelly  Contributor address; City; State; Zip Code  San Antonio, TX 78257  |   |    | Amount of Contribution (\$)                       | \$84.00     |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions              | )  |   |             |
|   |                             |  |   |    |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTION  | NS                         |   | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|---|----------------------------|---|---|-------------|
|   | The Instruc                 | ction Guide explains how to complete this fo  | rm.                        | 1 | Total pages Schedule A1:<br>Sch: 22/66 Rpt: 25/76 |             |
| 2 | FILER NAME Texas Socie      | y Of Anesthesiologists Political Action Committee   |                            | 3 | Filer ID (Ethics Commission 00024940              | n Filers)   |
| 4 | Date 07/01/2025             | <ul> <li>Full name of contributor</li></ul>   |                            | 7 | Amount of Contribution (\$)                       | \$150.00    |
| _ | 5                           | San Antonio, TX 78258   |                            |   |   |             |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions | ) |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#: Getto, Christopher  Contributor address; City; State; Zip Code                        | )                          |   | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu              | W Lake Hills, TX 78746 pation / Job title (See Instructions)  | Employer (See Instructions | ) |   |             |
|   | Physician                   |   |                            |   |   |             |
|   | Date<br>07/09/2025          | Full name of contributor out-of-state PAC (ID#: Gibbons, Stacey  Contributor address; City; State; Zip Code                           | )                          |   | Amount of Contribution (\$)                       | \$84.00     |
|   |                             | League City, TX 77573   |                            |   |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions | ) |   |             |
|   | Date<br>07/10/2025          | Full name of contributor out-of-state PAC (ID#: Glover, Chris  Contributor address; City; State; Zip Code  Houston, TX 77030          | )                          |   | Amount of Contribution (\$)                       | \$84.00     |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions | ) |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#: Gonzalez, Abelardo  Contributor address; City; State; Zip Code  San Antonio, TX 78202 |                            |   | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions | ) |   |             |
|   |                             | 1   |                            |   |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTI   | ONS                           |           | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|--|-------------------------------|-----------|---|-------------|
|   | The Instru                  | ction Guide explains how to complete this  | form.                         | 1         | Total pages Schedule A1:<br>Sch: 23/66 Rpt: 26/76 |             |
| 2 | FILER NAME<br>Texas Socie   | y Of Anesthesiologists Political Action Committee  | ,                             | 3         | Filer ID (Ethics Commission 00024940              | n Filers)   |
| 4 | Date 07/01/2025             | <ul> <li>Full name of contributor</li></ul>  |                               | 7         | Amount of Contribution (\$)                       | \$150.00    |
| _ | Duinning Langu              | Austin, TX 78701   | O Francisco (Coo Instructions | <u></u>   |   |             |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)  | 9 Employer (See Instructions  | 5)        |   |             |
|   | Date<br>07/01/2025          | Full name of contributor  out-of-state PAC (ID: Grewal, Gaganpreet  Contributor address; City; State; Zip Code           | #:)                           |           | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu              | Austin, TX 78701 pation / Job title (See Instructions)   | Employer (See Instructions    | <u>:)</u> |   |             |
|   | Physician                   | sation / Job title (See Instructions)  | Employer (See Instructions    | ۰)        |   |             |
|   | Date<br>07/01/2025          | Full name of contributor   | #:)                           |           | Amount of Contribution (\$)                       | \$150.00    |
|   |                             | Austin, TX 78731   |                               |           |   |             |
|   | Principal occu<br>Physician | oation / Job title (See Instructions)  | Employer (See Instructions    | 5)        |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID: Gu, Lisa  Contributor address; City; State; Zip Code  Dallas, TX 75201    | #:)                           | •         | Amount of Contribution (\$)                       | \$30.00     |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions    | 5)        |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID: Gunn, Holly  Contributor address; City; State; Zip Code  Austin, TX 78746 | #:)                           |           | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | oation / Job title (See Instructions)  | Employer (See Instructions    | 5)        |   |             |
|   |                             |  | •                             |           |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTION   | ONS                           |          | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|--|-------------------------------|----------|---|-------------|
|   | The Instru                  | ction Guide explains how to complete this f  | orm.                          | 1        | Total pages Schedule A1:<br>Sch: 24/66 Rpt: 27/76 |             |
| 2 | FILER NAME<br>Texas Socie   | ry Of Anesthesiologists Political Action Committee   |                               | 3        | Filer ID (Ethics Commission 00024940              | n Filers)   |
| 4 | Date<br>07/09/2025          | <ul> <li>Full name of contributor</li></ul>  | )                             | 7        | Amount of Contribution (\$)                       | \$84.00     |
| _ | Deignaignal                 | League city, TX 77573  | O Francisco (Con Instructions |          |   |             |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)  | 9 Employer (See Instructions  | 5)       |   |             |
|   | Date<br>07/14/2025          | Full name of contributor   | )                             |          | Amount of Contribution (\$)                       | \$83.34     |
|   | Principal occu              | San Antonio, TX 78240 pation / Job title (See Instructions)  | Employer (See Instructions    | <u>.</u> |   |             |
|   | Physician                   | sation, oop title (oce mandenons)  | Employer (See mondenorie      | ')       |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:_<br>Haedge, Philip  Contributor address; City; State; Zip Code                     |                               |          | Amount of Contribution (\$)                       | \$150.00    |
|   |                             | San Antonio, TX 78259  |                               |          |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions    | 5)       |   |             |
|   | Date<br>07/09/2025          | Full name of contributor out-of-state PAC (ID#:_ Hagberg, Carin  Contributor address; City; State; Zip Code  Houston, TX 77030     | )                             |          | Amount of Contribution (\$)                       | \$84.00     |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions    | )        |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:_<br>Hammond, Brandon  Contributor address; City; State; Zip Code  Austin, TX 78757 |                               |          | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions    | ()       |   |             |
|   |                             |  |                               |          |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTIO  | NS                           |        | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|--|------------------------------|--------|---|-------------|
|   | The Instruc                 | ction Guide explains how to complete this fo   | orm.                         | 1      | Total pages Schedule A1:<br>Sch: 25/66 Rpt: 28/76 |             |
| 2 | FILER NAME Texas Socie      | ry Of Anesthesiologists Political Action Committee   |                              | 3      | Filer ID (Ethics Commission 00024940              | n Filers)   |
| 4 | Date 07/09/2025             | <ul> <li>Full name of contributor</li></ul>  | )                            | 7      | Amount of Contribution (\$)                       | \$84.00     |
| 0 | Dringing oggu               | Bellaire, TX 77401   | Employer (See Instructions   |        |   |             |
| 8 | Physician Physician         | pation / Job title (See Instructions)  | 9 Employer (See Instructions | ')     |   |             |
|   | Date<br>07/21/2025          | Full name of contributor   |                              |        | Amount of Contribution (\$)                       | \$100.00    |
|   | Principal occu              | Houston, TX 77055 pation / Job title (See Instructions)  | Employer (See Instructions   | .)<br> |   |             |
|   | Physician                   |  | Employer (Geo mondonorio     | ,      |   |             |
|   | Date<br>07/10/2025          | Full name of contributor   | )                            |        | Amount of Contribution (\$)                       | \$84.00     |
|   |                             | San Antonio, TX 78258  |                              |        |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | i)     |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:_<br>Hayes, Royce  Contributor address; City; State; Zip Code  Austin, TX 78750 |                              |        | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | )      |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:_ Hedge, Sanjay  Contributor address; City; State; Zip Code  Austin, TX 78731   |                              |        | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | )      |   |             |
|   |                             |  |                              |        |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTIO  | NS                            |    | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|--|-------------------------------|----|---|-------------|
|   | The Instruc                 | ction Guide explains how to complete this fo   | rm.                           | 1  | Total pages Schedule A1:<br>Sch: 26/66 Rpt: 29/76 |             |
| 2 | FILER NAME<br>Texas Socie   | ry Of Anesthesiologists Political Action Committee   |                               | 3  | Filer ID (Ethics Commission 00024940              | n Filers)   |
| 4 | Date 07/01/2025             | <ul> <li>Full name of contributor</li></ul>  | )                             | 7  | Amount of Contribution (\$)                       | \$150.00    |
| _ | Dringing Lagge              | Austin, TX 78705   | D. Employer (Con Instructions |    |   |             |
| 8 | Physician Physician         | pation / Job title (See Instructions)  | 9 Employer (See Instructions  | 5) |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#: Helm, Cole  Contributor address; City; State; Zip Code                               |                               |    | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu              | San Antonio, TX 78260 pation / Job title (See Instructions)  | Employer (See Instructions    |    |   |             |
|   | Physician Physician         | oation 7 300 title (See instructions)  | Employer (See Instructions    | ') |   |             |
|   | Date<br>07/01/2025          | Full name of contributor   | )                             |    | Amount of Contribution (\$)                       | \$150.00    |
|   |                             | San Antonio, TX 78258  |                               |    |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions    | i) |   |             |
|   | Date<br>07/03/2025          | Full name of contributor out-of-state PAC (ID#: Hernandez, Raul Contributor address; City; State; Zip Code Rio Grande City, TX 78582 | )                             |    | Amount of Contribution (\$)                       | \$42.00     |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions    | )  |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#: Herring, Keith  Contributor address; City; State; Zip Code  San Antonio, TX 78247    |                               |    | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions    | )  |   |             |
|   |                             |  |                               |    |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTION   | ONS                          |    | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|--|------------------------------|----|---|-------------|
|   | The Instru                  | ction Guide explains how to complete this  | form.                        | 1  | Total pages Schedule A1:<br>Sch: 27/66 Rpt: 30/76 |             |
| 2 | FILER NAME<br>Texas Socie   | y Of Anesthesiologists Political Action Committee  |                              | 3  | Filer ID (Ethics Commission 00024940              | n Filers)   |
| 4 | Date 07/15/2025             | <ul> <li>Full name of contributor</li></ul>  | _                            | 7  | Amount of Contribution (\$)                       | \$100.00    |
| _ |                             | Garland, TX 75044  | 1                            | _  |   |             |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)  | 9 Employer (See Instructions | S) |   |             |
|   | Date<br>07/08/2025          | Full name of contributor out-of-state PAC (ID#: Hines, Clayton Contributor address; City; State; Zip Code                          |                              | •  | Amount of Contribution (\$)                       | \$45.00     |
|   | Deinsinal assu              | Beaumont, TX 77705   | Frankrije (Coo kostrustiono  | _  |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | 5) |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#: Ho, Phi  Contributor address; City; State; Zip Code                                |                              | •  | Amount of Contribution (\$)                       | \$150.00    |
|   |                             | Austin, TX 78723   |                              |    |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | s) |   |             |
|   | Date<br>07/09/2025          | Full name of contributor out-of-state PAC (ID#: Hofkamp, Michael  Contributor address; City; State; Zip Code  Round Rock, TX 78681 |                              |    | Amount of Contribution (\$)                       | \$84.00     |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | 5) |   |             |
|   | Date<br>07/09/2025          | Full name of contributor out-of-state PAC (ID#: Hollenshead, Andy  Contributor address; City; State; Zip Code  Dallas, TX 75219    |                              | •  | Amount of Contribution (\$)                       | \$84.00     |
|   | Principal occu<br>Physician | oation / Job title (See Instructions)  | Employer (See Instructions   | 5) |   |             |
|   |                             |  | •                            |    |   |             |

|   | MONET                       | ARY POLITICAL CONTRIB   | UTION    | IS                         |        | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|---|----------|----------------------------|--------|---|-------------|
|   | The Instru                  | ction Guide explains how to complete  | this for | m.                         | 1      | Total pages Schedule A1:<br>Sch: 28/66 Rpt: 31/76 |             |
| 2 | FILER NAME<br>Texas Socie   | y Of Anesthesiologists Political Action Comr  | mittee   |                            | 3      | Filer ID (Ethics Commission 00024940              | n Filers)   |
| 4 | Date 07/01/2025             | <ul> <li>Full name of contributor</li></ul>   | ,        | )                          | 7      | Amount of Contribution (\$)                       | \$150.00    |
| _ |                             | Austin, TX 78703  |          |                            | _      |   |             |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)   | 9        | Employer (See Instructions | 5)     |   |             |
|   | Date<br>07/09/2025          | Contributor address; City; State; Zip Code  |          |                            |        | Amount of Contribution (\$)                       | \$20.83     |
|   | Principal occu              | Houston, TX 77055 pation / Job title (See Instructions)   |          | Employer (See Instructions | <br>;) |   |             |
|   | Physician                   |   |          |                            |        |   |             |
|   | Date<br>07/09/2025          | Full name of contributor out-of-state Part Hurlburt, Brian  Contributor address; City; State; Zip Code                  | AC (ID#: | )                          |        | Amount of Contribution (\$)                       | \$84.00     |
|   |                             | Beaumont, TX 77726  |          |                            |        |   |             |
|   | Principal occu<br>Physician | oation / Job title (See Instructions)   |          | Employer (See Instructions | 5)     |   |             |
|   | Date<br>07/10/2025          | Full name of contributor out-of-state PA Hutson, Larry  Contributor address; City; State; Zip Code  Temple, TX 76502    | -        | )                          |        | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | oation / Job title (See Instructions)   |          | Employer (See Instructions | 5)     |   |             |
|   | Date<br>07/09/2025          | Full name of contributor out-of-state Pall name, Kristyn  Contributor address; City; State; Zip Code  El Paso, TX 79912 |          | )                          |        | Amount of Contribution (\$)                       | \$84.00     |
|   | Principal occu<br>Physician | oation / Job title (See Instructions)   |          | Employer (See Instructions | 5)     |   |             |
|   |                             |   | •        |                            |        |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTI  | ONS                          |           | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|---|------------------------------|-----------|---|-------------|
|   | The Instru                  | ction Guide explains how to complete this   | form.                        | 1         | Total pages Schedule A1:<br>Sch: 29/66 Rpt: 32/76 |             |
| 2 | FILER NAME<br>Texas Socie   | y Of Anesthesiologists Political Action Committee   | ,                            | 3         | Filer ID (Ethics Commission 00024940              | n Filers)   |
| 4 | Date 07/01/2025             | <ul> <li>Full name of contributor</li></ul>   |                              | 7         | Amount of Contribution (\$)                       | \$150.00    |
| _ |                             | Austin, TX 78703  | 1                            | _         |   |             |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)   | 9 Employer (See Instructions | S)        |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID: Jajosky, Jessica  Contributor address; City; State; Zip Code                     | #:                           | •         | Amount of Contribution (\$)                       | \$150.00    |
|   | Dringing ogg                | Round Rock, TX 78681  | Employer (See Instructions   | <u>,,</u> |   |             |
|   | Physician Physician         | pation / Job title (See Instructions)   | Employer (See Instructions   | o)        |   |             |
|   | Date<br>07/09/2025          | Full name of contributor out-of-state PAC (ID)  Jameson, Lauren  Contributor address; City; State; Zip Code                     | #:)                          | •         | Amount of Contribution (\$)                       | \$8.33      |
|   |                             | Houston, TX 77098   |                              |           |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)        |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID: Janek, Kyle  Contributor address; City; State; Zip Code  Austin, TX 78746        | #:)                          | •         | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | oation / Job title (See Instructions)   | Employer (See Instructions   | 5)        |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (IDa<br>Jeanes, Zachary  Contributor address; City; State; Zip Code  Austin, TX 78645 |                              | •         | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)        |   |             |
|   |                             |   | •                            |           |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTI   | ONS  |         | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|--|--|---------|---|-------------|
|   | The Instru                  | ction Guide explains how to complete this  | form.  | 1       | Total pages Schedule A1:<br>Sch: 30/66 Rpt: 33/76 |             |
| 2 | FILER NAME<br>Texas Socie   | y Of Anesthesiologists Political Action Committee  |  | 3       | Filer ID (Ethics Commission 00024940              | n Filers)   |
| 4 | Date 07/09/2025             | <ul> <li>Full name of contributor</li></ul>  |  | 7       | Amount of Contribution (\$)                       | \$84.00     |
| _ |                             | Salado, TX 76571   |  | <u></u> |   |             |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)  | 9 Employer (See Instructions                 | S)      |   |             |
|   | Date<br>07/01/2025          | Full name of contributor   | <u>;                                    </u> | •       | Amount of Contribution (\$)                       | \$150.00    |
|   | Data disal asses            | Austin, TX 78723   | Faralassa (Octobrationalism                  |         |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions                   | 5)      |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID# Johnson, Durkee  Contributor address; City; State; Zip Code                       | <u>;                                    </u> | •       | Amount of Contribution (\$)                       | \$150.00    |
|   |                             | San Antonio, TX 78216  |  |         |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions                   | 5)      |   |             |
|   | Date<br>07/09/2025          | Full name of contributor out-of-state PAC (ID# Jones, Chauncey  Contributor address; City; State; Zip Code  Magnolia, TX 77355   | #:)  | •       | Amount of Contribution (\$)                       | \$84.00     |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions                   | 5)      |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID# Jones, McClure  Contributor address; City; State; Zip Code  San Antonio, TX 78253 |  |         | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | oation / Job title (See Instructions)  | Employer (See Instructions                   | s)      |   |             |
|   |                             |  |  |         |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTION  | ONS                          |          | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|---|------------------------------|----------|---|-------------|
|   | The Instruc                 | ction Guide explains how to complete this f   | orm.                         | 1        | Total pages Schedule A1:<br>Sch: 31/66 Rpt: 34/76 |             |
| 2 | FILER NAME Texas Socie      | ry Of Anesthesiologists Political Action Committee  |                              | 3        | Filer ID (Ethics Commission 00024940              | n Filers)   |
| 4 | Date<br>07/14/2025          | <ul> <li>Full name of contributor</li></ul>   |                              | 7        | Amount of Contribution (\$)                       | \$100.00    |
| _ |                             | Frisco, TX 75036  |                              |          |   |             |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)   | 9 Employer (See Instructions | 5)       |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:_<br>Keillor, Rebbeka<br>Contributor address; City; State; Zip Code                        |                              |          | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu              | Buda, TX 78610 pation / Job title (See Instructions)  | Employer (See Instructions   | <u> </u> |   |             |
|   | Physician                   | ,   | . , (                        | ,        |   |             |
|   | Date<br>07/09/2025          | Full name of contributor  |                              |          | Amount of Contribution (\$)                       | \$84.00     |
|   |                             | Dallas, TX 75243  |                              |          |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions   | ()       |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:_<br>Kerby, Paul Contributor address; City; State; Zip Code San Antonio, TX 78212          |                              |          | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions   | )        |   |             |
|   | Date<br>07/09/2025          | Full name of contributor out-of-state PAC (ID#:_<br>Kercheville, Scott  Contributor address; City; State; Zip Code  San Antonio, TX 78215 |                              |          | Amount of Contribution (\$)                       | \$84.00     |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions   | )        |   |             |
|   |                             |   |                              |          |   |             |

|   | MONEI                       | ARY POLITICAL C  | ONTRIBUTIO              | )NS                          |                | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|--|-------------------------|------------------------------|----------------|---|-------------|
|   | The Instru                  | ction Guide explains how   | to complete this f      | orm.                         | 1              | Total pages Schedule A1:<br>Sch: 32/66 Rpt: 35/76 |             |
| 2 | FILER NAME<br>Texas Socie   | ety Of Anesthesiologists Politic   | al Action Committee     |                              | 3              | Filer ID (Ethics Commission 00024940              | n Filers)   |
| 4 | Date<br>07/14/2025          | <ul><li>Full name of contributor<br/>Khorsand, Sarah</li><li>Contributor address; City; St</li></ul> | out-of-state PAC (ID#:_ |                              | 7              | Amount of Contribution (\$)                       | \$84.00     |
| 8 | Principal occu              | Dallas, TX 75229  upation / Job title (See Instructions  |                         | 9 Employer (See Instructions |                |   |             |
| Ů | Physician Physician         | pation / 300 title (See Instructions   | ·)                      | Employer (See Instructions   | ·)             |   |             |
|   | Date 07/01/2025             | Full name of contributor Kim, Brian Contributor address; City; St                                    | out-of-state PAC (ID#:_ | )                            |                | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu              | Austin, TX 78746  spation / Job title (See Instructions  | s)                      | Employer (See Instructions   | <br>           | _   |             |
|   | Physician                   | panon, ous and (oue mendener   |                         |                              | -,             |   |             |
|   | Date<br>07/01/2025          | Full name of contributor King, R. Baker Contributor address; City; St                                | out-of-state PAC (ID#:_ |                              |                | Amount of Contribution (\$)                       | \$150.00    |
|   |                             | San Antonio, TX 78232  |                         |                              |                |   |             |
|   | Principal occu<br>Physician | ipation / Job title (See Instructions  | ;)                      | Employer (See Instructions   | 5)             |   |             |
|   | Date<br>07/09/2025          | Full name of contributor King, R. Baker Contributor address; City; St San Antonio, TX 78232          |                         |                              | •              | Amount of Contribution (\$)                       | \$84.00     |
|   | Principal occu<br>Physician | Ipation / Job title (See Instructions  | ;)                      | Employer (See Instructions   | <u>I</u><br>S) |   |             |
|   | Date<br>07/01/2025          | Full name of contributor Klein, Jefferey  Contributor address; City; St  Austin, TX 78730            | out-of-state PAC (ID#:_ |                              |                | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | I<br>upation / Job title (See Instructions   | ;)                      | Employer (See Instructions   | <u>I</u><br>S) |   |             |
|   |                             |  |                         |                              |                |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUT  | IONS                         |           | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|--|------------------------------|-----------|---|-------------|
|   | The Instru                  | ction Guide explains how to complete this  | s form.                      | 1         | Total pages Schedule A1:<br>Sch: 33/66 Rpt: 36/76 |             |
| 2 | FILER NAME<br>Texas Socie   | y Of Anesthesiologists Political Action Committee  | 9                            | 3         | Filer ID (Ethics Commission 00024940              | n Filers)   |
| 4 | Date 07/01/2025             | <ul> <li>Full name of contributor</li></ul>  |                              | 7         | Amount of Contribution (\$)                       | \$150.00    |
| _ |                             | San Antonio, TX 78216  | T                            |           |   |             |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)  | 9 Employer (See Instructions | s)        |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID Knauth, Kurt  Contributor address; City; State; Zip Code                       | )                            |           | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu              | Austin, TX 78736 pation / Job title (See Instructions)   | Employer (See Instructions   | <u>s)</u> |   |             |
|   | Physician                   | sation 7 oob title (See mattactions)   | Employer (See Instructions   | ·)        |   |             |
|   | Date<br>07/09/2025          | Full name of contributor out-of-state PAC (ID Koehler, Michelle  Contributor address; City; State; Zip Code                  | #:)                          | •         | Amount of Contribution (\$)                       | \$84.00     |
|   |                             | New Braunfels, TX 78132  |                              |           |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | S)        |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID Kohls, Katherine  Contributor address; City; State; Zip Code  Austin, TX 78759 | )                            |           | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | 5)        |   |             |
|   | Date<br>07/14/2025          | Full name of contributor out-of-state PAC (ID Kolle, Bracken  Contributor address; City; State; Zip Code  Houston, TX 77042  | #:)                          | •         | Amount of Contribution (\$)                       | \$84.00     |
|   | Principal occu<br>Physician | oation / Job title (See Instructions)  | Employer (See Instructions   | 5)        |   |             |
|   |                             |  |                              |           |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTIO  | NS                           |          | SCHEDULE  | <b>■ A1</b> |
|---|-----------------------------|--|------------------------------|----------|---|-------------|
|   | The Instruc                 | ction Guide explains how to complete this fo   | orm.                         | 1        | Total pages Schedule A1:<br>Sch: 34/66 Rpt: 37/76 |             |
| 2 | FILER NAME Texas Socie      | y Of Anesthesiologists Political Action Committee  |                              | 3        | Filer ID (Ethics Commission 00024940              | Filers)     |
| 4 | Date 07/14/2025             | <ul> <li>Full name of contributor</li></ul>  | )                            | 7        | Amount of Contribution (\$)                       | \$84.00     |
| _ | Deireirel                   | Belton, TX 76513   | O Frankrije (Osa kratnatica  |          |   |             |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)  | 9 Employer (See Instructions | 5)       |   |             |
|   | Date<br>07/09/2025          | Full name of contributor  out-of-state PAC (ID#:_<br>Koppang, Erik<br>Contributor address; City; State; Zip Code                   |                              |          | Amount of Contribution (\$)                       | \$84.00     |
|   | Principal occu              | Fair Oaks, TX 78015 pation / Job title (See Instructions)  | Employer (See Instructions   | <u> </u> |   |             |
|   | Physician                   | ,  |                              | ,        |   |             |
|   | Date<br>07/02/2025          | Full name of contributor  uut-of-state PAC (ID#:_<br>Kroger, John  Contributor address; City; State; Zip Code                      | )                            |          | Amount of Contribution (\$)                       | \$20.00     |
|   |                             | League City, TX 77573  |                              |          |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | )        |   |             |
|   | Date<br>07/22/2025          | Full name of contributor out-of-state PAC (ID#:_<br>Kwater, Andrzej  Contributor address; City; State; Zip Code  Houston, TX 77009 | )                            |          | Amount of Contribution (\$)                       | \$84.00     |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | 5)       |   |             |
|   | Date 07/11/2025             | Full name of contributor out-of-state PAC (ID#:_Lasseter, Adam  Contributor address; City; State; Zip Code  Austin, TX 78704       | )                            |          | Amount of Contribution (\$)                       | \$84.00     |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | )        |   |             |
|   |                             |  |                              |          |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTIO   | NS                           |          | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|---|------------------------------|----------|---|-------------|
|   | The Instruc                 | ction Guide explains how to complete this fo  | orm.                         | 1        | Total pages Schedule A1:<br>Sch: 35/66 Rpt: 38/76 |             |
| 2 | FILER NAME<br>Texas Socie   | ry Of Anesthesiologists Political Action Committee  |                              | 3        | Filer ID (Ethics Commission 00024940              | n Filers)   |
| 4 | Date 07/01/2025             | <ul> <li>Full name of contributor</li></ul>   | )                            | 7        | Amount of Contribution (\$)                       | \$150.00    |
| _ | Dringing Loon               | San Antonio, TX 78216   | O Employer (Coe Instructions |          |   |             |
| 8 | Physician Physician         | pation / Job title (See Instructions)   | 9 Employer (See Instructions | ·)       |   |             |
|   | Date<br>07/01/2025          | Full name of contributor  |                              |          | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu              | Austin, TX 78749 pation / Job title (See Instructions)  | Employer (See Instructions   |          |   |             |
|   | Physician                   | pation / Job title (See matractions)  | Employer (See instructions   | ')       |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#: Lemay, Allyson  Contributor address; City; State; Zip Code                        |                              |          | Amount of Contribution (\$)                       | \$150.00    |
|   |                             | Austin, TX 78723  |                              |          |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions   | <u>,</u> |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:_Lilly, Gregory  Contributor address; City; State; Zip Code  San Antonio, TX 78260 |                              |          | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions   | )        |   |             |
|   | Date<br>07/16/2025          | Full name of contributor out-of-state PAC (ID#:_Lindberg, Scott  Contributor address; City; State; Zip Code  Katy, TX 77494       | )                            |          | Amount of Contribution (\$)                       | \$100.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions   | ()       |   |             |
|   |                             | ,   |                              |          |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTIO   | NS                           |    | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|---|------------------------------|----|---|-------------|
|   | The Instruc                 | ction Guide explains how to complete this fo  | orm.                         | 1  | Total pages Schedule A1:<br>Sch: 36/66 Rpt: 39/76 |             |
| 2 | FILER NAME Texas Socie      | ry Of Anesthesiologists Political Action Committee  |                              | 3  | Filer ID (Ethics Commission 00024940              | n Filers)   |
| 4 | Date<br>07/01/2025          | <ul> <li>Full name of contributor</li></ul>   |                              | 7  | Amount of Contribution (\$)                       | \$150.00    |
|   | Dringing agg                | Austin, TX 78746  | • Employer (See Instructions | _  |   |             |
| 8 | Physician Physician         | pation / Job title (See Instructions)   | 9 Employer (See Instructions | ') |   |             |
|   | Date<br>07/10/2025          | Full name of contributor out-of-state PAC (ID#:<br>Littlejohn, Martin<br>Contributor address; City; State; Zip Code                   |                              |    | Amount of Contribution (\$)                       | \$42.00     |
|   | Dringinal occu              | San Antonio, TX 78254 pation / Job title (See Instructions)   | Employer (See Instructions   |    |   |             |
|   | Physician Physician         | oation / Job title (See instructions)   | Employer (See instructions   | ') |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:_Losey, Allison  Contributor address; City; State; Zip Code                            | )                            |    | Amount of Contribution (\$)                       | \$150.00    |
|   |                             | Austin, TX 78750  |                              |    |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions   | 5) |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:_Lyttle, James  Contributor address; City; State; Zip Code  Austin, TX 78737           | )                            |    | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions   | )  |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:_ Macon, Joshua  Contributor address; City; State; Zip Code  Fair Oaks Ranch, TX 78015 |                              |    | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions   | )  |   |             |
|   |                             |   |                              |    |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTION   | NS                           |    | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|--|------------------------------|----|---|-------------|
|   | The Instruc                 | ction Guide explains how to complete this fo   | orm.                         | 1  | Total pages Schedule A1:<br>Sch: 37/66 Rpt: 40/76 |             |
| 2 | FILER NAME Texas Socie      | y Of Anesthesiologists Political Action Committee  |                              | 3  | Filer ID (Ethics Commission 00024940              | n Filers)   |
| 4 | Date 07/01/2025             | <ul> <li>Full name of contributor</li></ul>  | )                            | 7  | Amount of Contribution (\$)                       | \$150.00    |
| _ |                             | San Antonio, TX 78248  |                              |    |   |             |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)  | 9 Employer (See Instructions | 5) |   |             |
|   | Date<br>07/10/2025          | Full name of contributor out-of-state PAC (ID#:_Maloney, Kenneth  Contributor address; City; State; Zip Code                   | )                            |    | Amount of Contribution (\$)                       | \$84.00     |
|   | <u> </u>                    | Cypress, TX 77429  | 5 1 (0 1 1 1                 |    |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | 5) |   |             |
|   | Date 07/11/2025             | Full name of contributor   |                              |    | Amount of Contribution (\$)                       | \$20.00     |
|   |                             | Houston, TX 77030  |                              |    |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | i) |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:_Manuel, Anthony  Contributor address; City; State; Zip Code  Austin, TX 78733  |                              |    | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | oation / Job title (See Instructions)  | Employer (See Instructions   | )  |   |             |
|   | Date<br>07/14/2025          | Full name of contributor out-of-state PAC (ID#:_Markham, Travis  Contributor address; City; State; Zip Code  Houston, TX 77030 |                              |    | Amount of Contribution (\$)                       | \$84.00     |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | )  |   |             |
|   |                             |  |                              |    |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTION   |                              | SCHEDULE A1 |   |           |
|---|-----------------------------|--|------------------------------|-------------|---|-----------|
|   | The Instru                  | ction Guide explains how to complete this f  | orm.                         | 1           | Total pages Schedule A1:<br>Sch: 38/66 Rpt: 41/76 |           |
| 2 | FILER NAME<br>Texas Socie   | ry Of Anesthesiologists Political Action Committee   |                              | 3           | Filer ID (Ethics Commission 00024940              | n Filers) |
| 4 | Date 07/01/2025             | <ul> <li>Full name of contributor</li></ul>  | )                            | 7           | Amount of Contribution (\$)                       | \$150.00  |
| _ |                             | San Antonio, TX 78218  | <u> </u>                     |             |   |           |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)  | 9 Employer (See Instructions | 5)          |   |           |
|   | Date<br>07/09/2025          | Full name of contributor out-of-state PAC (ID#:_Masel, Brian  Contributor address; City; State; Zip Code                     |                              |             | Amount of Contribution (\$)                       | \$84.00   |
|   | Deinsinal                   | Galveston, TX 77555  |                              | Ĺ           |   |           |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | 5)          |   |           |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:_Matiko, Matthew  Contributor address; City; State; Zip Code                  | )                            |             | Amount of Contribution (\$)                       | \$150.00  |
|   |                             | Austin, TX 78705   |                              |             |   |           |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | i)          |   |           |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:_McCage, Luke  Contributor address; City; State; Zip Code  Austin, TX 78704   | )                            |             | Amount of Contribution (\$)                       | \$150.00  |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | )           |   |           |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:_McNeil, Ashley  Contributor address; City; State; Zip Code  Austin, TX 78746 |                              |             | Amount of Contribution (\$)                       | \$150.00  |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | i)          |   |           |
|   |                             |  |                              |             |   |           |

|   | MONET                       | ARY POLITICAL CONTRIBU   | JTIONS                      |          | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|--|-----------------------------|----------|---|-------------|
|   | The Instru                  | ction Guide explains how to complete t   | this form.                  | 1        | Total pages Schedule A1:<br>Sch: 39/66 Rpt: 42/76 |             |
| 2 | FILER NAME<br>Texas Socie   | y Of Anesthesiologists Political Action Commi  | iittee                      | 3        | Filer ID (Ethics Commission 00024940              | n Filers)   |
| 4 | Date 07/10/2025             | <ul> <li>Full name of contributor</li></ul>  |                             | 7        | Amount of Contribution (\$)                       | \$84.00     |
| _ |                             | Boerne, TX 78006   | 10 5 1 (0 1 1 1             | Ţ        |   |             |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)  | 9 Employer (See Instruction | ns)      |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC Medina, Salvador  Contributor address; City; State; Zip Code                       | C (ID#:)                    |          | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu              | San Antonio, TX 78230 pation / Job title (See Instructions)  | Employer (See Instruction   | <u> </u> |   |             |
|   | Physician                   | outon 7 oob title (occ manucatons)   | Employer (See instruction   | 13)      |   |             |
|   | Date<br>07/10/2025          | Full name of contributor out-of-state PAC Mehta, Jaideep Contributor address; City; State; Zip Code                          | C (ID#:)                    |          | Amount of Contribution (\$)                       | \$84.00     |
|   |                             | Austin, TX 78731   |                             |          |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instruction   | ns)      |   |             |
|   | Date<br>07/14/2025          | Full name of contributor out-of-state PAC Merchun, Christopher  Contributor address; City; State; Zip Code  Dallas, TX 75219 | C (ID#:)                    |          | Amount of Contribution (\$)                       | \$41.67     |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instruction   | ns)      |   |             |
|   | Date<br>07/15/2025          | Full name of contributor out-of-state PAC Mercier, David  Contributor address; City; State; Zip Code  Dallas, TX 75229       | C (ID#:)                    |          | Amount of Contribution (\$)                       | \$84.00     |
|   | Principal occu<br>Physician | oation / Job title (See Instructions)  | Employer (See Instruction   | ns)      |   |             |
|   |                             |  | <u> </u>                    |          |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTION  |                                  | SCHEDULE A1 |   |           |
|---|-----------------------------|---|----------------------------------|-------------|---|-----------|
|   | The Instru                  | ction Guide explains how to complete this f   | orm.                             | 1           | Total pages Schedule A1:<br>Sch: 40/66 Rpt: 43/76 |           |
| 2 | FILER NAME<br>Texas Socie   | ty Of Anesthesiologists Political Action Committee  |                                  | 3           | Filer ID (Ethics Commission 00024940              | n Filers) |
| 4 | Date 07/01/2025             | <ul> <li>Full name of contributor</li></ul>   | )                                | 7           | Amount of Contribution (\$)                       | \$150.00  |
| _ | Duinning Langu              | Austin, TX 78735  | O Familia van (Cara Instructiona |             |   |           |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)   | 9 Employer (See Instructions     | )           |   |           |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:_Mezger, Kyle  Contributor address; City; State; Zip Code                                  | )                                |             | Amount of Contribution (\$)                       | \$150.00  |
|   | Principal occu              | Austin, TX 78703 pation / Job title (See Instructions)  | Employer (See Instructions       | )           |   |           |
|   | Physician                   |   |                                  |             |   |           |
|   | Date<br>07/14/2025          | Full name of contributor out-of-state PAC (ID#:_<br>Miller, Christopher<br>Contributor address; City; State; Zip Code                     |                                  |             | Amount of Contribution (\$)                       | \$84.00   |
|   |                             | Arlington, TX 76015   |                                  |             |   |           |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions       | )           |   |           |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:_Miller-Conley, Carolyn  Contributor address; City; State; Zip Code  San Antonio, TX 78266 |                                  |             | Amount of Contribution (\$)                       | \$150.00  |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions       | )           |   |           |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:_Miranda, Justin  Contributor address; City; State; Zip Code  San Antonio, TX 78209        |                                  |             | Amount of Contribution (\$)                       | \$150.00  |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions       | )           |   |           |
|   |                             |   |                                  |             |   |           |

|   | MONEI                       | ARY POLITICAL CONTRIBU                                    | TIONS                        |                | SCHEDUL   | E <b>A1</b>                             |
|---|-----------------------------|---|------------------------------|----------------|---|---|
|   | The Instru                  | ction Guide explains how to complete t                    | this form.                   | 1              | Total pages Schedule A1:<br>Sch: 41/66 Rpt: 44/76 |   |
| 2 | FILER NAME                  | y Of Anesthesiologists Political Action Commi             | ittee                        | 3              | Filer ID (Ethics Commission 00024940              | n Filers)                               |
| _ | Date                        | <u> </u>  |                              | -              |   |   |
| 4 | 07/01/2025                  | Moen, Matthew   | (ID#:)                       | '<br>          | Amount of Contribution (\$)                       | \$150.00                                |
|   |                             | Austin, TX 78759  |                              |                |   |   |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)                     | 9 Employer (See Instructions | s)             |   |   |
|   | Date                        | Full name of contributor                                  | 2.40%                        | Т              | Amount of Contribution (\$)                       |   |
|   | 07/01/2025                  | Full name of contributor  out-of-state PAC  Mooney, Colin | . (ID#)                      |                | Amount of Contribution (\$)                       | \$150.00                                |
|   | 07/01/2025                  | -   |                              |                |   | \$130.00                                |
|   |                             | Contributor address; City; State; Zip Code                |                              |                |   |   |
|   |                             | Boerne, TX 78006  |                              |                |   |   |
|   | Principal occu              | pation / Job title (See Instructions)                     | Employer (See Instructions   | s)             |   |   |
|   | Physician                   |   |                              |                |   |   |
|   | Date                        | Full name of contributor out-of-state PAC                 | C (ID#:)                     |                | Amount of Contribution (\$)                       |   |
|   | 07/09/2025                  | Moore, Adam   |                              |                |   | \$84.00                                 |
|   |                             | Contributor address; City; State; Zip Code                |                              | 1              |   |   |
|   |                             |   |                              |                |   |   |
|   |                             |   |                              |                |   |   |
|   |                             | New Braunfels, TX 78132                                   |                              |                |   |   |
|   | Principal occu              | pation / Job title (See Instructions)                     | Employer (See Instructions   | s)             |   |   |
|   | Physician                   |   |                              |                |   |   |
|   | Date                        | Full name of contributor  out-of-state PAC                | C (ID#: )                    | Π              | Amount of Contribution (\$)                       |   |
|   | 07/01/2025                  | Moore, Lauren   |                              |                | · ,   | \$150.00                                |
|   |                             | Contributor address; City; State; Zip Code                |                              |                |   |   |
|   |                             | Continuator address, City, Ctate, Elp Code                |                              |                |   |   |
|   |                             |   |                              |                |   |   |
|   |                             | San Antonio, TX 78204                                     |                              |                |   |   |
|   | Principal occu              | pation / Job title (See Instructions)                     | Employer (See Instructions   | s)             |   |   |
|   | Physician                   |   |                              |                |   |   |
|   | Date                        | Full name of contributor  out-of-state PAC                |                              | Т              | Amount of Contribution (\$)                       |   |
|   | 07/03/2025                  | Moorman, Andrew   | ,                            |                | 7 anount of Continuation (4)                      | \$84.00                                 |
|   |                             | Contributor address; City; State; Zip Code                |                              | 1              |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|   |                             | Contributor address, City, State, Zip Code                |                              |                |   |   |
|   |                             |   |                              |                |   |   |
|   |                             | Dallas, TX 75219  |                              |                |   |   |
|   | Principal occu              | pation / Job title (See Instructions)                     | Employer (See Instructions   | <u>I</u><br>s) |   |   |
|   | Physician                   |   | p y - 1 (200 mod 4000)       | ,              |   |   |
|   | , <del></del> -             |   |                              |                |   |   |
|   |                             |   |                              |                |   |   |
|   |                             |   |                              |                |   |   |

|   | MONET                       | ARY POLITICAL CONTRIBUT   | ΓIONS                        |   | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|---|------------------------------|---|---|-------------|
|   | The Instru                  | ction Guide explains how to complete th   | is form.                     | 1   | Total pages Schedule A1:<br>Sch: 42/66 Rpt: 45/76 |             |
| 2 | FILER NAME<br>Texas Socie   | ry Of Anesthesiologists Political Action Committe   | ee                           | 3   | Filer ID (Ethics Commissio 00024940               | n Filers)   |
| 4 | Date 07/11/2025             | <ul> <li>Full name of contributor</li></ul>   |                              | 7   | Amount of Contribution (\$)                       | \$84.00     |
| • | Dringing! goog              | Houston, TX 77007   | C Employer/Coo Instructions  | <u>, ,                                   </u> |   |             |
| 8 | Physician Physician         | pation / Job title (See Instructions)   | 9 Employer (See Instructions | 5)  |   |             |
|   | Date<br>07/09/2025          | Full name of contributor out-of-state PAC (I<br>Muro, Rene<br>Contributor address; City; State; Zip Code                    | ID#:)                        |   | Amount of Contribution (\$)                       | \$84.00     |
|   |                             | El Paso, TX 79922   |                              |   |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)  |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (I<br>Myers, Khaleah<br>Contributor address; City; State; Zip Code                | ID#:)                        |   | Amount of Contribution (\$)                       | \$150.00    |
|   |                             | Austin, TX 78746  |                              |   |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions   | s)  |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (INelson, David  Contributor address; City; State; Zip Code  Austin, TX 78746     | ID#:)                        |   | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)  |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (IN Nelson, William  Contributor address; City; State; Zip Code  Austin, TX 78746 | ID#:)                        |   | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions   | s)  |   |             |
|   |                             |   | •                            |   |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBU  |                             | SCHEDULE A1 |   |           |
|---|-----------------------------|---|-----------------------------|-------------|---|-----------|
|   | The Instru                  | ction Guide explains how to complete th   | his form.                   | 1           | Total pages Schedule A1:<br>Sch: 43/66 Rpt: 46/76 |           |
| 2 | FILER NAME<br>Texas Socie   | ry Of Anesthesiologists Political Action Committ  | ttee                        | 3           | Filer ID (Ethics Commission 00024940              | n Filers) |
| 4 | Date 07/01/2025             | <ul> <li>Full name of contributor</li></ul>   |                             | 7           | Amount of Contribution (\$)                       | \$150.00  |
| _ |                             | Austin, TX 78732  | 10 5 1 10 11 11             |             |   |           |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)   | 9 Employer (See Instruction | ns)         |   |           |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC Noble, Mark Contributor address; City; State; Zip Code                          | (ID#:)                      |             | Amount of Contribution (\$)                       | \$150.00  |
|   | Principal occu              | Austin, TX 78738 pation / Job title (See Instructions)  | Employer (See Instruction   | ns)         |   |           |
|   | Physician                   |   |                             |             |   |           |
|   | Date<br>07/10/2025          | Full name of contributor  uut-of-state PAC Normand, Katherine Contributor address; City; State; Zip Code                  | (ID#:)                      |             | Amount of Contribution (\$)                       | \$84.00   |
|   |                             | Houston, TX 77079   |                             |             |   |           |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instruction   | ns)         |   |           |
|   | Date<br>07/09/2025          | Full name of contributor out-of-state PAC Nwokolo, Omonele  Contributor address; City; State; Zip Code  Houston, TX 77030 | (ID#:)                      |             | Amount of Contribution (\$)                       | \$84.00   |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instruction   | ns)         |   |           |
|   | Date<br>07/09/2025          | Full name of contributor out-of-state PAC Odeh, Jaffer Contributor address; City; State; Zip Code Dallas, TX 75390        | (ID#:)                      |             | Amount of Contribution (\$)                       | \$84.00   |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instruction   | ns)         |   |           |
|   |                             |   |                             |             |   |           |

|   | MONEI                       | ARY POLITICAL CO                                      | NTRIBUTIO               | INS                          |         | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|---|-------------------------|------------------------------|---------|---|-------------|
|   | The Instruc                 | ction Guide explains how to                           | complete this fo        | orm.                         | 1       | Total pages Schedule A1:<br>Sch: 44/66 Rpt: 47/76 |             |
| 2 | FILER NAME                  |   |                         |                              | 3       | Filer ID (Ethics Commission                       | n Filers)   |
|   | Texas Socie                 | y Of Anesthesiologists Political A                    | ction Committee         |                              |         | 00024940  |             |
| 4 | Date<br>07/09/2025          | <ul><li>5 Full name of contributor</li></ul>          | out-of-state PAC (ID#:  | )                            | 7       | Amount of Contribution (\$)                       | \$84.00     |
|   |                             | Dallas, TX 75251                                      |                         |                              |         |   |             |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)                 |                         | 9 Employer (See Instructions | i)      |   |             |
|   | Date                        | Full name of contributor                              | out-of-state PAC (ID#:_ | )                            |         | Amount of Contribution (\$)                       |             |
|   | 07/01/2025                  | Ombaba, Siang   |                         |                              |         |   | \$150.00    |
|   |                             | Contributor address; City; State;                     | Zip Code                |                              |         |   |             |
|   |                             | San Antonio, TX 78260                                 |                         |                              |         |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)                 |                         | Employer (See Instructions   | 5)      |   |             |
|   | Date                        | Full name of contributor                              | out-of-state PAC (ID#:_ | )                            |         | Amount of Contribution (\$)                       |             |
|   | 07/10/2025                  | Ortiz, Jaime  |                         |                              |         |   | \$84.00     |
|   |                             | Contributor address; City; State; Houston, TX 77025   | Zip Code                |                              |         |   |             |
|   | Principal occu              | pation / Job title (See Instructions)                 |                         | Employer (See Instructions   | .)<br>[ |   |             |
|   | Physician                   |   |                         | Employer (ese menuelle)      | ,<br>   |   |             |
|   | Date                        | <b>—</b>  | out-of-state PAC (ID#:_ | )                            |         | Amount of Contribution (\$)                       |             |
|   | 07/01/2025                  | Ottesen, Alexander  Contributor address; City; State; | Zip Code                |                              |         |   | \$150.00    |
|   |                             | San Antonio, TX 78248                                 |                         |                              |         |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)                 |                         | Employer (See Instructions   | 5)      |   |             |
|   | Date                        | Full name of contributor                              | out-of-state PAC (ID#:_ | )                            |         | Amount of Contribution (\$)                       |             |
|   | 07/09/2025                  | Padakandla, Udaya                                     |                         |                              |         |   | \$84.00     |
|   |                             | Contributor address; City; State;                     | Zip Code                |                              |         |   |             |
|   |                             | Carrollton, TX 75010                                  |                         |                              |         |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)                 |                         | Employer (See Instructions   | )       |   |             |
|   |                             |   |                         |                              |         |   |             |

|   | MONEI                       | ARY POLITICAL CONTRIBUTIONS   |    | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|---|----|---|-------------|
|   | The Instru                  | ction Guide explains how to complete this form.   | 1  | Total pages Schedule A1:<br>Sch: 45/66 Rpt: 48/76 |             |
| 2 | FILER NAME                  | v Of Anacthocialogists Political Action Committee   | 3  | Filer ID (Ethics Commission                       | n Filers)   |
| _ |                             | y Of Anesthesiologists Political Action Committee   | Ļ  | 00024940  |             |
| 4 | Date<br>07/01/2025          | <ul> <li>Full name of contributor  uut-of-state PAC (ID#:)</li> <li>Padilla, David</li> <li>Contributor address; City; State; Zip Code</li> </ul> |    | Amount of Contribution (\$)                       | \$150.00    |
| • | Dringing Logov              | San Antonio, TX 78006   |    |   |             |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)  9 Employer (See Instructions)  | S) |   |             |
|   | Date 07/09/2025             | Full name of contributor out-of-state PAC (ID#:) Pandya, Vrunda  Contributor address; City; State; Zip Code                                       |    | Amount of Contribution (\$)                       | \$84.00     |
|   |                             | Boerne, TX 78006  |    |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  Employer (See Instructions)  | s) |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:)  Parish, JohnMichael  Contributor address; City; State; Zip Code                                 |    | Amount of Contribution (\$)                       | \$150.00    |
|   |                             | Austin, TX 78704  |    |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  Employer (See Instructions)  | s) |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:) Park, Augustine  Contributor address; City; State; Zip Code  Austin, TX 78735                    |    | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | oation / Job title (See Instructions)  Employer (See Instructions)  | s) |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:)  Patel, Jigish  Contributor address; City; State; Zip Code  Austin, TX 78730                     |    | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  Employer (See Instructions)  | s) |   |             |
|   |                             |   |    |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTIO  | NS                             |    | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|--|--------------------------------|----|---|-------------|
|   | The Instru                  | ction Guide explains how to complete this fo   | rm.                            | 1  | Total pages Schedule A1:<br>Sch: 46/66 Rpt: 49/76 |             |
| 2 | FILER NAME<br>Texas Socie   | ty Of Anesthesiologists Political Action Committee   |                                | 3  | Filer ID (Ethics Commission 00024940              | n Filers)   |
| 4 | Date 07/01/2025             | <ul> <li>Full name of contributor</li></ul>  | )                              | 7  | Amount of Contribution (\$)                       | \$150.00    |
| _ | Deignigal                   | Austin, TX 78704   | 2. Evanlavar (Can Instructions |    |   |             |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)  | 9 Employer (See Instructions   | 5) |   |             |
|   | Date<br>07/01/2025          | Full name of contributor  out-of-state PAC (ID#: Patman, Genevieve  Contributor address; City; State; Zip Code               |                                |    | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu              | Austin, TX 78704 pation / Job title (See Instructions)   | Employer (See Instructions     |    |   |             |
|   | Physician Physician         | pation / Job title (See Instructions)  | Employer (See Instructions     | ') |   |             |
|   | Date<br>07/01/2025          | Full name of contributor  out-of-state PAC (ID#:<br>Payne, Miles<br>Contributor address; City; State; Zip Code               |                                |    | Amount of Contribution (\$)                       | \$150.00    |
|   |                             | San Antonio, TX 78247  |                                |    |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions     | i) |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#: Pena, Annie  Contributor address; City; State; Zip Code  Driftwood, TX 78619 | )                              |    | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions     | )  |   |             |
|   | Date<br>07/14/2025          | Full name of contributor out-of-state PAC (ID#: Perry, Jeremie Contributor address; City; State; Zip Code Abilene, TX 79606  |                                |    | Amount of Contribution (\$)                       | \$84.00     |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions     | 5) |   |             |
|   |                             |  |                                |    |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTIO  | NS                           |   | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|--|------------------------------|---|---|-------------|
|   | The Instru                  | ction Guide explains how to complete this fo   | rm.                          | 1 | Total pages Schedule A1:<br>Sch: 47/66 Rpt: 50/76 |             |
| 2 | FILER NAME Texas Socie      | y Of Anesthesiologists Political Action Committee  |                              | 3 | Filer ID (Ethics Commission 00024940              | n Filers)   |
| 4 | Date 07/09/2025             | <ul> <li>Full name of contributor</li></ul>  | )                            | 7 | Amount of Contribution (\$)                       | \$84.00     |
| _ |                             | Corpus Christi, TX 78404   |                              |   |   |             |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)  | 9 Employer (See Instructions | ) |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#: Pham, Kim  Contributor address; City; State; Zip Code                        |                              |   | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu              | San Antonio, TX 78216 pation / Job title (See Instructions)  | Employer (See Instructions   |   |   |             |
|   | Physician Physician         | oation 7 300 title (See instructions)  | Employer (See instructions   | , |   |             |
|   | Date<br>07/09/2025          | Full name of contributor out-of-state PAC (ID#: Phillips, Cooper Contributor address; City; State; Zip Code                  | )                            |   | Amount of Contribution (\$)                       | \$41.67     |
|   |                             | Lubbock, TX 79430  |                              |   |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | ) |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:Pina, Daniel  Contributor address; City; State; Zip Code  Seguin, TX 78156    |                              |   | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | ) |   |             |
|   | Date<br>07/09/2025          | Full name of contributor out-of-state PAC (ID#: Pivalizza, Evan  Contributor address; City; State; Zip Code  Tyler, TX 75708 |                              |   | Amount of Contribution (\$)                       | \$84.00     |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | ) |   |             |
|   |                             |  |                              |   |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTION   | DNS                          |     | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|--|------------------------------|-----|---|-------------|
|   | The Instru                  | ction Guide explains how to complete this f  | orm.                         | 1   | Total pages Schedule A1:<br>Sch: 48/66 Rpt: 51/76 |             |
| 2 | FILER NAME<br>Texas Socie   | ty Of Anesthesiologists Political Action Committee   |                              | 3   | Filer ID (Ethics Commission 00024940              | n Filers)   |
| 4 | Date 07/09/2025             | <ul> <li>Full name of contributor  out-of-state PAC (ID#:_Plagenhoef, Jeffrey</li> <li>Contributor address; City; State; Zip Code</li> </ul> |                              | 7   | Amount of Contribution (\$)                       | \$84.00     |
| 0 | Dringing oggu               | Southlake, TX 76092  | 6 Employer (See Instructions |     |   |             |
| 8 | Physician Physician         | pation / Job title (See Instructions)  | 9 Employer (See Instructions | •)  |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:_ Powers, Michael  Contributor address; City; State; Zip Code                                 |                              |     | Amount of Contribution (\$)                       | \$150.00    |
|   | Drincinal occu              | Austin, TX 78703 pation / Job title (See Instructions)   | Employer (See Instructions   | ·/- |   |             |
|   | Physician Physician         | pation / Job title (See Instructions)  | Employer (See instructions   | •)  |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:_ Pronske, Erik  Contributor address; City; State; Zip Code                                   | )                            |     | Amount of Contribution (\$)                       | \$150.00    |
|   |                             | Austin, TX 78746   |                              |     |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | 5)  |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:_Quy, Beth  Contributor address; City; State; Zip Code  Austin, TX 78703                      |                              |     | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | 5)  |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:_Radich, Ned  Contributor address; City; State; Zip Code  Austin, TX 78723                    |                              |     | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | s)  |   |             |
|   |                             |  |                              |     |   |             |

|   | MONEI              | ARY POLITICAL CONTRIBUT  | HONS                                     |                | SCHEDUL   | E <b>A1</b> |
|---|--------------------|--|--|----------------|---|-------------|
|   | The Instru         | ction Guide explains how to complete th  | is form.                                 | 1              | Total pages Schedule A1:<br>Sch: 49/66 Rpt: 52/76 |             |
| 2 | FILER NAME         |  |  | 3              | Filer ID (Ethics Commission                       | n Filers)   |
|   |                    | y Of Anesthesiologists Political Action Committe   |  | ╙              | 00024940  |             |
| 4 | Date<br>07/15/2025 | <ul> <li>Full name of contributor  ut-of-state PAC (         Rahlfs, Thomas</li> <li>Contributor address; City; State; Zip Code</li> </ul> | (ID#:)                                   | 7              | Amount of Contribution (\$)                       | \$83.34     |
|   |                    | Houston, TX 77079  |  |                |   |             |
| 8 |                    | pation / Job title (See Instructions)  | 9 Employer (See Instructions             | s)             |   |             |
|   | Physician          |  |  |                |   |             |
| _ | Date               | Full name of contributor out-of-state PAC (  | (ID#:)                                   |                | Amount of Contribution (\$)                       |             |
|   | 07/01/2025         | Ramirez, Ricardo   |  |                |   | \$150.00    |
|   |                    | Contributor address; City; State; Zip Code   |  | 1              |   |             |
|   |                    |  |  |                |   |             |
|   |                    | San Antonio TV 79200   |  |                |   |             |
|   | Principal occu     | San Antonio, TX 78209  pation / Job title (See Instructions)   | Employer (See Instructions               | e)<br>         |   |             |
|   | Physician          | sation / sob title (see instituctions)   | Employer (See instructions               | 3)             |   |             |
|   | Date               | Full name of contributor   | /ID#· )                                  | Т              | Amount of Contribution (\$)                       |             |
|   | 07/09/2025         | Rane, Mihir  | ,  |                | 7 another Continuous (4)                          | \$84.00     |
|   |                    | Contributor address; City; State; Zip Code   |  | 1              |   |             |
|   |                    |  |  |                |   |             |
|   |                    |  |  |                |   |             |
|   |                    | Dalas, TX 75209  | •  |                |   |             |
|   |                    | pation / Job title (See Instructions)  | Employer (See Instructions               | s)             |   |             |
|   | Physician          |  |  | _              |   |             |
|   | Date               | Full name of contributor  uut-of-state PAC (   | (ID#:)                                   |                | Amount of Contribution (\$)                       |             |
|   | 07/01/2025         | Ratcliff, Stephen  |  |                |   | \$150.00    |
|   |                    | Contributor address; City; State; Zip Code   |  |                |   |             |
|   |                    |  |  |                |   |             |
|   |                    | Austin, TX 78705   |  |                |   |             |
|   | Principal occu     | pation / Job title (See Instructions)  | Employer (See Instructions               | s)             |   |             |
|   | Physician          |  |  |                |   |             |
|   | Date               | Full name of contributor  ut-of-state PAC (  | (ID#:)                                   |                | Amount of Contribution (\$)                       |             |
|   | 07/01/2025         | Rebal, Brett   |  |                |   | \$150.00    |
|   |                    | Contributor address; City; State; Zip Code   |  | 1              |   |             |
|   |                    |  |  |                |   |             |
|   |                    | Austin, TX 78746   |  |                |   |             |
|   | Principal occu     | pation / Job title (See Instructions)  | Employer (See Instructions               | <u> </u><br>s) |   |             |
|   | Physician          | ,  | , ,, , , , , , , , , , , , , , , , , , , | ,              |   |             |
|   |                    |  |  |                |   |             |
|   |                    |  |  |                |   |             |
|   |                    |  |  |                |   |             |

|   | MONEI                       | ARY POLITICAL CONTRIB   | UTIONS                       |                 | SCHEDUL                             | E <b>A1</b> |
|---|-----------------------------|---|------------------------------|-----------------|-------------------------------------|-------------|
|   | The Instruc                 | tion Guide explains how to complete   | e this form.                 |                 | ges Schedule A1:<br>0/66 Rpt: 53/76 |             |
| 2 | FILER NAME                  |   |                              |                 | (Ethics Commissio                   | n Filers)   |
|   | Texas Socie                 | y Of Anesthesiologists Political Action Comn  | nittee                       | 000249          |                                     |             |
| 4 | Date 07/15/2025             | <ul> <li>Full name of contributor  uut-of-state PA</li> <li>Rebal, Brett</li> <li>Contributor address; City; State; Zip Code</li> </ul> | AC (ID#:)                    | <b>7</b> Amount | of Contribution (\$)                | \$84.00     |
|   |                             | Austin, TX 78746  |                              |                 |                                     |             |
| 8 | Principal occu<br>Physician | oation / Job title (See Instructions)   | 9 Employer (See Instructions | 5)              |                                     |             |
|   | Date                        | Full name of contributor  out-of-state PA   | AC (ID#: )                   | Amount          | of Contribution (\$)                |             |
|   | 07/14/2025                  | Reed, LoriJean  | ,                            |                 | ,                                   | \$84.00     |
|   |                             | Contributor address; City; State; Zip Code  |                              |                 |                                     |             |
|   |                             | Dallas, TX 75230  |                              |                 |                                     |             |
|   | Principal occu              | pation / Job title (See Instructions)   | Employer (See Instructions   | s)              |                                     |             |
|   | Physician                   |   |                              |                 |                                     |             |
|   | Date                        | Full name of contributor  ut-of-state PA  | AC (ID#:)                    | Amount          | of Contribution (\$)                |             |
|   | 07/01/2025                  | Reeves, Wesley  |                              |                 |                                     | \$150.00    |
|   |                             | Contributor address; City; State; Zip Code  |                              |                 |                                     |             |
|   |                             | Temple, TX 76502  |                              |                 |                                     |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)              |                                     |             |
|   | Date                        | Full name of contributor  ut-of-state PA  | AC (ID#:)                    | Amount          | of Contribution (\$)                |             |
|   | 07/07/2025                  | Remster, Jeffrey  Contributor address; City; State; Zip Code  |                              |                 |                                     | \$84.00     |
|   |                             | Dallas, TX 75206  |                              |                 |                                     |             |
|   | Principal occu<br>Physician | oation / Job title (See Instructions)   | Employer (See Instructions   | s)              |                                     |             |
|   | Date                        | Full name of contributor out-of-state PA  | AC (ID#:)                    | Amount          | of Contribution (\$)                |             |
|   | 07/14/2025                  | Richards, Jeffrey   |                              |                 |                                     | \$84.00     |
|   |                             | Contributor address; City; State; Zip Code  |                              |                 |                                     |             |
|   |                             | League City, TX 77573   |                              |                 |                                     |             |
|   | Principal occu<br>Physician | oation / Job title (See Instructions)   | Employer (See Instructions   | ;)              |                                     |             |
|   |                             |   |                              |                 |                                     |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTION  | IS                          |       | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|---|-----------------------------|-------|---|-------------|
|   | The Instru                  | ction Guide explains how to complete this for   | m.                          | 1     | Total pages Schedule A1:<br>Sch: 51/66 Rpt: 54/76 |             |
| 2 | FILER NAME<br>Texas Socie   | ry Of Anesthesiologists Political Action Committee  |                             | 3     | Filer ID (Ethics Commission 00024940              | ı Filers)   |
| 4 | Date 07/01/2025             | <ul> <li>Full name of contributor</li></ul>   |                             | 7     | Amount of Contribution (\$)                       | \$150.00    |
| 8 | Principal occu              | New Braunfels, TX 78130 pation / Job title (See Instructions)   | Employer (See Instructions  |       |   |             |
| • | Physician Physician         | gation / Job title (See instructions)   | Employer (See instructions) | ,<br> |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#: Rios, Marivel  Contributor address; City; State; Zip Code                       |                             |       | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu              | San Antonio, TX 78258 pation / Job title (See Instructions)   | Employer (See Instructions  |       |   |             |
|   | Physician Physician         | pation / Job title (See instructions)   | Employer (See instructions) | ,     |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#: Rios, Ruben  Contributor address; City; State; Zip Code                         | )                           |       | Amount of Contribution (\$)                       | \$150.00    |
|   |                             | San Antonio, TX 78258   |                             |       |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions) | )     |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#: Robalino, Giannina Contributor address; City; State; Zip Code  Austin, TX 78702 | )                           |       | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions) | )     |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#: Roberts, Matthew  Contributor address; City; State; Zip Code  Austin, TX 78732  |                             |       | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions) | )     |   |             |
|   |                             | 1   |                             |       |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTIO   | NS                           |   | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|---|------------------------------|---|---|-------------|
|   | The Instru                  | ction Guide explains how to complete this fo  | orm.                         | 1 | Total pages Schedule A1:<br>Sch: 52/66 Rpt: 55/76 |             |
| 2 | FILER NAME Texas Socie      | y Of Anesthesiologists Political Action Committee   |                              | 3 | Filer ID (Ethics Commission 00024940              | n Filers)   |
| 4 | Date 07/01/2025             | <ul> <li>Full name of contributor</li></ul>   |                              | 7 | Amount of Contribution (\$)                       | \$150.00    |
| _ |                             | San Antonio, TX 78216   |                              |   |   |             |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)   | 9 Employer (See Instructions | ) |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:_ Robertson, Steven Contributor address; City; State; Zip Code                   |                              |   | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu              | Austin, TX 78732 pation / Job title (See Instructions)  | Employer (See Instructions   | ) |   |             |
|   | Physician                   | sation / Job title (See Instructions)   | Employer (See Instructions   | , |   |             |
|   | Date<br>07/09/2025          | Full name of contributor  |                              |   | Amount of Contribution (\$)                       | \$84.00     |
|   |                             | Galveston, TX 77551   |                              |   |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions   | ) |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:_Rojas, Jesse  Contributor address; City; State; Zip Code  San Antonio, TX 78257 | )                            |   | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions   | ) |   |             |
|   | Date<br>07/10/2025          | Full name of contributor out-of-state PAC (ID#:_Rondeau, Bryan  Contributor address; City; State; Zip Code  Temple, TX 76502    |                              |   | Amount of Contribution (\$)                       | \$83.34     |
|   | Principal occu<br>Physician | oation / Job title (See Instructions)   | Employer (See Instructions   | ) |   |             |
|   |                             | ·   |                              |   |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTION   | ONS                          |         | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|--|------------------------------|---------|---|-------------|
|   | The Instru                  | ction Guide explains how to complete this  | form.                        | 1       | Total pages Schedule A1:<br>Sch: 53/66 Rpt: 56/76 |             |
| 2 | FILER NAME<br>Texas Socie   | ry Of Anesthesiologists Political Action Committee   |                              | 3       | Filer ID (Ethics Commission 00024940              | n Filers)   |
| 4 | Date 07/01/2025             | <ul> <li>Full name of contributor  out-of-state PAC (ID#: Ross, Phillip</li> <li>Contributor address; City; State; Zip Code</li> </ul> |                              | 7       | Amount of Contribution (\$)                       | \$150.00    |
| _ |                             | San Antonio, TX 78230  |                              | Ĺ       |   |             |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)  | 9 Employer (See Instructions | s)      |   |             |
|   | Date<br>07/01/2025          | Full name of contributor  out-of-state PAC (ID#: Rutland, Lindsey  Contributor address; City; State; Zip Code                          |                              | •       | Amount of Contribution (\$)                       | \$150.00    |
|   | Dringing aggr               | Austin, TX 78723   | Employer (Coo Instructions   | <u></u> |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | 5)      |   |             |
|   | Date<br>07/09/2025          | Full name of contributor   | )                            | •       | Amount of Contribution (\$)                       | \$84.00     |
|   |                             | Austin, TX 78723   |                              |         |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | 5)      |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#: Rutman, Steven Contributor address; City; State; Zip Code Austin, TX 78731             |                              |         | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | 5)      |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#: Saenz, Nicholas  Contributor address; City; State; Zip Code  Austin, TX 78704          |                              | •       | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | 5)      |   |             |
|   |                             |  | •                            |         |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTIO   | NS                           |    | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|---|------------------------------|----|---|-------------|
|   | The Instru                  | ction Guide explains how to complete this fo  | orm.                         | 1  | Total pages Schedule A1:<br>Sch: 54/66 Rpt: 57/76 |             |
| 2 | FILER NAME Texas Socie      | ry Of Anesthesiologists Political Action Committee  |                              | 3  | Filer ID (Ethics Commission 00024940              | n Filers)   |
| 4 | Date 07/01/2025             | <ul> <li>Full name of contributor</li></ul>   | )                            | 7  | Amount of Contribution (\$)                       | \$150.00    |
| _ | Daine in a lanca            | Austin, TX 78717  |                              |    |   |             |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)   | 9 Employer (See Instructions | 5) |   |             |
|   | Date 07/01/2025             | Full name of contributor out-of-state PAC (ID#:_Salter, Oscar  Contributor address; City; State; Zip Code                           | )                            |    | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu              | San Antonio, TX 78216 pation / Job title (See Instructions)   | Employer (See Instructions   | 5) |   |             |
|   | Physician                   |   |                              |    |   |             |
|   | Date<br>07/09/2025          | Full name of contributor out-of-state PAC (ID#:_ Saluja, Vijay  Contributor address; City; State; Zip Code                          | )                            |    | Amount of Contribution (\$)                       | \$41.67     |
|   |                             | Frisco, TX 75035  |                              |    |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions   | 5) |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:_Sanchez, Jaime  Contributor address; City; State; Zip Code  San Antonio, TX 78230   |                              |    | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions   | )  |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:_Santosa, Claudia  Contributor address; City; State; Zip Code  San Antonio, TX 78212 |                              |    | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions   | )  |   |             |
|   |                             |   |                              |    |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTION   | ONS                          |            | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|--|------------------------------|------------|---|-------------|
|   | The Instru                  | ction Guide explains how to complete this  | form.                        | 1          | Total pages Schedule A1:<br>Sch: 55/66 Rpt: 58/76 |             |
| 2 | FILER NAME<br>Texas Socie   | y Of Anesthesiologists Political Action Committee  |                              | 3          | Filer ID (Ethics Commission 00024940              | n Filers)   |
| 4 | Date 07/14/2025             | <ul> <li>Full name of contributor</li></ul>  | _                            | 7          | Amount of Contribution (\$)                       | \$85.00     |
| _ |                             | Plano, TX 75093  | 1                            |            |   |             |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)  | 9 Employer (See Instructions | i)<br>     |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#: Scales, Garrett  Contributor address; City; State; Zip Code                          |                              |            | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu              | Austin, TX 78730 pation / Job title (See Instructions)   | Employer (See Instructions   | <u>;</u> ) |   |             |
|   | Physician                   |  |                              |            |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#: Schlitt, John  Contributor address; City; State; Zip Code                            | )                            |            | Amount of Contribution (\$)                       | \$150.00    |
|   |                             | Austin, TX 78703   |                              |            |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | 5)         |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#: Schuleman, Steven  Contributor address; City; State; Zip Code  San Antonio, TX 78216 |                              |            | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | oation / Job title (See Instructions)  | Employer (See Instructions   | )          |   |             |
|   | Date<br>07/09/2025          | Full name of contributor out-of-state PAC (ID#: Scott, John  Contributor address; City; State; Zip Code  Keller, TX 76248            |                              |            | Amount of Contribution (\$)                       | \$84.00     |
|   | Principal occu<br>Physician | oation / Job title (See Instructions)  | Employer (See Instructions   | i)         |   |             |
|   |                             |  |                              |            |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTIONS  |                 | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|--|-----------------|---|-------------|
|   | The Instru                  | ction Guide explains how to complete this form.  | 1               | Total pages Schedule A1:<br>Sch: 56/66 Rpt: 59/76 |             |
| 2 | FILER NAME Texas Socie      | y Of Anesthesiologists Political Action Committee  | 3               | Filer ID (Ethics Commission 00024940              | n Filers)   |
| 4 | Date 07/01/2025             | <ul> <li>Full name of contributor</li></ul>  |                 | Amount of Contribution (\$)                       | \$150.00    |
| 0 | Dringing oggu               | Austin, TX 78746   | o Instructions) |   |             |
| 8 | Physician Physician         | pation / Job title (See Instructions)  9 Employer (See   | e instructions) |   |             |
|   | Date<br>07/14/2025          | Full name of contributor out-of-state PAC (ID#:  | )               | Amount of Contribution (\$)                       | \$84.00     |
|   | Dringing Lagra              | Manvel, TX 77578   | a lastaveticas) |   |             |
|   | Principal occu<br>Physician | cation / Job title (See Instructions) Employer (See  | e instructions) |   |             |
|   | Date<br>07/09/2025          | Full name of contributor out-of-state PAC (ID#: Sen, Sudipta  Contributor address; City; State; Zip Code | )               | Amount of Contribution (\$)                       | \$84.00     |
|   |                             | Houston, TX 77025  |                 |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions) Employer (See  | e Instructions) |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:  | )               | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | coation / Job title (See Instructions) Employer (See   | e Instructions) |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:  |                 | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | coation / Job title (See Instructions) Employer (See   | e Instructions) |   |             |
|   |                             |  |                 |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTIO   | NS                             |   | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|---|--------------------------------|---|---|-------------|
|   | The Instru                  | ction Guide explains how to complete this fo  | orm.                           | 1 | Total pages Schedule A1:<br>Sch: 57/66 Rpt: 60/76 |             |
| 2 | FILER NAME Texas Socie      | y Of Anesthesiologists Political Action Committee   |                                | 3 | Filer ID (Ethics Commission 00024940              | n Filers)   |
| 4 | Date<br>07/09/2025          | <ul> <li>Full name of contributor</li></ul>   | )                              | 7 | Amount of Contribution (\$)                       | \$84.00     |
| _ | Deignigal                   | Round Rock, TX 78664  | O. Frankrian (Cas Instructions |   |   |             |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)   | 9 Employer (See Instructions   | ) |   |             |
|   | Date<br>07/02/2025          | Full name of contributor out-of-state PAC (ID#:_Shu, Stephen  Contributor address; City; State; Zip Code                    |                                |   | Amount of Contribution (\$)                       | \$84.00     |
|   |                             | Dallas, TX 75219  | 5 1 (2 1 1 1                   |   |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions     | ) |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:_Shull, Cameron  Contributor address; City; State; Zip Code                  | )                              |   | Amount of Contribution (\$)                       | \$150.00    |
|   |                             | Lubbock, TX 79401   |                                |   |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions     | ) |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:_Singh, Ravi  Contributor address; City; State; Zip Code  Austin, TX 78731   |                                |   | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | oation / Job title (See Instructions)   | Employer (See Instructions     | ) |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:_Sloan, Steven  Contributor address; City; State; Zip Code  Austin, TX 78758 |                                |   | Amount of Contribution (\$)                       | \$150.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions     | ) |   |             |
|   |                             |   |                                |   |   |             |

|   | MONETARY POLITICAL CONTRIBUTIONS |  |                              |    | SCHEDULE A1                                       |           |  |
|---|----------------------------------|--|------------------------------|----|---|-----------|--|
|   | The Instruc                      | ction Guide explains how to complete this  | form.                        | 1  | Total pages Schedule A1:<br>Sch: 58/66 Rpt: 61/76 |           |  |
| 2 | FILER NAME Texas Socie           | y Of Anesthesiologists Political Action Committee  |                              | 3  | Filer ID (Ethics Commission 00024940              | n Filers) |  |
| 4 | Date 07/01/2025                  | <ul> <li>Full name of contributor</li></ul>  |                              | 7  | Amount of Contribution (\$)                       | \$150.00  |  |
| _ |                                  | San Antonio, TX 78216  |                              | _  |   |           |  |
| 8 | Principal occu<br>Physician      | pation / Job title (See Instructions)  | 9 Employer (See Instructions | S) |   |           |  |
|   | Date<br>07/01/2025               | Full name of contributor out-of-state PAC (ID#: Smollen, Patrick Contributor address; City; State; Zip Code                    |                              |    | Amount of Contribution (\$)                       | \$150.00  |  |
|   | Delicalization                   | Austin, TX 78723   | Frankrije (Ozakratia)        |    |   |           |  |
|   | Principal occu<br>Physician      | pation / Job title (See Instructions)  | Employer (See Instructions   | 5) |   |           |  |
|   | Date 07/01/2025                  | Full name of contributor out-of-state PAC (ID#: Specks, Sebastian  Contributor address; City; State; Zip Code                  | )                            | •  | Amount of Contribution (\$)                       | \$150.00  |  |
|   |                                  | Austin, TX 78701   |                              |    |   |           |  |
|   | Principal occu<br>Physician      | pation / Job title (See Instructions)  | Employer (See Instructions   | 5) |   |           |  |
|   | Date<br>07/14/2025               | Full name of contributor out-of-state PAC (ID#: Stamatakos, Todd  Contributor address; City; State; Zip Code  Frisco, TX 75034 |                              | •  | Amount of Contribution (\$)                       | \$85.00   |  |
|   | Principal occu<br>Physician      | pation / Job title (See Instructions)  | Employer (See Instructions   | 5) |   |           |  |
|   | Date<br>07/01/2025               | Full name of contributor out-of-state PAC (ID#: Stanciu, Thomas  Contributor address; City; State; Zip Code  Austin, TX 78749  |                              |    | Amount of Contribution (\$)                       | \$150.00  |  |
|   | Principal occu<br>Physician      | oation / Job title (See Instructions)  | Employer (See Instructions   | 5) |   |           |  |
|   |                                  |  | •                            |    |   |           |  |

|   | MONETARY POLITICAL CONTRIBUTIONS |   |                         |                              | SCHEDUL                     | E <b>A1</b>                                       |          |
|---|----------------------------------|---|-------------------------|------------------------------|-----------------------------|---|----------|
|   | The Instru                       | ction Guide explains how  | to complete this f      | orm.                         | 1                           | Total pages Schedule A1:<br>Sch: 59/66 Rpt: 62/76 |          |
| 2 | 2 FILER NAME                     |   |                         | 3                            | Filer ID (Ethics Commission | n Filers)   |          |
|   |                                  | ty Of Anesthesiologists Politic                                   |                         |                              | L                           | 00024940  |          |
| 4 | Date<br>07/09/2025               | <ul><li>Full name of contributor</li><li>Street, Austin</li></ul> | out-of-state PAC (ID#:_ | )                            | 7                           | Amount of Contribution (\$)                       | \$84.00  |
|   |                                  | 6 Contributor address; City; St                                   | ate; Zip Code           |                              |                             |   |          |
|   |                                  | Dallas, TX 75229  |                         |                              |                             |   |          |
| 8 | Principal occu<br>Physician      | pation / Job title (See Instructions                              | )                       | 9 Employer (See Instructions | s)                          |   |          |
|   | Date                             | Full name of contributor  | out-of-state PAC (ID#:_ | )                            | Г                           | Amount of Contribution (\$)                       |          |
|   | 07/01/2025                       | Swaney, Glenn   |                         |                              |                             | (1)   | \$150.00 |
|   |                                  | Contributor address; City; St                                     | ate; Zip Code           |                              |                             |   |          |
|   |                                  | San Antonio, TX 78216   |                         |                              |                             |   |          |
|   | Principal occu<br>Physician      | pation / Job title (See Instructions                              | )                       | Employer (See Instructions   | s)                          |   |          |
|   | Date                             | Full name of contributor  | out-of-state PAC (ID#:_ | 1                            | Г                           | Amount of Contribution (\$)                       |          |
|   | 07/01/2025                       | Swanson, Beth Ann   | out of state 1 Me (IBH  |                              |                             | randant or Contribution (4)                       | \$150.00 |
|   |                                  | Contributor address; City; St                                     | ate; Zip Code           |                              |                             |   |          |
|   |                                  | Austin, TX 78746  |                         |                              |                             |   |          |
|   | Principal occu                   | pation / Job title (See Instructions                              | )                       | Employer (See Instructions   | 5)                          |   |          |
|   | Physician                        |   |                         |                              |                             |   |          |
|   | Date                             | Full name of contributor  | out-of-state PAC (ID#:_ | )                            |                             | Amount of Contribution (\$)                       |          |
|   | 07/09/2025                       | Taneja, Rishi<br>Contributor address; City; St                    | ate; Zip Code           |                              |                             |   | \$84.00  |
|   |                                  | Dallas, TX 75230  |                         |                              |                             |   |          |
|   | Principal occu<br>Physician      | pation / Job title (See Instructions                              | )                       | Employer (See Instructions   | s)                          |   |          |
|   | Date                             | Full name of contributor  | out-of-state PAC (ID#:_ | )                            |                             | Amount of Contribution (\$)                       |          |
|   | 07/01/2025                       | Taylor, Amanda  |                         |                              |                             |   | \$150.00 |
|   |                                  | Contributor address; City; St                                     | ate; Zip Code           |                              |                             |   |          |
|   |                                  | San Antonio, TX 78256   |                         |                              |                             |   |          |
|   | Principal occu<br>Physician      | pation / Job title (See Instructions                              | )                       | Employer (See Instructions   | 5)                          |   |          |
|   |                                  |   |                         |                              |                             |   |          |

|   | MONETARY POLITICAL CONTRIBUTIONS |  |          |                            |        | SCHEDULE A1                                       |           |  |
|---|----------------------------------|--|----------|----------------------------|--------|---|-----------|--|
|   | The Instru                       | ction Guide explains how to complete   | this for | rm.                        | 1      | Total pages Schedule A1:<br>Sch: 60/66 Rpt: 63/76 |           |  |
| 2 | FILER NAME<br>Texas Socie        | y Of Anesthesiologists Political Action Comm   | nittee   |                            | 3      | Filer ID (Ethics Commission 00024940              | n Filers) |  |
| 4 | Date 07/15/2025                  | <ul> <li>Full name of contributor</li></ul>  |          | )                          | 7      | Amount of Contribution (\$)                       | \$62.50   |  |
| 0 | Dringing oggu                    | Galveston, TX 77555  | ام       | Employer (See Instructions | ,,<br> |   |           |  |
| 8 | Physician Physician              | pation / Job title (See Instructions)  |          | Employer (See Instructions | ·)     |   |           |  |
|   | Date<br>07/01/2025               | Full name of contributor out-of-state PA Teicher, Matthew  Contributor address; City; State; Zip Code                            |          | )                          |        | Amount of Contribution (\$)                       | \$150.00  |  |
|   | Principal occu                   | Austin, TX 78704 pation / Job title (See Instructions)   |          | Employer (See Instructions | <br>;) |   |           |  |
|   | Physician Physician              | ,  |          |                            |        |   |           |  |
|   | Date<br>07/01/2025               | Full name of contributor out-of-state PA Thompson, John Contributor address; City; State; Zip Code                               | AC (ID#: | )                          |        | Amount of Contribution (\$)                       | \$150.00  |  |
|   |                                  | Austin, TX 78746   |          |                            |        |   |           |  |
|   | Principal occu<br>Physician      | pation / Job title (See Instructions)  |          | Employer (See Instructions | s)     |   |           |  |
|   | Date<br>07/01/2025               | Full name of contributor out-of-state PA Threet, Adam Contributor address; City; State; Zip Code Austin, TX 78733                |          | )                          |        | Amount of Contribution (\$)                       | \$150.00  |  |
|   | Principal occu<br>Physician      | oation / Job title (See Instructions)  |          | Employer (See Instructions | 5)     |   |           |  |
|   | Date<br>07/01/2025               | Full name of contributor out-of-state PA Thu, Christopher  Contributor address; City; State; Zip Code  West Lake Hills, TX 78746 |          |                            |        | Amount of Contribution (\$)                       | \$150.00  |  |
|   | Principal occu<br>Physician      | oation / Job title (See Instructions)  |          | Employer (See Instructions | s)     |   |           |  |
|   |                                  |  | <b>'</b> |                            |        |   |           |  |

|   | MONET                       | ARY POLITICAL CONTRIBUTIO  | SCHEDULE A                    |   |   |           |
|---|-----------------------------|--|-------------------------------|---|---|-----------|
|   | The Instruc                 | ction Guide explains how to complete this fo   | rm.                           | 1 | Total pages Schedule A1:<br>Sch: 61/66 Rpt: 64/76 |           |
| 2 | FILER NAME Texas Socie      | ry Of Anesthesiologists Political Action Committee   |                               | 3 | Filer ID (Ethics Commission 00024940              | n Filers) |
| 4 | Date 07/01/2025             | <ul> <li>Full name of contributor</li></ul>  | )                             | 7 | Amount of Contribution (\$)                       | \$150.00  |
| • | Dringing aggu               | San Antonio, TX 78258  | D. Employer (See Instructions |   |   |           |
| 8 | Physician Physician         | pation / Job title (See Instructions)  | Employer (See Instructions    | ) |   |           |
|   | Date<br>07/01/2025          | Full name of contributor  out-of-state PAC (ID#:_ Todd, William Contributor address; City; State; Zip Code                             |                               |   | Amount of Contribution (\$)                       | \$150.00  |
|   | Principal occu              | San Antonio, TX 78215 pation / Job title (See Instructions)  | Employer (See Instructions    |   |   |           |
|   | Physician Physician         | oation 7 300 title (See instructions)  | Employer (See instructions    | , |   |           |
|   | Date<br>07/01/2025          | Full name of contributor  out-of-state PAC (ID#:_ Tran, Steve  Contributor address; City; State; Zip Code                              | )                             |   | Amount of Contribution (\$)                       | \$150.00  |
|   |                             | San Antonio, TX 78258  |                               |   |   |           |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions    | ) |   |           |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#: Traxinger, Kimberly  Contributor address; City; State; Zip Code  San Antonio, TX 78230 | )                             |   | Amount of Contribution (\$)                       | \$150.00  |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions    | ) |   |           |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#: Trevino, Kimberly  Contributor address; City; State; Zip Code  San Antonio, TX 78229   |                               |   | Amount of Contribution (\$)                       | \$150.00  |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions    | ) |   |           |
|   |                             | ,  |                               |   |   |           |

|   | MONEI                       | ARY POLITICAL CONTRIBUTION   | ONS                          |          | SCHEDUL   | E <b>A1</b> |
|---|-----------------------------|--|------------------------------|----------|---|-------------|
|   | The Instruc                 | ction Guide explains how to complete this  | form.                        | 1        | Total pages Schedule A1:<br>Sch: 62/66 Rpt: 65/76 |             |
| 2 | FILER NAME                  |  |                              | 3        | Filer ID (Ethics Commission                       | n Filers)   |
|   |                             | ry Of Anesthesiologists Political Action Committee   |                              |          | 00024940  |             |
| 4 | Date<br>07/10/2025          | <ul> <li>Full name of contributor  out-of-state PAC (ID#: Tsai, January</li> <li>Contributor address; City; State; Zip Code</li> </ul> |                              | 7        | Amount of Contribution (\$)                       | \$84.00     |
| Ω | Principal occu              | Houston, TX 77005 pation / Job title (See Instructions)  | 9 Employer (See Instructions |          |   |             |
| 0 | Physician                   | pation 7 300 title (See matrictions)   | 2 Employer (See Instructions | )        |   |             |
|   | Date 07/01/2025             | Full name of contributor out-of-state PAC (ID#: Vaishnani, Rajul  Contributor address; City; State; Zip Code                           |                              |          | Amount of Contribution (\$)                       | \$150.00    |
|   |                             | Helotes, TX 78023  | _                            |          |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | 5)       |   |             |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#: Van De Graaf, William  Contributor address; City; State; Zip Code                      | :)                           |          | Amount of Contribution (\$)                       | \$150.00    |
|   |                             | Austin, TX 78735   |                              |          |   |             |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | <u>(</u> |   |             |
|   | Date<br>07/09/2025          | Full name of contributor out-of-state PAC (ID#: Vidaurri, Lytorre  Contributor address; City; State; Zip Code  Austin, TX 78726        |                              |          | Amount of Contribution (\$)                       | \$84.00     |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | 5)       |   |             |
|   | Date<br>07/14/2025          | Full name of contributor out-of-state PAC (ID#: Vu-Boyer, Lisa  Contributor address; City; State; Zip Code  Dallas, TX 75219           |                              |          | Amount of Contribution (\$)                       | \$100.00    |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | 5)       |   |             |
|   |                             |  |                              |          |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUTIO   | SCHEDULE A1                  |    |   |           |
|---|-----------------------------|---|------------------------------|----|---|-----------|
|   | The Instru                  | ction Guide explains how to complete this fo  | rm.                          | 1  | Total pages Schedule A1:<br>Sch: 63/66 Rpt: 66/76 |           |
| 2 | FILER NAME<br>Texas Socie   | ry Of Anesthesiologists Political Action Committee  |                              | 3  | Filer ID (Ethics Commission 00024940              | ı Filers) |
| 4 | Date 07/01/2025             | <ul> <li>Full name of contributor</li></ul>   | )                            | 7  | Amount of Contribution (\$)                       | \$150.00  |
| _ | Daine in all a second       | Austin, TX 78723  |                              |    |   |           |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)   | 9 Employer (See Instructions | 5) |   |           |
|   | Date<br>07/09/2025          | Full name of contributor  out-of-state PAC (ID#:_<br>Wajima, Yutaka<br>Contributor address; City; State; Zip Code |                              |    | Amount of Contribution (\$)                       | \$84.00   |
|   | Principal occu              | Austin, TX 78731 pation / Job title (See Instructions)  | Employer (See Instructions   | :) |   |           |
|   | Physician                   | (======================================   |                              | ,  |   |           |
|   | Date<br>07/10/2025          | Full name of contributor out-of-state PAC (ID#: Weiss, Lisa Contributor address; City; State; Zip Code            |                              |    | Amount of Contribution (\$)                       | \$83.34   |
|   |                             | Houston, TX 77018   |                              |    |   |           |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions   | )  |   |           |
|   | Date<br>06/26/2025          | Full name of contributor out-of-state PAC (ID#:   |                              |    | Amount of Contribution (\$)                       | \$84.00   |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions   | )  |   |           |
|   | Date<br>07/03/2025          | Full name of contributor out-of-state PAC (ID#:   |                              |    | Amount of Contribution (\$)                       | \$25.00   |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions   | i) |   |           |
|   |                             |   |                              |    |   |           |

|   | MONET                       | ARY POLITICAL CONTRIBUTIO  | SCHEDULE A                   |          |   |           |
|---|-----------------------------|--|------------------------------|----------|---|-----------|
|   | The Instruc                 | ction Guide explains how to complete this fo   | orm.                         | 1        | Total pages Schedule A1:<br>Sch: 64/66 Rpt: 67/76 |           |
| 2 | FILER NAME<br>Texas Socie   | y Of Anesthesiologists Political Action Committee  |                              | 3        | Filer ID (Ethics Commission 00024940              | n Filers) |
| 4 | Date 07/01/2025             | <ul> <li>Full name of contributor</li></ul>  | )                            | 7        | Amount of Contribution (\$)                       | \$150.00  |
| _ | Daine in a lanca            | Fredericksburg, TX 78624   |                              |          |   |           |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)  | 9 Employer (See Instructions | 5)       |   |           |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:_<br>Wheeler, Mary<br>Contributor address; City; State; Zip Code                |                              |          | Amount of Contribution (\$)                       | \$150.00  |
|   | Principal occu              | San Antonio, TX 78216 Dation / Job title (See Instructions)  | Employer (See Instructions   | <u> </u> |   |           |
|   | Physician                   |  |                              |          |   |           |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#: White, Eric  Contributor address; City; State; Zip Code                        |                              |          | Amount of Contribution (\$)                       | \$150.00  |
|   |                             | Austin, TX 78733   |                              |          |   |           |
|   | Principal occu<br>Physician | oation / Job title (See Instructions)  | Employer (See Instructions   | )        |   |           |
|   | Date<br>07/09/2025          | Full name of contributor out-of-state PAC (ID#:_Whitman, Frances  Contributor address; City; State; Zip Code  Frisco, TX 75034 | )                            |          | Amount of Contribution (\$)                       | \$84.00   |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)  | Employer (See Instructions   | 5)       |   |           |
|   | Date<br>07/09/2025          | Full name of contributor out-of-state PAC (ID#:  | )                            |          | Amount of Contribution (\$)                       | \$84.00   |
|   | Principal occu<br>Physician | oation / Job title (See Instructions)  | Employer (See Instructions   | 5)       |   |           |
|   |                             | ,  |                              |          |   |           |

|   | MONET                       | ARY POLITICAL CONTRIBUTIO   | SCHEDULE A1                  |   |   |           |
|---|-----------------------------|---|------------------------------|---|---|-----------|
|   | The Instru                  | ction Guide explains how to complete this fo  | orm.                         | 1 | Total pages Schedule A1:<br>Sch: 65/66 Rpt: 68/76 |           |
| 2 | FILER NAME<br>Texas Socie   | y Of Anesthesiologists Political Action Committee   |                              | 3 | Filer ID (Ethics Commission 00024940              | n Filers) |
| 4 | Date 07/01/2025             | <ul> <li>Full name of contributor</li></ul>   | )                            | 7 | Amount of Contribution (\$)                       | \$150.00  |
| _ |                             | San Antonio, TX 78258   |                              |   |   |           |
| 8 | Principal occu<br>Physician | pation / Job title (See Instructions)   | 9 Employer (See Instructions | ) |   |           |
|   | Date<br>07/01/2025          | Full name of contributor out-of-state PAC (ID#:_<br>Wollan, Megan<br>Contributor address; City; State; Zip Code                   | )                            |   | Amount of Contribution (\$)                       | \$150.00  |
|   | Principal occu              | Austin, TX 78746 pation / Job title (See Instructions)  | Employer (See Instructions   | ) |   |           |
|   | Physician                   |   |                              |   |   |           |
|   | Date<br>07/09/2025          | Full name of contributor  out-of-state PAC (ID#:_<br>Wood, Ashley  Contributor address; City; State; Zip Code                     |                              |   | Amount of Contribution (\$)                       | \$84.00   |
|   |                             | McKinney, TX 75072  |                              |   |   |           |
|   | Principal occu<br>Physician | oation / Job title (See Instructions)   | Employer (See Instructions   | ) |   |           |
|   | Date<br>07/09/2025          | Full name of contributor out-of-state PAC (ID#:_ Woods, Amy Contributor address; City; State; Zip Code  Dallas, TX 75390          | )                            |   | Amount of Contribution (\$)                       | \$84.00   |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions   | ) |   |           |
|   | Date<br>07/09/2025          | Full name of contributor out-of-state PAC (ID#:_Yolland, Michael  Contributor address; City; State; Zip Code  Galveston, TX 77555 | )                            |   | Amount of Contribution (\$)                       | \$84.00   |
|   | Principal occu<br>Physician | pation / Job title (See Instructions)   | Employer (See Instructions   | ) |   |           |
|   |                             |   |                              |   |   |           |

|   | MONET   | ARY POLITICAL CONTRIBUTION   | ONS                          |                                 | SCHEDULE A  | 1    |
|---|---|--|------------------------------|---------------------------------|---|------|
|   | The Instru  | ction Guide explains how to complete this f  | orm.                         | 1                               | Total pages Schedule A1:<br>Sch: 66/66 Rpt: 69/76 |      |
| 2 | FILER NAME<br>Texas Socie   | ety Of Anesthesiologists Political Action Committee  |                              | 3                               | Filer ID (Ethics Commission Filers 00024940       | s)   |
| 4 | Date 07/01/2025   | <ul> <li>Full name of contributor  out-of-state PAC (ID#:_Young, Stanford</li> <li>Contributor address; City; State; Zip Code</li> </ul> |                              | 7                               | Amount of Contribution (\$) \$15                  | 0.00 |
|   |   | Austin, TX 78701   |                              |                                 |   |      |
| 8 | Principal occu<br>Physician   | ipation / Job title (See Instructions)   | 9 Employer (See Instructions | s)                              |   |      |
|   | Date Full name of contributor out-of-state PAC (ID#:)  07/09/2025 Zaafran, Sherif  Contributor address; City; State; Zip Code |  |                              | Amount of Contribution (\$) \$7 | 5.00  |      |
|   |   | Houston, TX 77055  |                              |                                 |   |      |
|   | Principal occu<br>Physician   | ipation / Job title (See Instructions)   | Employer (See Instructions   | s)                              |   |      |
|   |   |  |                              |                                 |   |      |

| PLEI          | DGED CONTRIBU                      | TIONS                    |                      |             |  | SCHEDULE B                |
|---------------|------------------------------------|--------------------------|----------------------|-------------|--|---------------------------|
| Т             | he Instruction Guide exp           | lains how to compl       | ete this form.       | 1           | Total pages Schedule B:<br>Sch: 1/1 Rpt: 70/76 |                           |
| 2 FILER N     | AME                                |                          |                      | 3           |  | nission Filers)           |
|               | Society Of Anesthesiologists P     | olitical Action Committe | ee                   |             | 00024940                                       | ,                         |
| <u></u>       | OF UNITEMIZED PLEDG                |                          |                      |             | \$   | 0.00                      |
| <b>5</b> Date | 6 Full name of pledgor             | out-of-state PAC (ID#    | <i>‡</i> :           | _) 8        |  | kind description          |
|               |                                    | <b>_</b>                 |                      |             | pledge (\$) (                                  | If applicable)            |
|               | 7 Pledgor Address;                 | City; State; Zip Cod     | e                    |             |  |                           |
|               |                                    |                          |                      | <u> </u>  [ | Check if travel outside of Te                  | xas. Complete Schedule T. |
| 10 Principal  | occupation / Job title (See Instru | ctions)                  | 11 Employer (See In: | structi     | ons)   |                           |
|               |                                    |                          |                      |             |  |                           |
|               |                                    |                          |                      |             |  |                           |

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

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

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
OTHER (other a cottographed listed above)

| Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |
|--|---|
| 1 Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
| Sch: 1/6 Rpt: 71/76  | Texas Society Of Anesthesiologists Political Action 00024940  |
| 4 Date   | 5 Payee name  |
| 07/23/2025   | Bhojani, Salman   |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code  |
| \$4,000.00   | P. O. Box 392   |
|  |   |
| Expenditure from corporate funds   | Euless, TX 76039  |
| 8 PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF   | Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By   |
| EXPENDITURE  | Candidate/Officeholder/Political Committee  |
|  | Campaign Contribution   |
|  |   |
| 9 Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |
| expenditure to benefit C/O   |   |
| Date   | Payee name  |
| 07/23/2025   | Campbell, Donna   |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$5,000.00   | P. O. Box 171021  |
|  |   |
| Expenditure from corporate funds   | San Antonio, TX 78201   |
| PURPOSE<br>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 |
|  | Campaign Contribution   |
|  |   |
| Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |
| expenditure to benefit C/O   |   |
| Date   | Payee name  |
| 07/23/2025   | Campos, Liz   |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$3,000.00   | 1028 Rigsby   |
| Evnonditura fra  |   |
| Expenditure from corporate funds   | San Antonio, TX 78210   |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE  | Contributions/Donations Made By   |
|  | Candidate/Officeholder/Political Committee  |
|  | Campaign Contribution   |
| Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |
| expenditure to benefit C/O   |   |
|  |   |
|  |   |
|  |   |

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

|   | Constitutions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  |
|---|--|--|
| 1 | Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)                               |
|   | Sch: 2/6 Rpt: 72/76  | Texas Society Of Anesthesiologists Political Action 00024940                     |
| 4 | Date   | 5 Payee name   |
|   | 07/23/2025   | Collier, Nicole  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|   | \$3,000.00   | P. O. Box 24241  |
|   | Expenditure from corporate funds   | Fort Worth, TX 76124   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description |
|   | OF<br>EXPENDITURE  | Contributions/Donations Made By  |
|   | EXPENDITURE  | Candidate/Officeholder/Political Committee                                       |
|   |  | Campaign Contribution  |
|   |  |  |
| 9 | Complete ONLY if direct expenditure to benefit C/Oh  | Candidate/Officeholder name Office sought Office held                            |
|   | Date   | Payee name   |
|   | 07/23/2025   | Cook , Molly   |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$4,000.00   | P. O. Box 667238   |
|   | Ψ4,000.00  | 1 . O. Box 007230  |
|   | Expenditure from corporate funds   | Houston, TX 77266  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description |
|   | OF<br>EXPENDITURE  | Contributions/Donations Made By  |
|   |  | Candidate/Officeholder/Political Committee                                       |
|   |  | Campaign Contribution  |
|   | Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name Office sought Office held                            |
|   | experialiture to benefit C/Oi  |  |
|   | Date   | Payee name   |
|   | 07/23/2025   | Cunningham, Charles  |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$4,000.00   | P. O. Box 14352  |
|   | ¥ 1,000.00   |  |
|   | Expenditure from corporate funds   | Humble, TX 77347   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description |
|   | OF<br>EXPENDITURE  | Contributions/Donations Made By  |
|   |  | Candidate/Officeholder/Political Committee                                       |
|   |  | Campaign Contribution  |
|   |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name Office sought Office held                            |
| L |  | <u> </u>   |
|   |  |  |
|   |  |  |
|   |  |  |

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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
OTHER (pottor a category not listed above)

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/6 Rpt: 73/76 Texas Society Of Anesthesiologists Political Action 00024940 4 Date Payee name 07/23/2025 Hagenbuch, Brent 6 Amount (\$) Payee address; State; Zip Code \$5,000.00 2800 Shoreline Drive #310 Expenditure from Denton, TX 76210 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/23/2025 Hughes, Bryan Amount (\$) Payee address; City; State; Zip Code \$5,000.00 P. O. Box 450 Expenditure from Mineola, TX 75773 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/23/2025 Johnson, Ann Amount (\$) Payee address: City: State; Zip Code \$3,000.00 P. O. Box 56386 Expenditure from corporate funds Houston, TX 77256 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe 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<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  |
|--|--|
| 1 Total pages Schedule F1:   | · · · · · · · · · · · · · · · · · · ·  |
| Sch: 4/6 Rpt: 74/76  | Texas Society Of Anesthesiologists Political Action 00024940                     |
| 4 Date   | 5 Payee name   |
| 07/23/2025   | Kolkhorst, Lois  |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code   |
| \$5,000.00   | P.O. Box 2546  |
|  |  |
| Expenditure from corporate funds   | Brenham, TX 77834  |
| 8 PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF<br>EXPENDITURE  | Contributions/Donations Made By  |
| EXPENDITORE  | Candidate/Officeholder/Political Committee                                       |
|  | Campaign Contribution  |
|  |  |
| 9 Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held                            |
| expenditure to benefit C/OI  | <del>-</del>   |
| Date   | Payee name   |
| 07/23/2025   | Leach, Jeff  |
| Amount (\$)  | Payee address; City; State; Zip Code   |
| \$4,000.00   | 800 Glen Rose Drive  |
|  |  |
| Expenditure from corporate funds   | Allen, TX 75013  |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF<br>EXPENDITURE  | Contributions/Donations Made By  |
| EXI ENDITORE   | Candidate/Officeholder/Political Committee                                       |
|  | Campaign Contribution  |
|  |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI                              | Candidate/Officeholder name Office sought Office held                            |
| Data   | Power name   |
| Date<br>07/23/2025   | Payee name Oliverson M.D., Tom (Dr.)   |
|  |  |
| Amount (\$)  | Payee address; City; State; Zip Code   |
| \$5,000.00   | 1 East Greenway Plaza  |
| Evpanditure from   | Suite 225  |
| Expenditure from corporate funds   | Houston, TX 77046  |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF<br>EXPENDITURE  | Contributions/Donations Made By  |
| EAFEINDITURE   | Candidate/Officeholder/Political Committee                                       |
|  | Campaign Contribution  |
|  |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI                              | Candidate/Officeholder name Office sought Office held                            |
| SAPORARIO TO BOTTON O/OI   | •  |
|  |  |
|  |  |
|  |  |

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Cou

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<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |
|--|---|
| 1 Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)                                      |
| Sch: 5/6 Rpt: 75/76  | Texas Society Of Anesthesiologists Political Action 00024940                            |
| 4 Date   | 5 Payee name  |
| 07/23/2025   | Pierson, Katrina  |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code  |
| \$4,000.00   | P. O. Box 672   |
|  |   |
| Expenditure from corporate funds   | Rockwall, TX 75087  |
| 8 PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description        |
| OF<br>EXPENDITURE  | Contributions/Donations Made By   |
| EXI ENDITORE   | Candidate/Officeholder/Political Committee  |
|  | Campaign Contribution   |
|  |   |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI                            | Candidate/Officeholder name Office sought Office held                                   |
| expenditure to benefit C/Oi  | 1   |
| Date   | Payee name  |
| 07/23/2025   | Schofield, Mike   |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$4,000.00   | 934 Hidden Canyon Road  |
|  |   |
| Expenditure from corporate funds   | Katy, TX 77450  |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description        |
| OF<br>EXPENDITURE  | Contributions/Donations Made By   |
| EXI ENDITORE   | Candidate/Officeholder/Political Committee  |
|  | Campaign Contribution   |
|  |   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI                              | Candidate/Officeholder name Office sought Office held                                   |
|  |   |
| Date   | Payee name  |
| 07/23/2025   | Schwertner, Charles   |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$5,000.00   | P. O. Box 2448  |
|  |   |
| Expenditure from corporate funds   | Georgetown, TX 78627  |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description        |
| OF<br>EXPENDITURE  | Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE  | Candidate/Officeholder/Political Committee  |
|  | Campaign Contribution   |
|  |   |
| Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held                                   |
| expenditure to benefit C/OI  |   |
|  |   |
|  |   |
|  |   |

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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
OTHEP (expense a category not listed above)

| Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |
|--|---|
| 1 Total pages Schedule F1:<br>Sch: 6/6 Rpt: 76/76  | 2 FILER NAME Texas Society Of Anesthesiologists Political Action 3 Filer ID (Ethics Commission Filers) 00024940   |
| 4 Date 07/23/2025  | 5 Payee name Simmons, Lauren Ashley   |
| 6 Amount (\$)<br>\$3,000.00  | 7 Payee address; City; State; Zip Code<br>P. O. Box 56386   |
| Expenditure from corporate funds   | Houston, TX 77256   |
| 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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Contribution   |
| Complete ONLY if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held   |
| Date<br>07/23/2025   | Payee name<br>Vo, Hubert  |
| Amount (\$)<br>\$4,000.00  | Payee address; City; State; Zip Code  11360 Bellaire Blvd.  |
| Expenditure from corporate funds   | Suite 880 Houston, TX 77072   |
| PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Contribution |
| Complete ONLY if direct expenditure to benefit C/O   | Candidate/Officeholder name Office sought Office held   |
|  |   |