

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

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

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME Texas Society Of Anesthesiologists Political Action Committee	13 Filer ID (Ethics Commission Filers) 00024940
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 40,190.36
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 70,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 257,822.33
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Dr. Kristyn B. Ingram

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - MPAC**FORM MPAC**
COVER SHEET PG 3
3 of 76

17 COMMITTEE NAME Texas Society Of Anesthesiologists Political Action Committee		18 Filer ID (Ethics Commission Filers) 00024940
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 40,190.36
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 70,000.00
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/66 Rpt: 4/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abouleish, Amr <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77059	7 Amount of Contribution (\$) \$85.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Stacey <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alquicira-Macedo, Fernando <hr/> Contributor address; City; State; Zip Code Houston, TX 77085	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aluyen, Julius <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78247	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amancharla, Maneesh <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/66 Rpt: 5/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) An, Daniel <hr/> 6 Contributor address; City; State; Zip Code Fulshear, TX 77441	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anson, Byron <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anton, James <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anyama, Best <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78257	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anzalone, Louis <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78247	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/66 Rpt: 6/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arredondo, Esteban <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78247	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arunkumar, Radha <hr/> Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Askew, William <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Astilla, Thaddeus <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ata, Monica <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/66 Rpt: 7/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Attia, Ahmed 6 Contributor address; City; State; Zip Code San Antonio, TX 78247	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayoroa, Sarah Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ball, Timothy Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballesteros, Kyla Contributor address; City; State; Zip Code Austin, TX 78737	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Trey John Contributor address; City; State; Zip Code San Antonio, TX 78202	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/66 Rpt: 8/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bednar, Grace <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beitzel, Michael <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benavides, Lorenzo <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benavides, Philip <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78255	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/66 Rpt: 9/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentancourth, David <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78735	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergeron, Brandy <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77726	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berndt, R. Barry <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77702	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Suzanne <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhinder, Anmol <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/66 Rpt: 10/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billeaud, Craig <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78738	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)

Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blasko, Melissa <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78247	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boatman, Erik <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonilla, Jorge <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boudreau, Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/66 Rpt: 11/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowen, Stephanie 6 Contributor address; City; State; Zip Code San Antonio, TX 78212	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyd, Daniel Contributor address; City; State; Zip Code San Antonio, TX 78216	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bracken, Christopher Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brand, Jeffrey Contributor address; City; State; Zip Code Austin, TX 78727	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandt, Scott Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/66 Rpt: 12/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bregman, Brandon 6 Contributor address; City; State; Zip Code San Antonio, TX 78247	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brodsky, Harris Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Christopher Contributor address; City; State; Zip Code Austin, TX 78756	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Zoe Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan, Joseph Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/66 Rpt: 13/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buehler, Eric 6 Contributor address; City; State; Zip Code Austin, TX 78703	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bunker, Noah Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Brad Contributor address; City; State; Zip Code Abilene, TX 79602	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capella, Jose Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, Luke Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/66 Rpt: 14/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carsner, Jack <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Causey, Sommer <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan, Calvin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chang, Kuang-Yu <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78247	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Christopher <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/66 Rpt: 15/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Choi, Christopher 6 Contributor address; City; State; Zip Code Dallas, TX 75204	7 Amount of Contribution (\$) \$42.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Choi, Ray Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chura, Travis Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cinclair, Robert Contributor address; City; State; Zip Code Austin, TX 78732	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clanton, David Contributor address; City; State; Zip Code San Antonio, TX 78256	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/66 Rpt: 16/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clanton, David 6 Contributor address; City; State; Zip Code San Antonio, TX 78256	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coffman, Amy Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohn, Aaron Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collebrusco, Alan Contributor address; City; State; Zip Code Austin, TX 78756	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbett, William Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/66 Rpt: 17/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coutin, Mark 6 Contributor address; City; State; Zip Code Austin, TX 78703	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowlshaw, Mary Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig, Jason Contributor address; City; State; Zip Code Austin, TX 78738	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crockett, Richard Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danley, Matthew Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/66 Rpt: 18/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dave, Siddharth <hr/> 6 Contributor address; City; State; Zip Code Lucas, TX 75002	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Joel <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davila-Perez, Ruben <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deming, Daniel <hr/> Contributor address; City; State; Zip Code Austin, TX 78734	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Desai, Prianka <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/66 Rpt: 19/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewan, Brian 6 Contributor address; City; State; Zip Code Austin, TX 78731	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DiGiovanni, Ryan Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dieterichs, Chad Contributor address; City; State; Zip Code Austin, TX 78733	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donovan, Colin Contributor address; City; State; Zip Code San Antonio, TX 78215	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorsey, Kathryn Contributor address; City; State; Zip Code San Antonio, TX 78247	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/66 Rpt: 20/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drees, Jeffrey 6 Contributor address; City; State; Zip Code Corsicana, TX 75110	7 Amount of Contribution (\$) \$85.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duan, Michael Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duesterhoeft, D'Ann Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dupont, Cedric Contributor address; City; State; Zip Code Rollingwood, TX 78746	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddings, Joseph Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/66 Rpt: 21/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emelife, Patrick 6 Contributor address; City; State; Zip Code Grand Prairie, TX 75054	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eoh, Eun Contributor address; City; State; Zip Code Austin, TX 78705	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erian, Ralph Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erian, Ralph Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farris, Landon Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/66 Rpt: 22/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fay, James <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78628	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fields, Aaron <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Filardi, J. Pierre <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Filardi, Ryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78705	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fischer, Stefanie <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/66 Rpt: 23/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzgerald, Brian <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78230	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzgerald, Casey <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foley, Michael <hr/> Contributor address; City; State; Zip Code Austin, TX 78705	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Dina <hr/> Contributor address; City; State; Zip Code Houston, TX 77096	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuentes, Leonel <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/66 Rpt: 24/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furst, Edward 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gandhi, Samir Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Philip Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Sergio Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Kelly Contributor address; City; State; Zip Code San Antonio, TX 78257	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/66 Rpt: 25/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Aaron 6 Contributor address; City; State; Zip Code San Antonio, TX 78258	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Getto, Christopher Contributor address; City; State; Zip Code W Lake Hills, TX 78746	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbons, Stacey Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glover, Chris Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Abelardo Contributor address; City; State; Zip Code San Antonio, TX 78202	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/66 Rpt: 26/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Joseph 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grewal, Gaganpreet Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grimes, Andrew Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gu, Lisa Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunn, Holly Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/66 Rpt: 27/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guragain, Richesh <hr/> 6 Contributor address; City; State; Zip Code League city, TX 77573	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gurkowski, Mary Ann <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haedge, Philip <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78259	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hagberg, Carin <hr/> Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammond, Brandon <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/66 Rpt: 28/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hancher, Shannon 6 Contributor address; City; State; Zip Code Bellaire, TX 77401	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey, Benjamin Contributor address; City; State; Zip Code Houston, TX 77055	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Havalda, Diane Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Royce Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hedge, Sanjay Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/66 Rpt: 29/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heitzler, Arthur 6 Contributor address; City; State; Zip Code Austin, TX 78705	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helm, Cole Contributor address; City; State; Zip Code San Antonio, TX 78260	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hemachandra, Loren Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Raul Contributor address; City; State; Zip Code Rio Grande City, TX 78582	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herring, Keith Contributor address; City; State; Zip Code San Antonio, TX 78247	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/66 Rpt: 30/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Highfill, Erin <hr/> 6 Contributor address; City; State; Zip Code Garland, TX 75044	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hines, Clayton <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77705	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ho, Phi <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hofkamp, Michael <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollenshead, Andy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/66 Rpt: 31/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hooper, Patrick <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huang, Henry <hr/> Contributor address; City; State; Zip Code Houston, TX 77055	Amount of Contribution (\$) \$20.83
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurlburt, Brian <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77726	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutson, Larry <hr/> Contributor address; City; State; Zip Code Temple, TX 76502	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingram, Kristyn <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/66 Rpt: 32/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Itkin, Andrew <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jajosky, Jessica <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jameson, Lauren <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janek, Kyle <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeanes, Zachary <hr/> Contributor address; City; State; Zip Code Austin, TX 78645	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/66 Rpt: 33/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Kalan <hr/> 6 Contributor address; City; State; Zip Code Salado, TX 76571	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jensen, Andrew <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Durkee <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Chauncey <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77355	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, McClure <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78253	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/66 Rpt: 34/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Zachary 6 Contributor address; City; State; Zip Code Frisco, TX 75036	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keillor, Rebbeka Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenjarski, Thomas Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerby, Paul Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kercheville, Scott Contributor address; City; State; Zip Code San Antonio, TX 78215	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/66 Rpt: 35/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khorsand, Sarah 6 Contributor address; City; State; Zip Code Dallas, TX 75229	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, Brian Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, R. Baker Contributor address; City; State; Zip Code San Antonio, TX 78232	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, R. Baker Contributor address; City; State; Zip Code San Antonio, TX 78232	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Jefferey Contributor address; City; State; Zip Code Austin, TX 78730	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/66 Rpt: 36/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klem, Samuel 6 Contributor address; City; State; Zip Code San Antonio, TX 78216	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knauth, Kurt Contributor address; City; State; Zip Code Austin, TX 78736	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koehler, Michelle Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kohls, Katherine Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolle, Bracken Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/66 Rpt: 37/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Konvicka, James 6 Contributor address; City; State; Zip Code Belton, TX 76513	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koppang, Erik Contributor address; City; State; Zip Code Fair Oaks, TX 78015	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kroger, John Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kwater, Andrzej Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasseter, Adam Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/66 Rpt: 38/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Leonard 6 Contributor address; City; State; Zip Code San Antonio, TX 78216	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Carlos-Nicholas Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemay, Allyson Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lilly, Gregory Contributor address; City; State; Zip Code San Antonio, TX 78260	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindberg, Scott Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/66 Rpt: 39/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lipp, Adam <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Littlejohn, Martin <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78254	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Losey, Allison <hr/> Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyttle, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78737	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Macon, Joshua <hr/> Contributor address; City; State; Zip Code Fair Oaks Ranch, TX 78015	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/66 Rpt: 40/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malkowski, Richard <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78248	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maloney, Kenneth <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mandalaju, Spandana <hr/> Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manuel, Anthony <hr/> Contributor address; City; State; Zip Code Austin, TX 78733	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markham, Travis <hr/> Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/66 Rpt: 41/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Joaquin <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78218	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masel, Brian <hr/> Contributor address; City; State; Zip Code Galveston, TX 77555	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matiko, Matthew <hr/> Contributor address; City; State; Zip Code Austin, TX 78705	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCage, Luke <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNeil, Ashley <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/66 Rpt: 42/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McWilliams, Sara <hr/> 6 Contributor address; City; State; Zip Code Boerne, TX 78006	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Salvador <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mehta, Jaideep <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merchun, Christopher <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mercier, David <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/66 Rpt: 43/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metcalf, Steven 6 Contributor address; City; State; Zip Code Austin, TX 78735	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mezger, Kyle Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Christopher Contributor address; City; State; Zip Code Arlington, TX 76015	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller-Conley, Carolyn Contributor address; City; State; Zip Code San Antonio, TX 78266	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miranda, Justin Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/66 Rpt: 44/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moen, Matthew <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78759	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mooney, Colin <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Adam <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Lauren <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78204	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moorman, Andrew <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/66 Rpt: 45/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mouzi-Wofford, Lisa 6 Contributor address; City; State; Zip Code Houston, TX 77007	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muro, Rene Contributor address; City; State; Zip Code El Paso, TX 79922	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Khaleah Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, David Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, William Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/66 Rpt: 46/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nieto, Mario <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78732	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noble, Mark <hr/> Contributor address; City; State; Zip Code Austin, TX 78738	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Normand, Katherine <hr/> Contributor address; City; State; Zip Code Houston, TX 77079	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nwokolo, Omoniele <hr/> Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Odeh, Jaffer <hr/> Contributor address; City; State; Zip Code Dallas, TX 75390	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/66 Rpt: 47/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ok, John <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75251	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ombaba, Siang <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Jaime <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ottesen, Alexander <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padakandla, Udaya <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/66 Rpt: 48/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padilla, David 6 Contributor address; City; State; Zip Code San Antonio, TX 78006	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pandya, Vrunda Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parish, JohnMichael Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Augustine Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Jigish Contributor address; City; State; Zip Code Austin, TX 78730	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/66 Rpt: 49/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Neil 6 Contributor address; City; State; Zip Code Austin, TX 78704	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patman, Genevieve Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Payne, Miles Contributor address; City; State; Zip Code San Antonio, TX 78247	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Annie Contributor address; City; State; Zip Code Driftwood, TX 78619	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Jeremie Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/66 Rpt: 50/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Mary Dale <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78404	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham, Kim <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Cooper <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79430	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pina, Daniel <hr/> Contributor address; City; State; Zip Code Seguin, TX 78156	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pivalizza, Evan <hr/> Contributor address; City; State; Zip Code Tyler, TX 75708	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/66 Rpt: 51/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plagenhoef, Jeffrey 6 Contributor address; City; State; Zip Code Southlake, TX 76092	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Michael Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pronske, Erik Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quy, Beth Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radich, Ned Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/66 Rpt: 52/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rahlf, Thomas 6 Contributor address; City; State; Zip Code Houston, TX 77079	7 Amount of Contribution (\$) \$83.34
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Ricardo Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rane, Mihir Contributor address; City; State; Zip Code Dalas, TX 75209	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ratcliff, Stephen Contributor address; City; State; Zip Code Austin, TX 78705	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebal, Brett Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/66 Rpt: 53/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebal, Brett <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, LoriJean <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeves, Wesley <hr/> Contributor address; City; State; Zip Code Temple, TX 76502	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Remster, Jeffrey <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Jeffrey <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/66 Rpt: 54/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riche, Jennifer 6 Contributor address; City; State; Zip Code New Braunfels, TX 78130	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios, Marivel Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios, Ruben Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robalino, Giannina Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Matthew Contributor address; City; State; Zip Code Austin, TX 78732	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/66 Rpt: 55/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Mark 6 Contributor address; City; State; Zip Code San Antonio, TX 78216	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Steven Contributor address; City; State; Zip Code Austin, TX 78732	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rochkind, Jessica Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rojas, Jesse Contributor address; City; State; Zip Code San Antonio, TX 78257	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rondeau, Bryan Contributor address; City; State; Zip Code Temple, TX 76502	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/66 Rpt: 56/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Phillip 6 Contributor address; City; State; Zip Code San Antonio, TX 78230	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutland, Lindsey Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutland, Lindsey Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutman, Steven Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Nicholas Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/66 Rpt: 57/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salas, Ming-Shing <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78717	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salter, Oscar <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saluja, Vijay <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Jaime <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santosa, Claudia <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/66 Rpt: 58/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarmiento, Stephen <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75093	7 Amount of Contribution (\$) \$85.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scales, Garrett <hr/> Contributor address; City; State; Zip Code Austin, TX 78730	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlitt, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuleman, Steven <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, John <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/66 Rpt: 59/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sebastian, Barbara <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selassie, Rahel <hr/> Contributor address; City; State; Zip Code Manvel, TX 77578	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sen, Sudipta <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sertich, Christopher <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaheen-Jeffreys, Noel <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/66 Rpt: 60/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheppard, Shaina <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78664	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shu, Stephen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shull, Cameron <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79401	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singh, Ravi <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sloan, Steven <hr/> Contributor address; City; State; Zip Code Austin, TX 78758	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/66 Rpt: 61/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Carl 6 Contributor address; City; State; Zip Code San Antonio, TX 78216	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smollen, Patrick Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Specks, Sebastian Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stamatakis, Todd Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanciu, Thomas Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/66 Rpt: 62/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Street, Austin 6 Contributor address; City; State; Zip Code Dallas, TX 75229	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swaney, Glenn Contributor address; City; State; Zip Code San Antonio, TX 78216	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Beth Ann Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taneja, Rishi Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Amanda Contributor address; City; State; Zip Code San Antonio, TX 78256	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/66 Rpt: 63/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teegarden, Beth <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77555	7 Amount of Contribution (\$) \$62.50
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teicher, Matthew <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Threet, Adam <hr/> Contributor address; City; State; Zip Code Austin, TX 78733	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thu, Christopher <hr/> Contributor address; City; State; Zip Code West Lake Hills, TX 78746	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/66 Rpt: 64/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tindall, John W.M. <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78258	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd, William <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78215	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, Steve <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traxinger, Kimberly <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Kimberly <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/66 Rpt: 65/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tsai, January 6 Contributor address; City; State; Zip Code Houston, TX 77005	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaishnani, Rajul Contributor address; City; State; Zip Code Helotes, TX 78023	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van De Graaf, William Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vidaurre, Lytorre Contributor address; City; State; Zip Code Austin, TX 78726	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vu-Boyer, Lisa Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/66 Rpt: 66/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wahal, Christopher <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78723	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wajima, Yutaka <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiss, Lisa <hr/> Contributor address; City; State; Zip Code Houston, TX 77018	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Kristen <hr/> Contributor address; City; State; Zip Code Addison, TX 75001	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Mary <hr/> Contributor address; City; State; Zip Code Irving, TX 75061	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/66 Rpt: 67/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westfall, John <hr/> 6 Contributor address; City; State; Zip Code Fredericksburg, TX 78624	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, Mary <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78733	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitman, Frances <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, George <hr/> Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/66 Rpt: 68/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Tamrasha <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78258	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wollan, Megan <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Ashley <hr/> Contributor address; City; State; Zip Code McKinney, TX 75072	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Amy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75390	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yolland, Michael <hr/> Contributor address; City; State; Zip Code Galveston, TX 77555	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/66 Rpt: 69/76
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Stanford <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaafran, Sherif <hr/> Contributor address; City; State; Zip Code Houston, TX 77055	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 70/76

2 FILER NAME

Texas Society Of Anesthesiologists Political Action Committee

3 Filer ID (Ethics Commission Filers)
00024940

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/6 Rpt: 73/76	2 FILER NAME Texas Society Of Anesthesiologists Political Action	3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/23/2025	5 Payee name Hagenbuch, Brent	
6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2800 Shoreline Drive #310 Denton, TX 76210	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/23/2025	Payee name Hughes, Bryan	
Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P. O. Box 450 Mineola, TX 75773	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/23/2025	Payee name Johnson , Ann	
Amount (\$) \$3,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P. O. Box 56386 Houston, TX 77256	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/6 Rpt: 74/76	2 FILER NAME Texas Society Of Anesthesiologists Political Action	3 Filer ID (Ethics Commission Filers) 00024940
4 Date 07/23/2025	5 Payee name Kolkhorst, Lois	
6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 2546 Brenham, TX 77834	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/23/2025	Payee name Leach, Jeff	
Amount (\$) \$4,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 800 Glen Rose Drive Allen, TX 75013	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/23/2025	Payee name Oliverson M.D., Tom (Dr.)	
Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1 East Greenway Plaza Suite 225 Houston, TX 77046	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 (\$) \$3,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P. O. Box 56386 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/23/2025	Payee name Vo, Hubert	
Amount (\$) \$4,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 11360 Bellaire Blvd. Suite 880 Houston, TX 77072	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held