

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: 98	
3 COMMITTEE NAME Texas Society Of Anesthesiologists Political Action Committee				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/02/2025 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 Paden NICKNAME LAST SUFFIX Karnes M.D.				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 401 W. 15th St. #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 checked="" type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input 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 08/26/2025 09/25/2025				

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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)	\$ 75,685.19
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 68,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 274,372.17
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.

Paden Karnes M.D.

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
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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	\$ 75,685.19
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 68,000.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/90 Rpt: 4/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abdalla, Mohamad <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77042	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abouleish, Amr <hr/> Contributor address; City; State; Zip Code Houston, TX 77059	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abraham, Binu <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abramson, Steven <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agbetoba, Airat <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	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: 2/90 Rpt: 5/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aggarwal, Amit <hr/> 6 Contributor address; City; State; Zip Code Bellaire, TX 77401	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aijaz, Tabish <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aiyer, Viswanathan <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alaniz, Pedro <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Sandra <hr/> Contributor address; City; State; Zip Code Houston, TX 77004	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: 3/90 Rpt: 6/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ali, Mohamed <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ali, Mohammad <hr/> Contributor address; City; State; Zip Code Houston, TX 77089	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/09/2025	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 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allred, Anna <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/10/2025	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/90 Rpt: 7/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amanchukwu, Chiamaka 6 Contributor address; City; State; Zip Code Houston, TX 77042	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) An, Daniel Contributor address; City; State; Zip Code Fulshear, TX 77441	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anton, James 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 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arif, Abdus Contributor address; City; State; Zip Code Kingwood, TX 77346	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arunkumar, Radha 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: 5/90 Rpt: 8/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Asghar, Ali 6 Contributor address; City; State; Zip Code Bellaire, TX 77401	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashary, Nishan Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ata, Monica Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baerenstecher, John Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/12/2025	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/90 Rpt: 9/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banks, Brenda <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77005	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bannis, Rohan <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barboza, Andrew <hr/> Contributor address; City; State; Zip Code Flint, TX 75762	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barroso, Stephen <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bawany, Fauzia <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	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: 7/90 Rpt: 10/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beane, Dolores 6 Contributor address; City; State; Zip Code Houston, TX 77042	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckman, Stacie Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beitzel, Michael 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 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beitzel, Michael 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 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergson, Milton Contributor address; City; State; Zip Code Houston, TX 77005	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: 8/90 Rpt: 11/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berkovich, Alexander <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77057	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/09/2025	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 09/08/2025	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 (\$) \$62.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernell, Michael <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhamidipati, Sujatha <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77082	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: 9/90 Rpt: 12/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bohannon, Nicholas 6 Contributor address; City; State; Zip Code Tyler, TX 75703	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boozalis, Steve Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/10/2025	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 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley, Stephanie Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brann, James 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: 10/90 Rpt: 13/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broughton, Kirbie 6 Contributor address; City; State; Zip Code Houston, TX 77042	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Christopher Contributor address; City; State; Zip Code Lubbock, TX 79410	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/10/2025	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 09/10/2025	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)
Date 09/08/2025	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 (\$) \$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: 11/90 Rpt: 14/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Brad 6 Contributor address; City; State; Zip Code Abilene, TX 79602	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callas, G. Ray Contributor address; City; State; Zip Code Beaumont, TX 77726	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caplan, Lisa Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrion-Zamora, Victor Contributor address; City; State; Zip Code Houston, TX 77081	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	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 (\$) \$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: 12/90 Rpt: 15/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carvajal, Tomas <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77042	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cattano, Davide <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 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catton, Evan <hr/> Contributor address; City; State; Zip Code Tyler, TX 75709	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/10/2025	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 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavanaugh, Mark <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	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: 13/90 Rpt: 16/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cebe, James 6 Contributor address; City; State; Zip Code Houston, TX 77042	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan, Calvin 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 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan, Tiffany Contributor address; City; State; Zip Code Galveston, TX 77555	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chang, Alex Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chao-Knize, Yuan-Jiun Nicole Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$250.00
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: 14/90 Rpt: 17/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chen, Joy <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75093	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheng, Nancy <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chin, Lilibeth <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chirala, Karthik <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Choi, Christopher <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204	Amount of Contribution (\$) \$42.00
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: 15/90 Rpt: 18/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Choi, Jae Won <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77040	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chuan, Joseph <hr/> Contributor address; City; State; Zip Code Houston, TX 77004	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clanton, David <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78256	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cline, Donald <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, James <hr/> Contributor address; City; State; Zip Code Conroe, TX 77384	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: 16/90 Rpt: 19/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contreras, Michael 6 Contributor address; City; State; Zip Code Katy, TX 77494	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Christopher Contributor address; City; State; Zip Code Garland, TX 75043	Amount of Contribution (\$) \$3,860.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Lane Contributor address; City; State; Zip Code Houston, TX 77079	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craft, Hadyn Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culbertson, Timothy Contributor address; City; State; Zip Code Temple, TX 76502	Amount of Contribution (\$) \$8.33
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: 17/90 Rpt: 20/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuzick, Leslie <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77055	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dang, Anh <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danley, Matthew <hr/> 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)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daumerie, Geraldine <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dave, Siddharth <hr/> Contributor address; City; State; Zip Code Lucas, TX 75002	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: 18/90 Rpt: 21/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davila-Perez, Ruben <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77057	7 Amount of Contribution (\$) \$21.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	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 (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Jabon <hr/> Contributor address; City; State; Zip Code Houston, TX 77055	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeSocio, Peter <hr/> 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 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewan, Brian <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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/90 Rpt: 22/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dhother, Sukhjinder 6 Contributor address; City; State; Zip Code Houston, TX 77057	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dizon, John Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dogan, Oya Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donnell, Malcolm Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drees, Jeffrey Contributor address; City; State; Zip Code Corsicana, TX 75110	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: 20/90 Rpt: 23/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drummond, Shaina 6 Contributor address; City; State; Zip Code Dallas, TX 75230	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/12/2025	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 09/10/2025	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 (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eagleton, Mark Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2025	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: 21/90 Rpt: 24/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellison, William <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77006	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emelife, Patrick <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75054	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emmanuel, Michelle <hr/> Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erian, Ralph <hr/> 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 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erickson, Joseph <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	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: 22/90 Rpt: 25/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eype, Sheila <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77057	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fahey, Brian <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farias Kovac, Mario <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farmer, Lisa <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fay, James <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	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: 23/90 Rpt: 26/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fernandez, Cristina <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77042	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferris, Marley <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/10/2025	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)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Gary <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/16/2025	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/90 Rpt: 27/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Harris <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77027	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Kaitlin <hr/> Contributor address; City; State; Zip Code Temple, TX 76508	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Lindsay <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fritzhand, Kevin <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuller, Tracy Ann <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	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: 25/90 Rpt: 28/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Funston, Joe 6 Contributor address; City; State; Zip Code Galveston, TX 77555	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/10/2025	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 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Priscilla Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/10/2025	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)
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garmon, Emily Contributor address; City; State; Zip Code Temple, TX 76502	Amount of Contribution (\$) \$250.00
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: 26/90 Rpt: 29/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ghebremichael, Semhar <hr/> 6 Contributor address; City; State; Zip Code Bellaire, TX 77401	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giam, Patrick <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbons, Stacey <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)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Janet <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glentzer, Mark <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	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: 27/90 Rpt: 30/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glover, Chris 6 Contributor address; City; State; Zip Code Houston, TX 77030	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloyna, David Contributor address; City; State; Zip Code Salado, TX 76571	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godwin, Kristalynne Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Mark Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodridge, Timothy Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$250.00
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: 28/90 Rpt: 31/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goto, Rudo 6 Contributor address; City; State; Zip Code Houston, TX 77042	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, David Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greger, Jennifer Contributor address; City; State; Zip Code The Woodlands, TX 77381	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griggs, Felicia Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Groen, Alfred Contributor address; City; State; Zip Code Houston, TX 77005	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: 29/90 Rpt: 32/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guess, Rebecca <hr/> 6 Contributor address; City; State; Zip Code Waco, TX 76712	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunn, Clint <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guo, James <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guo, James <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guragain, Richesh <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: 30/90 Rpt: 33/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gurkowski, Mary Ann <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78240	7 Amount of Contribution (\$) \$83.34
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guzman-Reyes, Sara <hr/> Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haack, Kirsten <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/10/2025	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 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haldankar, Pradnya <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	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: 31/90 Rpt: 34/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ham, Angelito <hr/> 6 Contributor address; City; State; Zip Code Bellaire, TX 77401	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hancher, Shannon <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, George <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey, Benjamin <hr/> 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 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey, Benjamin <hr/> Contributor address; City; State; Zip Code Houston, TX 77055	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: 32/90 Rpt: 35/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Havalda, Diane 6 Contributor address; City; State; Zip Code San Antonio, TX 78258	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, W. Brendan Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hector, Casey Contributor address; City; State; Zip Code Waco, TX 76706	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hence, Reginald Contributor address; City; State; Zip Code Cypress, TX 77433	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Brian Contributor address; City; State; Zip Code Conroe, TX 77304	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: 33/90 Rpt: 36/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henschel, John 6 Contributor address; City; State; Zip Code Houston, TX 77042	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/04/2025	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 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Hector Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Highfill, Erin Contributor address; City; State; Zip Code Garland, TX 75044	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hiller, Kenneth Contributor address; City; State; Zip Code Houston, TX 77094	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: 34/90 Rpt: 37/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hines, Clayton <hr/> 6 Contributor address; City; State; Zip Code Beaumont, TX 77705	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hirsch, Douglas <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/09/2025	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 09/10/2025	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)
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horazeck, Christian <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	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: 35/90 Rpt: 38/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hornung, Joseph <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77042	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston, Christopher <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/10/2025	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 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Peter <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunter, Grant <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	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: 36/90 Rpt: 39/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurlburt, Brian <hr/> 6 Contributor address; City; State; Zip Code Beaumont, TX 77726	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/10/2025	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 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hwang, Walt <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingle, Ashwin <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/10/2025	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: 37/90 Rpt: 40/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jameson, Lauren 6 Contributor address; City; State; Zip Code Houston, TX 77098	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jayasinghe, Chandra Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffcoat, Sheila Contributor address; City; State; Zip Code Houston, TX 77459	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jekot, Jeffrey Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Kalan Contributor address; City; State; Zip Code Salado, TX 76571	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: 38/90 Rpt: 41/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Stacie 6 Contributor address; City; State; Zip Code Houston, TX 77057	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Ty Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Chauncey 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 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Rachel Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Zachary Contributor address; City; State; Zip Code Frisco, TX 75036	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: 39/90 Rpt: 42/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joolukuntla, Adithya <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77020	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Danny <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77478	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joshi, Girish <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jue, Lenny Quan <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kandil, Enas <hr/> Contributor address; City; State; Zip Code Irving, TX 75063	Amount of Contribution (\$) \$1,000.00
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: 40/90 Rpt: 43/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kapoor, Ravish 6 Contributor address; City; State; Zip Code Bellaire, TX 77401	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karnes, Paden 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 09/10/2025	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 09/10/2025	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)
Date 09/08/2025	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: 41/90 Rpt: 44/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kessinger, Thomas 6 Contributor address; City; State; Zip Code Houston, TX 77059	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khorsand, Sarah Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimatian, Stephen Contributor address; City; State; Zip Code Dallas, TX 75220	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/09/2025	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 09/09/2025	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/90 Rpt: 45/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolle, Bracken 6 Contributor address; City; State; Zip Code Houston, TX 77042	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	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 (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Konvicka, James Contributor address; City; State; Zip Code Belton, TX 76513	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koons, Patrick Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/10/2025	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/90 Rpt: 46/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koszewski, Amanda 6 Contributor address; City; State; Zip Code Houston, TX 77042	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/09/2025	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 (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/04/2025	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 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kronberg, Gregory Contributor address; City; State; Zip Code Austin, TX 78733	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kronberg, Gregory Contributor address; City; State; Zip Code Austin, TX 78733	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: 44/90 Rpt: 47/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kumar, Suresh 6 Contributor address; City; State; Zip Code Houston, TX 77056	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/22/2025	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 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lai, Chuong Contributor address; City; State; Zip Code Houston, TX 77023	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lake, Yasmin Natasha Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lam, Bach Contributor address; City; State; Zip Code League City, TX 77573	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: 45/90 Rpt: 48/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamba, Jaspreet <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77042	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langridge, Xuan <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 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasater, Matthew <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasseter, Adam <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lastoczy, Frank <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77345	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: 46/90 Rpt: 49/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lateef, Ahmad 6 Contributor address; City; State; Zip Code Houston, TX 77070	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeBlanc, Kelly Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/09/2025	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 (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Cora Contributor address; City; State; Zip Code Houston, TX 77094	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lilie, Craig Contributor address; City; State; Zip Code Belton, TX 76513	Amount of Contribution (\$) \$500.00
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: 47/90 Rpt: 50/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindberg, Scott 6 Contributor address; City; State; Zip Code Katy, TX 77494	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	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 (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lis, Thaddeus Contributor address; City; State; Zip Code Houston, TX 77059	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Littlejohn, Martin 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 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lockhart, Asa Contributor address; City; State; Zip Code Tyler, TX 75703	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: 48/90 Rpt: 51/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loh, Tuan-Hsing 6 Contributor address; City; State; Zip Code San Antonio, TX 78256	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loubser, Paul Contributor address; City; State; Zip Code Sugar Land, TX 77478	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lu, Dai Contributor address; City; State; Zip Code Houston, TX 77345	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lu, Lingen Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luehr, Susan Contributor address; City; State; Zip Code Houston, TX 77008	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: 49/90 Rpt: 52/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luong, Linh <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77030	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luong, Linh <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 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madabhushi, Rangarajan <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magdaleno, Daniela <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 09/10/2025	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/90 Rpt: 53/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malviya, Sanjana 6 Contributor address; City; State; Zip Code Houston, TX 77007	7 Amount of Contribution (\$) \$125.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mankarious, Ramy Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manohar, Crystal Contributor address; City; State; Zip Code Shavano Park, TX 78231	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marchal, Darren Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolis, Mark Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markham, Travis <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77030	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Rogelio <hr/> 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)
Date 09/09/2025	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 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mastroianni, Maxwell <hr/> Contributor address; City; State; Zip Code Houston, TX 77479	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathew, Anil <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	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: 52/90 Rpt: 55/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mauritz, Amy 6 Contributor address; City; State; Zip Code Houston, TX 77042	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxwell, Matthew Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAllister, Russell Contributor address; City; State; Zip Code Temple, TX 76508	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClure, Matthew Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLeod, Christopher Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) \$21.00
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: 53/90 Rpt: 56/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMasters, Mark <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77057	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McWilliams, Sara <hr/> 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 09/10/2025	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 09/12/2025	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 09/15/2025	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: 54/90 Rpt: 57/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merutka, Nicholas 6 Contributor address; City; State; Zip Code Houston, TX 77002	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mey, Sokchea Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, Sandra Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/12/2025	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 09/08/2025	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/90 Rpt: 58/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miranda, Michael 6 Contributor address; City; State; Zip Code Katy, TX 77494	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Karen Contributor address; City; State; Zip Code Sugar Land, TX 77478	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Mena Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Romy Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mody, Rayomond Contributor address; City; State; Zip Code Bellaire, TX 77401	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: 56/90 Rpt: 59/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohanty, Arnav <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76107	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moon, Teresa <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/09/2025	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 09/04/2025	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)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mora, Ricardo <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	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: 57/90 Rpt: 60/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mousa, Victoria <hr/> 6 Contributor address; City; State; Zip Code Conroe, TX 77304	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mouzi-Wofford, Lisa <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mujica Fernandez, Luis <hr/> Contributor address; City; State; Zip Code Houston, TX 77010	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munga, Susan <hr/> Contributor address; City; State; Zip Code Pasadena, TX 77503	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muro, Rene <hr/> 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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/90 Rpt: 61/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Rebecca <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77379	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murugan, Shobana <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muse, Kenisha <hr/> Contributor address; City; State; Zip Code Temple, TX 76502	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mutyala, Chaitanya <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nabi, Qaiser <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	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: 59/90 Rpt: 62/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naples, Joseph <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78230	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Narayan, Rakesh <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nasrallah, Kyle <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77345	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nasser, Faiz <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nazareth, Karl <hr/> Contributor address; City; State; Zip Code Houston, TX 77046	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Vincent <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Dominique <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Hoang <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Huy Anh <hr/> Contributor address; City; State; Zip Code Richmond, TX 77407	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Jordan <hr/> Contributor address; City; State; Zip Code Houston, TX 77046	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Normand, Katherine <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77079	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norrell, Stacy <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 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nwankwo, Chika <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/09/2025	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 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O Garro Adeoti, Lasnette <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Obi, Chukwuemeka 6 Contributor address; City; State; Zip Code Houston, TX 77042	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Odeh, Jaffer 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 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Odinkemelu, Didi Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ohlman, Julie M. R. Contributor address; City; State; Zip Code Midland, TX 79705	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ok, John Contributor address; City; State; Zip Code Dallas, TX 75251	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Okafor, Kanayo 6 Contributor address; City; State; Zip Code Houston, TX 77055	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oldebeken, Scott Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliverson, Thomas Contributor address; City; State; Zip Code Cypress, TX 77429	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oluleye, Babajide Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ombaba, Siang Contributor address; City; State; Zip Code San Antonio, TX 78260	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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SCHEDULE A1

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2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Jaime 6 Contributor address; City; State; Zip Code Houston, TX 77025	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osborn, Matthew Contributor address; City; State; Zip Code Seguin, TX 78155	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osborn, Ronald Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padakandla, Udaya Contributor address; City; State; Zip Code Carrollton, TX 75010	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/10/2025	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)

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2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paquette, Shannon 6 Contributor address; City; State; Zip Code Dallas, TX 75204	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, George Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pasdar-Shirazi, Francisco Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Purnal Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul, Jaison Contributor address; City; State; Zip Code Sugar Land, TX 77478	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pedley, Chad 6 Contributor address; City; State; Zip Code Houston, TX 77025	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Javier Contributor address; City; State; Zip Code Conroe, TX 77384	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/12/2025	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)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Mary Dale Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Mary Dale Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pezeshk, Ronnie <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham, Huy <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/10/2025	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 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinsky, Jay <hr/> Contributor address; City; State; Zip Code Houston, TX 77096	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/09/2025	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)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/90 Rpt: 71/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plagenhoef, Deborah <hr/> 6 Contributor address; City; State; Zip Code Southlake, TX 76092	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plagenhoef, Jeffrey <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Popat, Keyuri <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, John <hr/> Contributor address; City; State; Zip Code Richmond, TX 77407	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raghavan, Archana <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/90 Rpt: 72/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/15/2025	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 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralston, A. Jacky Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramesh, Rekha Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/10/2025	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 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raphi, Ronse Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/90 Rpt: 73/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rashid, Muhammad <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77042	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebal, Brett <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebello, Elizabeth <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/04/2025	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 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, Adam <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/90 Rpt: 74/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Jeffrey 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 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riney, Stephen Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/10/2025	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 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roland, Gavin Contributor address; City; State; Zip Code Missouri City, TX 77489	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/10/2025	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)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/90 Rpt: 75/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roseman, Stephen 6 Contributor address; City; State; Zip Code Bellaire, TX 77401	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz, Juan Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/09/2025	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 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sachse, Kaylyn Contributor address; City; State; Zip Code Fair Oaks Ranch, TX 78015	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saluja, Vijay Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/90 Rpt: 76/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samples, Darren <hr/> 6 Contributor address; City; State; Zip Code Helotes, TX 78023	7 Amount of Contribution (\$) \$62.50
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarmiento, Stephen <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlegel, Levi <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schoppa, Derek <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/09/2025	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)

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SCHEDULE A1

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2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selassie, Rahel <hr/> 6 Contributor address; City; State; Zip Code Manvel, TX 77578	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/10/2025	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 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sencherey, Maxwell <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Serrato, Jorge <hr/> Contributor address; City; State; Zip Code Laredo, TX 78045	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah, Tanmay <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	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: 75/90 Rpt: 78/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheikh, Maria <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77042	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shenoy, Vikram <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepard, Maria <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheppard, Shaina <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheth, Milan <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	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: 76/90 Rpt: 79/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shetty, Shakunthala <hr/> 6 Contributor address; City; State; Zip Code Pearland, TX 77584	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shevchenko, Yevgeny <hr/> Contributor address; City; State; Zip Code Houston, TX 77082	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirak, Michelle <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shore, Brad <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/04/2025	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/90 Rpt: 80/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simon, Mark <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77379	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sims, Paul <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77325	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorkin, Tatiana <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spieker, John <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprockel, Dennis <hr/> Contributor address; City; State; Zip Code Houston, TX 77079	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: 78/90 Rpt: 81/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sridhar, Srikanth <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stamatakos, Todd <hr/> 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 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanosheck, Kyle <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Street, Austin <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)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Su, Young <hr/> Contributor address; City; State; Zip Code Baytown, TX 77520	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: 79/90 Rpt: 82/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sykes, Daniel 6 Contributor address; City; State; Zip Code Manvel, TX 77578	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tabor, Debra Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tallackson, Donald Contributor address; City; State; Zip Code Cypress, TX 77429	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanauli, Nasir Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/09/2025	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/90 Rpt: 83/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Matthew <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77494	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Shakaala <hr/> Contributor address; City; State; Zip Code Humble, TX 77396	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teegarden, Beth <hr/> Contributor address; City; State; Zip Code Galveston, TX 77555	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teniola, Babajide <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thommen, Prince <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	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: 81/90 Rpt: 84/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomson, Hugh 6 Contributor address; City; State; Zip Code Houston, TX 77025	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom, Donald Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom, Robert Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Laura Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$259.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, An Duc Contributor address; City; State; Zip Code Houston, TX 77054	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: 82/90 Rpt: 85/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, Connie <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77063	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trautmann, Johan <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tsai, January <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tu, Jo <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargheese, Ajay <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	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: 83/90 Rpt: 86/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verheeck, Amanda 6 Contributor address; City; State; Zip Code Beaumont, TX 77702	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vidaurri, 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 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vije, Hadassah Contributor address; City; State; Zip Code Tomball, TX 77375	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vu, Catherine Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vu, Steve Contributor address; City; State; Zip Code Houston, TX 77042	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: 84/90 Rpt: 87/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vu-Boyer, Lisa <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, Chad <hr/> Contributor address; City; State; Zip Code Nashville, TN 37205	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waits, Alexandra <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/09/2025	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 09/08/2025	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/90 Rpt: 88/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waldrop, William <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77042	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Yaoyao <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waqar, Tahira <hr/> Contributor address; City; State; Zip Code Spring, TX 77379	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warters, Robert <hr/> Contributor address; City; State; Zip Code Tyler, TX 75708	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wegner, Robert <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	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: 86/90 Rpt: 89/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiss, Lisa <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77018	7 Amount of Contribution (\$) \$83.34
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Allison <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/27/2025	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 09/04/2025	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)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westerheide, William <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77345	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: 87/90 Rpt: 90/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Brandon 6 Contributor address; City; State; Zip Code Houston, TX 77042	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitman, Frances 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 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilcox, Darrell Contributor address; City; State; Zip Code Spring, TX 77389	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Wendell Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Ashley Contributor address; City; State; Zip Code McKinney, TX 75072	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: 88/90 Rpt: 91/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Amy <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75390	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/08/2025	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 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wortham, Barry <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wortham, Barry <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Adam <hr/> Contributor address; City; State; Zip Code Houston, TX 77059	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: 89/90 Rpt: 92/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Crystal <hr/> 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 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Xu, Wen Zhu <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yang, Shawn <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/10/2025	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)
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Youngblood, Jennifer <hr/> Contributor address; City; State; Zip Code Spring, TX 77389	Amount of Contribution (\$) \$62.50
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: 90/90 Rpt: 93/98
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaafran, Sherif 6 Contributor address; City; State; Zip Code Houston, TX 77055	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaafran, Sherif Contributor address; City; State; Zip Code Houston, TX 77055	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zakowski, Mark Contributor address; City; State; Zip Code San Mateo, CA 94404	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zarzour, David Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zavala, Acsa Contributor address; City; State; Zip Code Houston, TX 77004	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		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: 1/5 Rpt: 94/98	2 FILER NAME Texas Society Of Anesthesiologists Political Action	3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/10/2025	5 Payee name Abbott, Greg	
6 Amount (\$) \$15,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P. O. Box 308 Austin, TX 78767	
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 09/23/2025	Payee name Bell, Keith	
Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P. O. Box 1178 Forney, TX 75126	
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 09/23/2025	Payee name Bumgarner, Ben	
Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5150 Kensington Ct. Flower Mound, TX 75022	
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: 2/5 Rpt: 95/98	2 FILER NAME Texas Society Of Anesthesiologists Political Action	3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/10/2025	5 Payee name Callas, Ray	
6 Amount (\$) \$25,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5815 Walden Road PO Box 20032 Beaumont, TX 77720	
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 09/16/2025	Payee name Cortez, Philip	
Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7919 Liberty Island San Antonio, TX 78227	
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 09/23/2025	Payee name Flores, Pete	
Amount (\$) \$3,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1 E. 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: 3/5 Rpt: 96/98	2 FILER NAME Texas Society Of Anesthesiologists Political Action	3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/23/2025	5 Payee name Hinojosa , Adam	
6 Amount (\$) \$3,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P. O. Box 18301 Corpus Christi, TX 78480	
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 09/23/2025	Payee name Lalani, Suleman	
Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P. O. Box 6514 Houston, TX 77265	
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 09/23/2025	Payee name Little, Mitch	
Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1505 Elm Street Suite 1601 Dallas, TX 75201	
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: 4/5 Rpt: 97/98	2 FILER NAME Texas Society Of Anesthesiologists Political Action	3 Filer ID (Ethics Commission Filers) 00024940
4 Date 09/16/2025	5 Payee name Morales, Christina	
6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 6514 Houston, TX 77265	
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 09/23/2025	Payee name Parker, Tan	
Amount (\$) \$3,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 600 Parker Square Suite 250 Flower Mound, TX 75028	
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 09/10/2025	Payee name Patterson, Jared	
Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P. O. Box 5419 Frisco, TX 75035	
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
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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: 5/5 Rpt: 98/98	2 FILER NAME Texas Society Of Anesthesiologists Political Action	3 Filer ID (Ethics Commission Filers) 00024940
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4 Date 09/23/2025	5 Payee name Virdell, Wes
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6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P. O. Box 147 Brady, TX 76825
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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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/16/2025	Payee name Ward, Charlene
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Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 925775 Houston, TX 77292
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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