

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: 39
3 COMMITTEE NAME Texas Society Of Anesthesiologists Political Action Committee			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 11/03/2025 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	☒ Monthly ☐ 10th day after campaign treasurer termination ☐ Dissolution (Attach PAC-DR)		
10 MONTHLY REPORT FILING DEADLINE	☐ January 5 ☐ April 5 ☐ July 5 ☐ October 5 ☐ February 5 ☐ May 5 ☐ August 5 ☒ November 5 ☐ March 5 ☐ June 5 ☐ September 5 ☐ December 5		
11 PERIOD COVERED	Month Day Year THROUGH Month Day Year 09/26/2025 10/25/2025		

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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) ☐ 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)	\$ 13,694.69
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 42,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 247,862.02
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.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,694.69
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☐ SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	☐ SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	☐ SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	☐ SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	☐ SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	☐ SCHEDULE E: LOANS	\$
10.	☒ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 42,000.00
11.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	☐ 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: 1/31 Rpt: 4/39
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Abouleish, Amr 6 Contributor address; City; State; Zip Code Houston, TX 77059	7 Amount of Contribution (\$) \$85.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Allen, Stacey 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 10/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Allred, Anna 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 10/10/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Alquicira-Macedo, Fernando Contributor address; City; State; Zip Code Houston, TX 77085	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/08/2025	Full name of contributor ☐ 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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/31 Rpt: 5/39
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Anton, James 6 Contributor address; City; State; Zip Code Houston, TX 77009	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/08/2025	Full name of contributor ☐ 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)
Date 10/16/2025	Full name of contributor ☐ 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 10/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ball, Timothy Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/08/2025	Full name of contributor ☐ 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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/31 Rpt: 6/39
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/02/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Bergeron, Brandy 6 Contributor address; City; State; Zip Code Beaumont, TX 77726	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/08/2025	Full name of contributor ☐ 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 10/08/2025	Full name of contributor ☐ 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 10/09/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Brown, Zoe Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Bryan, Joseph Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$100.00
Principal 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: 4/31 Rpt: 7/39
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/08/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Bryan, Joseph 6 Contributor address; City; State; Zip Code Buda, TX 78610	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/09/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Butler, Brad Contributor address; City; State; Zip Code Abilene, TX 79602	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Cattano, Davide 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 10/20/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Causey, Sommer 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 10/08/2025	Full name of contributor ☐ 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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/31 Rpt: 8/39
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/23/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Choi, Christopher 6 Contributor address; City; State; Zip Code Dallas, TX 75204	7 Amount of Contribution (\$) \$42.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Clanton, David Contributor address; City; State; Zip Code San Antonio, TX 78256	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/08/2025	Full name of contributor ☐ 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)
Date 10/02/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Danley, Matthew Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/09/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Dave, Siddharth 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: 6/31 Rpt: 9/39
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/03/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Davila-Perez, Ruben 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 10/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DeSocio, Peter 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 10/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Dewan, Brian 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 10/03/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DiGiovanni, Ryan Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/03/2025	Full name of contributor ☐ 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: 7/31 Rpt: 10/39
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Dupont, Cedric 6 Contributor address; City; State; Zip Code Rollingwood, TX 78746	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Eddings, Joseph Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Emelife, Patrick 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 10/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Erian, Ralph Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Erickson, Joseph 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: 8/31 Rpt: 11/39
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/08/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Fay, James 6 Contributor address; City; State; Zip Code Georgetown, TX 78628	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Fischer, Stefanie 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 10/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ford, Dina Contributor address; City; State; Zip Code Houston, TX 77096	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Fox, Kaitlin 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 10/08/2025	Full name of contributor ☐ 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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/31 Rpt: 12/39
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/08/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Gardner, Kelly 6 Contributor address; City; State; Zip Code San Antonio, TX 78257	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Gibbons, Stacey Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/10/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Glover, Chris Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/17/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Goff, Kristina Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Gu, Lisa Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$30.00
Principal 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: 10/31 Rpt: 13/39
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/08/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Guragain, Richesh 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 10/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Gurkowski, Mary Ann Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/09/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hagberg, Carin Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hancher, Shannon 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 10/21/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Harvey, Benjamin Contributor address; City; State; Zip Code Houston, TX 77055	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/31 Rpt: 14/39
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/10/2025	5 Full name of contributor ☐ 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 10/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hein, H.A. Tillmann Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/03/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hernandez, Raul Contributor address; City; State; Zip Code Rio Grande City, TX 78582	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/16/2025	Full name of contributor ☐ 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 10/07/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hines, Clayton Contributor address; City; State; Zip Code Beaumont, TX 77705	Amount of Contribution (\$) \$45.00
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: 12/31 Rpt: 15/39
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/08/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Hofkamp, Michael 6 Contributor address; City; State; Zip Code Round Rock, TX 78681	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/09/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hollenshead, Andy Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Horazeck, Christian 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 10/09/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Huang, Henry 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 10/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hurlburt, Brian Contributor address; City; State; Zip Code Beaumont, TX 77726	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: 13/31 Rpt: 16/39
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/10/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Hutson, Larry 6 Contributor address; City; State; Zip Code Temple, TX 76502	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ingram, Kristyn 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)
Date 10/09/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jameson, Lauren Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/08/2025	Full name of contributor ☐ 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)
Date 10/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jones, Chauncey Contributor address; City; State; Zip Code Magnolia, TX 77355	Amount of Contribution (\$) \$84.00
Principal 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: 14/31 Rpt: 17/39
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Jones, Zachary 6 Contributor address; City; State; Zip Code Frisco, TX 75036	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/08/2025	Full name of contributor ☐ 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 10/09/2025	Full name of contributor ☐ 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 10/08/2025	Full name of contributor ☐ 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 10/08/2025	Full name of contributor ☐ 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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/31 Rpt: 18/39
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/08/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Koehler, Michelle 6 Contributor address; City; State; Zip Code New Braunfels, TX 78132	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kollé, Bracken Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/15/2025	Full name of contributor ☐ 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 10/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Koppang, Erik Contributor address; City; State; Zip Code Fair Oaks, TX 78015	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/08/2025	Full name of contributor ☐ 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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/31 Rpt: 19/39
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/02/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Kroger, John 6 Contributor address; City; State; Zip Code League City, TX 77573	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/22/2025	Full name of contributor ☐ 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 10/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Langridge, Xuan 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 10/14/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Lasseter, Adam Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Lindberg, Scott Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$100.00
Principal 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: 17/31 Rpt: 20/39
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/10/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Littlejohn, Martin 6 Contributor address; City; State; Zip Code San Antonio, TX 78254	7 Amount of Contribution (\$) \$42.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Luong, Linh 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 10/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Magdaleno, Daniela 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 10/10/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Maloney, Kenneth Contributor address; City; State; Zip Code Cypress, TX 77429	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Markham, Travis Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$84.00
Principal 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: 18/31 Rpt: 21/39
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/08/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Masel, Brian 6 Contributor address; City; State; Zip Code Galveston, TX 77555	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/08/2025	Full name of contributor ☐ 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 10/14/2025	Full name of contributor ☐ 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)
Date 10/10/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) McWilliams, Sara 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 10/10/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Mehta, Jaideep 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: 19/31 Rpt: 22/39
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Merchun, Christopher 6 Contributor address; City; State; Zip Code Dallas, TX 75219	7 Amount of Contribution (\$) \$41.67
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Mercier, David 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 10/15/2025	Full name of contributor ☐ 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 10/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Moore, Adam 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 10/03/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Moorman, Andrew 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: 20/31 Rpt: 23/39
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/14/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Mouzi-Wofford, Lisa 6 Contributor address; City; State; Zip Code Houston, TX 77007	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Muro, Rene Contributor address; City; State; Zip Code El Paso, TX 79922	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Muse, Kenisha 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 10/10/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Normand, Katherine 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 10/10/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Norrell, Stacy Contributor address; City; State; Zip Code Magnolia, TX 77355	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: 21/31 Rpt: 24/39
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/08/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Nwokolo, Omoniele 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 10/08/2025	Full name of contributor ☐ 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 10/08/2025	Full name of contributor ☐ 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)
Date 10/10/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ortiz, Jaime 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 10/08/2025	Full name of contributor ☐ 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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/31 Rpt: 25/39
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/08/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Pandya, Vrunda 6 Contributor address; City; State; Zip Code Boerne, TX 78006	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Perry, Jeremie Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/08/2025	Full name of contributor ☐ 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 10/08/2025	Full name of contributor ☐ 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 10/09/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Phillips, Cooper Contributor address; City; State; Zip Code Lubbock, TX 79430	Amount of Contribution (\$) \$41.67
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: 23/31 Rpt: 26/39
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/08/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Pivalizza, Evan 6 Contributor address; City; State; Zip Code Tyler, TX 75708	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/09/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Plagenhoef, Jeffrey 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 10/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Rahlfs, Thomas Contributor address; City; State; Zip Code Houston, TX 77079	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/09/2025	Full name of contributor ☐ 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 10/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Rebal, Brett Contributor address; City; State; Zip Code Austin, TX 78746	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: 24/31 Rpt: 27/39
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/08/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Rebello, Elizabeth 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 10/07/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Reed, LoriJean Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/06/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Remster, Jeffrey 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 10/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Richards, Jeffrey 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 10/09/2025	Full name of contributor ☐ 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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/31 Rpt: 28/39
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/10/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Rondeau, Bryan 6 Contributor address; City; State; Zip Code Temple, TX 76502	7 Amount of Contribution (\$) \$83.34
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/08/2025	Full name of contributor ☐ 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 10/08/2025	Full name of contributor ☐ 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)
Date 10/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Sarmiento, Stephen 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 10/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Scott, John Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$84.00
Principal 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: 26/31 Rpt: 29/39
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Selassie, Rahel 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 10/09/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Sen, Sudipta 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 10/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Sheppard, Shaina 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 10/02/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Shu, Stephen 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 10/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Sridhar, Srikanth Contributor address; City; State; Zip Code Sugar Land, TX 77479	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: 27/31 Rpt: 30/39
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Stamatakis, Todd 6 Contributor address; City; State; Zip Code Frisco, TX 75034	7 Amount of Contribution (\$) \$85.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Street, Austin 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 10/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Taneja, Rishi Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Teegarden, Beth 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 10/10/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Tsai, January Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/31 Rpt: 31/39
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/22/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Vacula, Benjamin 6 Contributor address; City; State; Zip Code Temple, TX 76508	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Verheeck, Amanda 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 10/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Vidaurri, Lytorre Contributor address; City; State; Zip Code Austin, TX 78726	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Vinta, Sandhya Contributor address; City; State; Zip Code Seabrook, TX 77586	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Vu-Boyer, Lisa Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$100.00
Principal 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: 29/31 Rpt: 32/39
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/08/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Wajima, Yutaka 6 Contributor address; City; State; Zip Code Austin, TX 78731	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Wegner, Robert Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/10/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Weiss, Lisa Contributor address; City; State; Zip Code Houston, TX 77018	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Wells, Kristen 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 10/03/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) West, Mary Contributor address; City; State; Zip Code Irving, TX 75061	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/31 Rpt: 33/39
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/09/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Whitman, Frances 6 Contributor address; City; State; Zip Code Frisco, TX 75034	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/08/2025	Full name of contributor ☐ 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)
Date 10/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Woods, Amy Contributor address; City; State; Zip Code Dallas, TX 75390	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Wright, Crystal 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 10/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Yolland, Michael Contributor address; City; State; Zip Code Galveston, TX 77555	Amount of Contribution (\$) \$84.00
Principal 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: 31/31 Rpt: 34/39
2 FILER NAME Texas Society Of Anesthesiologists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/08/2025	5 Full name of contributor ☐ 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)

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: 35/39	2 FILER NAME Texas Society Of Anesthesiologists Political Action	3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/06/2025	5 Payee name Cassandra For Texas	
6 Amount (\$) \$1,500.00 ☐ Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 1289 Addison, TX 75001	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/09/2025	Candidate/Officeholder name Denise Villalobos Campaign	
Amount (\$) \$1,500.00 ☐ Expenditure from corporate funds	Office sought 101 East Main Avenue Robstown, TX 78380	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/06/2025	Candidate/Officeholder name Dr. Dawn Buckingham Campaign	
Amount (\$) \$10,000.00 ☐ Expenditure from corporate funds	Office sought PO Box 12873 Austin, TX 78711	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/5 Rpt: 36/39	2 FILER NAME Texas Society Of Anesthesiologists Political Action	3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/06/2025	5 Payee name Dustin Burrows Campaign	
6 Amount (\$) \$10,000.00 ☐ Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 2569 Lubbock, TX 79408	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/06/2025	Payee name Ellen Fleischmann Campaign	
Amount (\$) \$1,500.00 ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code 3540 E. Broad Street Suite 120- 249 Mansfield, TX 76063	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/06/2025	Payee name Jay Hardaway For Texas	
Amount (\$) \$2,500.00 ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 1440 Abilene, TX 79604	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <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: 37/39	2 FILER NAME Texas Society Of Anesthesiologists Political Action	3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/06/2025	5 Payee name John McQueeney Campaign	
6 Amount (\$) \$1,500.00 ☐ Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 100458 Fort Worth, TX 76185	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/06/2025	Payee name Jose Mendez For Texas	
Amount (\$) \$3,000.00 ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code 4522 Fredericksburg Road A-22 San Antonio, TX 78201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 10/06/2025	Payee name Mary Ann Perez Campaign	
Amount (\$) \$1,500.00 ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code 6200 Gulf Fwy #125 Houston, TX 77023	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <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: 38/39	2 FILER NAME Texas Society Of Anesthesiologists Political Action	3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/06/2025	5 Payee name Mike Olcott Campaign	
6 Amount (\$) \$1,500.00 ☐ Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 247 Aledo, TX 76008	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/06/2025	Candidate/Officeholder name Office sought Office held	
Payee name Ramon Romero Campaign		
Amount (\$) \$1,500.00 ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 181 Fort Worth, TX 76101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/06/2025	Candidate/Officeholder name Office sought Office held	
Payee name Terrie Leo Wilson Campaign		
Amount (\$) \$1,500.00 ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code 305 21st Street Suite 241 Galveston, TX 77550	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
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Gift/Awards/Memorials Expense
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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: 39/39	2 FILER NAME Texas Society Of Anesthesiologists Political Action	3 Filer ID (Ethics Commission Filers) 00024940
4 Date 10/06/2025	5 Payee name Todd Hunter Campaign	
6 Amount (\$) \$1,500.00 ☐ Expenditure from corporate funds	7 Payee address; City; State; Zip Code 445 Cape Henry Drive Corpus Christi, TX 78412	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/09/2025	Payee name Troxclair For Texas	
Amount (\$) \$1,500.00 ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code 701 Hwy 281 Suite H, #196 Marble Falls, TX 78654	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/09/2025	Payee name Vince Perez Campaign	
Amount (\$) \$1,500.00 ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 71309 El Paso, TX 79917	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held