

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00082646		2 Total pages filed: 63	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Dr.		FIRST Gerald R. "Ray"	MI	
	NICKNAME		LAST Callas	SUFFIX M.D.	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 1391 N. Meeker Rd. Beaumont , TX 77713			ZIP CODE	
	OFFICE USE ONLY				
	Date Received ELECTRONICALLY FILED 01/15/2026				
	Date Hand-delivered or Date Postmarked				
Receipt #		Amount			
Date Processed					
Date Imaged					
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Dr.		FIRST Jeremy	MI	
	NICKNAME		LAST Roebuck	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1193 Quail Chase Lumberton, TX 77657				
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(409)	656-1156			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month Day Year
	07/01/2025				12/31/2025
10 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
	03/03/2026				
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known)	
				State Representative District 21	

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Callas M.D., Gerald R. "Ray" (Dr.)	14 Filer ID (Ethics Commission Filers) 00082646
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 461,884.73
----- EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 2,248.64
	4. TOTAL POLITICAL EXPENDITURES	\$ 67,406.26
----- CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 360,267.64
----- OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT		
<p>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.</p> <div style="display: flex; justify-content: center; align-items: center;"> <div style="text-align: center; margin-right: 20px;"> Dr. Gerald R. "Ray" Callas M.D. _____ Signature of Candidate or Officeholder </div> </div> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; padding-top: 10px;"> Signature of officer administering Printed name of officer administering Title of officer administering oath </div>		

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		19 Filer ID (Ethics Commission Filers) 00082646
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 446,883.73
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 15,001.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 67,406.26
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<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: 1/51 Rpt: 4/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 08/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abouleish, Amr <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77059	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Healthcare		9 Employer (See Instructions) UTMB
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen Boone Humphries Robinson LLP <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allred, Anna M. <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) MD		Employer (See Instructions) Shannon health
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Altaf, Umar <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77708	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Skypak Properties LLC
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AmeriTex Pipe & Product LLC <hr/> Contributor address; City; State; Zip Code Seguin, TX 78156	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/51 Rpt: 5/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 10/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) American Society of Anesthesiologist PAC (ASA PAC)	7 Amount of Contribution (\$) \$12,500.00
	6 Contributor address; City; State; Zip Code Schaumburg, IL 60173	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arfeen, Qamar U	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code Beaumont, TX 77701	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baptist Hospital of Southeast Texas
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashfaq, Shah	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Beaumont, TX 77706	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Shah Ashfaq MD PA
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashrafi, Tony	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Beaumont, TX 77707	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) American Energy
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aventa, Tony	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78732	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Capital Medical Clinic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/51 Rpt: 6/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 12/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Babineaux, Dana <hr/> 6 Contributor address; City; State; Zip Code Beaumont, TX 77706	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Regional Manager		9 Employer (See Instructions) Clinical Pathology Labs
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Janson <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77701	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) Edward Fisher		Employer (See Instructions) Janson Bailey
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Janson <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Medical		Employer (See Instructions) Tommy Miller - Tower of Power
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Janson <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Drink master		Employer (See Instructions) Janson Bailey
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baum, Alan <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/51 Rpt: 7/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 09/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baum, Alan C <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77057	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beall, Henry <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) One Eleven Electric
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benavides, Luis <hr/> Contributor address; City; State; Zip Code Laredo, TX 78041	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Alpine-ASAS Health
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berger, Michelle <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernard, Robert <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Landry's

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/51 Rpt: 8/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 10/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berndt, Robert <hr/> 6 Contributor address; City; State; Zip Code Beaumont, TX 77706	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Anesthesia Associates
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop, Jared <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77705	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Jared Bishop
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bollner, Daniel <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bourgeois, Keith <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Vitreous and retinal surgeon		Employer (See Instructions) Downtown Eye Associates
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bransford, Angela Corbin <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/51 Rpt: 9/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brekke, Jeff <hr/> 6 Contributor address; City; State; Zip Code Argyle, TX 76226	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Anesthesiologist		9 Employer (See Instructions) Jeffrey Brekke MD PA
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breland, Nathalie <hr/> Contributor address; City; State; Zip Code Penrose, CO 81240	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self employed
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broom, Guy <hr/> Contributor address; City; State; Zip Code Raymore, MO 64083	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Self
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broussard, Dwane <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) MD		Employer (See Instructions) Kelsey Seybold Clinic
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, James <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/51 Rpt: 10/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 09/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Kevin <hr/> 6 Contributor address; City; State; Zip Code Beaumont, TX 77706	7 Amount of Contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Script Care, Ltd
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Kevin <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Script Care Ltd
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Marc <hr/> Contributor address; City; State; Zip Code Heath, TX 75032	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Metro Anesthesia Consultants
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, David <hr/> Contributor address; City; State; Zip Code McKinney, TX 76071	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) USAP
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrom, Susan <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Insurance broker		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/51 Rpt: 11/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 08/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callas, Gerald <hr/> 6 Contributor address; City; State; Zip Code Beaumont, TX 77713	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) physician		9 Employer (See Instructions) Anesthesia Associates
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callewart, Craig <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) C3 Spine
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callihan, Margaret <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$260.73
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cansler, Jaclyn <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) BHSET
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Carlos <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) DHR Health

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/51 Rpt: 12/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlo, John <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75228	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Prism Health North Texas
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casanova, Mark <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218-1826	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott & White
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Case, Bryan <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Classic Southeast Texas
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castro MD *, Harvey <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) chief ai officer		Employer (See Instructions) Harvey Castro
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cattano, Davide <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) UTHEALTH

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/51 Rpt: 13/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 10/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan, Calvin <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75225	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Anesthesiologist		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chica, Andy <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Chica & Associates
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Childs, Tilden <hr/> 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) Radiology Associates of North Texas, P.A.
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Childs, Tilden <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Association Management		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Mary <hr/> Contributor address; City; State; Zip Code BEAUMONT, TX 77706-7261	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/51 Rpt: 14/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 10/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clayton, Gary R. <hr/> 6 Contributor address; City; State; Zip Code Lumberton, TX 77657	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Gary Clayton Family Practice
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Christopher <hr/> Contributor address; City; State; Zip Code Garland, TX 75043	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self employed
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crenshaw, Will B <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77701	Amount of Contribution (\$) \$50,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Dragon Industrial
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) D&A Polymers LLC (DBA Polymer Solutions) <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAO PA, TU <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Orthomed Staffing

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/51 Rpt: 15/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 10/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daleo, Bernie <hr/> 6 Contributor address; City; State; Zip Code Beaumont, TX 77706	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Settlement Consultant		9 Employer (See Instructions) Sage Settlement Consulting
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darby, Jeffrey <hr/> Contributor address; City; State; Zip Code Nederland, TX 77627	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Mayor		Employer (See Instructions) City of Nederland
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darrouzet, Michael <hr/> Contributor address; City; State; Zip Code Austin, TX 78730	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Healthcare Executive		Employer (See Instructions) Self
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dauterive, Bree <hr/> Contributor address; City; State; Zip Code Bridge City, TX 77611	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Bosco Industries
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Lynda <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Admin		Employer (See Instructions) Navsav Holdings LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/51 Rpt: 16/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 11/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77554	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) CFO		9 Employer (See Instructions) BTS Ventures
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Del Prete, Gerry <hr/> Contributor address; City; State; Zip Code Houston, TX 77055	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) Fertitta Entertainment
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doornbos, Billy W. <hr/> Contributor address; City; State; Zip Code Nederland, TX 77627	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) C. Doornbos, Inc.
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doshi, Snehal <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Snehal Doshi MD
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doss, Justin <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) 3D Consulting and Investments

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/51 Rpt: 17/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 10/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drummond, Shaina <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75230	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Physician Anesthesiologist		9 Employer (See Instructions) UT Southwestern
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ENP PAC Texas <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eye-PAC of the Texas Ophthalmological Association <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fairbrother, Hilary <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTHealth Houston
Date 11/02/2025	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 (\$) \$500.00
Principal occupation / Job title (See Instructions) MD		Employer (See Instructions) Utmb

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/51 Rpt: 18/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 09/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferrell, Jessica <hr/> 6 Contributor address; City; State; Zip Code Silsbee, TX 77656	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Rn		9 Employer (See Instructions) Baptist set
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fertitta, Joseph F. Jr <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Texas Coffee Company
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fertitta, Paige <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Landry's Corporate
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Field, Jr, John <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Anesthesiologist Associates
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Edward <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77701	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Self employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/51 Rpt: 19/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 09/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fite, Diana <hr/> 6 Contributor address; City; State; Zip Code Magnolia, TX 77355	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleeger, David <hr/> Contributor address; City; State; Zip Code Austin, TX 78733	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Surgeon		Employer (See Instructions) Texas Colon and Rectal Specialist
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Allen <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Restaurateur		Employer (See Instructions) Shark Ventures, Inc.
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Tabitha <hr/> Contributor address; City; State; Zip Code Richardson, TX 75082	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Anesthesiologist		Employer (See Instructions) Metro Anesthesia
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuljenz, Michael R. <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) US Bullion

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/51 Rpt: 20/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 09/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuller, Gregory <hr/> 6 Contributor address; City; State; Zip Code Keller, TX 76248	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) North Hills Family Medicine
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvan, Max <hr/> Contributor address; City; State; Zip Code Del Rio, TX 78840	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garretson, Melissa <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76126	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cook Children's Physician Network
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geiser, John <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gill, John <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dallas Sports Medicine

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/51 Rpt: 21/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilmer, William <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77005	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) physician		9 Employer (See Instructions) William S Gilmer MD PA
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilmore, John <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goerlich, E. L. <hr/> Contributor address; City; State; Zip Code Texas City, TX 77591	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodson, Guy <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) GERMER PLLC
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Granger, Al <hr/> Contributor address; City; State; Zip Code Orange, TX 77630	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Granger Chevrolet

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/51 Rpt: 22/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 08/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Mary Kelly <hr/> 6 Contributor address; City; State; Zip Code Marble Falls, TX 78654	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Mary Kelly Green MD PLLC
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Carl & Lori <hr/> Contributor address; City; State; Zip Code Winnie, TX 77665	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) CEO/President		Employer (See Instructions) GMJ
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guidry, Andrew <hr/> Contributor address; City; State; Zip Code Port Arthur, TX 77640	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) Pilot		Employer (See Instructions) Sabine Pilots
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gurkowski, Mary Ann <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Anesthesiologist		Employer (See Instructions) Self
Date 08/28/2025	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 (\$) \$500.00
Principal occupation / Job title (See Instructions) Surgeon		Employer (See Instructions) MD Anderson

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/51 Rpt: 23/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 10/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanna, Chris <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75229	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Walnut Hill Medical
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Lindsey <hr/> Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Eye Associates
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Ashley <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) GE HealthCare/Interventional
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Daniel Kennedy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550-8655	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Galveston Restaurant Group
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, William N. <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baptist Hospital of Southeast Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/51 Rpt: 24/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 09/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Brendan <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Anesthesiologist		9 Employer (See Instructions) Field
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, James C <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551-5940	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Henderson Partners
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Jorge <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Cardiologist		Employer (See Instructions) ACS
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Jorge <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$1,550.00
Principal occupation / Job title (See Instructions) Cardiologist		Employer (See Instructions) ACS
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilliard, Shanoah <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) Baptist Oncology

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/51 Rpt: 25/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 10/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollenshead, Andy <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 Anesthesiologist		9 Employer (See Instructions) Andy Hollenshead MD PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston Pilots PAC <hr/> Contributor address; City; State; Zip Code Deer Park, TX 77536	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunsaker, Jerry D. <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Christus Corpus Christi
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Island Marine Pile Drivers <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs, Robert <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77707	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) SVP		Employer (See Instructions) Riceland Healthcare

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/51 Rpt: 26/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 10/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Amber <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) James Firm PLLC
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janek, Kyle <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Anesthesiologist		Employer (See Instructions) US Anesthesia Partners
Date 09/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Kalan <hr/> Contributor address; City; State; Zip Code Salado, TX 76571	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Kalan Jenkins
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Britton <hr/> Contributor address; City; State; Zip Code Nederland, TX 77627	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Maintenance		Employer (See Instructions) CPChem
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Zachary <hr/> Contributor address; City; State; Zip Code Frisco, TX 75033	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Anesthesiologist		Employer (See Instructions) Metro Anesthesia

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/51 Rpt: 27/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kercheville, MD, Scott E. <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78215	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Glyn <hr/> Contributor address; City; State; Zip Code Frisco, TX 75033-0134	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koutrouvelis, Aristides <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Md		Employer (See Instructions) Utmb
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kridel, Dr Russell William <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) Houston Methodist
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kridel, Russell <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) Facial Plastic Surgery Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/51 Rpt: 28/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 09/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kubala, Mark <hr/> 6 Contributor address; City; State; Zip Code Beaumont, TX 77706	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lacy, Jeff <hr/> Contributor address; City; State; Zip Code COLLEYVILLE, TX 76034	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Lacy Malone Ryder & Menefee PLLC
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landry, Mickey J <hr/> Contributor address; City; State; Zip Code Orange, TX 77630	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Nick <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Anesthesiologist		Employer (See Instructions) Capitol Anesthesiology USAP
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowry, Logan <hr/> Contributor address; City; State; Zip Code Allen, TX 75002	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Logan D. Lowry CPA, PLLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/51 Rpt: 29/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 11/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lux Builders, LLC <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77551	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madejski, Thomas <hr/> Contributor address; City; State; Zip Code Albion, NY 14411	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Lake Plains Medical PLLC
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolis, Mark <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Metro Anesthesia
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masel, Brent E <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMB
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masel, Brian <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Anesthesiologist		Employer (See Instructions) UTMB

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/51 Rpt: 30/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 10/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAnelly, Jessica <hr/> 6 Contributor address; City; State; Zip Code Spring Branch, TX 78070	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Ameriprise/Citizens Bank
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGriff, Patrick <hr/> Contributor address; City; State; Zip Code Lumberton, TX 77657	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLaughlin, Cathy <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) Darnall Army Medical Center
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metropolitan Anesthesia Political Action Committee <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Christopher <hr/> Contributor address; City; State; Zip Code Argyle, TX 76226	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Anesthesiologist		Employer (See Instructions) Metro Anesthesia

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/51 Rpt: 31/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 08/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Thomas 6 Contributor address; City; State; Zip Code Beaumont, TX 77706	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Medical		9 Employer (See Instructions) Pure play
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Thomas Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Pure play
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, George Contributor address; City; State; Zip Code Beaumont, TX 77713	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monday, Kim Contributor address; City; State; Zip Code Houston, TX 77005-3318	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT McGovern
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore Brown, Katie 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) Jack Brown Insurance Agency

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/51 Rpt: 32/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 10/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Stan <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Metro Anesthesia
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mudd, Laura <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Douglas Elliman
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Musa, Mustafa <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77707	Amount of Contribution (\$) \$12,200.00
Principal occupation / Job title (See Instructions) Physician/internal Medicine		Employer (See Instructions) BIMGA
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Musa, Mustafa <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77707	Amount of Contribution (\$) \$12,200.00
Principal occupation / Job title (See Instructions) Physician/internal Medicine		Employer (See Instructions) BIMGA
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Musa, Mustafa <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77707	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) DR. MUSA

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/51 Rpt: 33/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 10/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Musa, Mustafa <hr/> 6 Contributor address; City; State; Zip Code Beaumont, TX 77707	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Baptist Hospital of Southeast Texas
Date 09/05/2025	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 (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Anesthesiologist		Employer (See Instructions) Baylor Scott and white
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, John <hr/> Contributor address; City; State; Zip Code Temple, TX 76502	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Internal Medicine Physician		Employer (See Instructions) Baylor Scott and White
Date 09/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Vinh <hr/> Contributor address; City; State; Zip Code Houston, TX 77035	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT MD Anderson Cancer Center
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Luke <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77707	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Prosecutor		Employer (See Instructions) Jefferson County District Attorney

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/51 Rpt: 34/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 10/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OK, John Y <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75248	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) USAP
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orrico, Katherine <hr/> Contributor address; City; State; Zip Code ELMHURST, IL 60126	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) American Association of Neurological Surgeons
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortega, Raul <hr/> Contributor address; City; State; Zip Code Lantana, TX 76226	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Vascular Surgeon		Employer (See Instructions) Texas Health Physician group
Date 09/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osman, Ali <hr/> Contributor address; City; State; Zip Code beaumont, TX 77706-7389	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Bema
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padakandla, Menaca <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) USAP

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/51 Rpt: 35/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 10/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padakandla, Menaca <hr/> 6 Contributor address; City; State; Zip Code Carrollton, TX 75010	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Udaya B Padakandla
Date 09/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Bruce <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76310	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parkhurst, Greg <hr/> Contributor address; City; State; Zip Code Lumberton, TX 77657	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions) Dragonfly Anesthesia, PLLC /Anesthesia Associates
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paschal, Cecile <hr/> Contributor address; City; State; Zip Code Nome, TX 77629	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearce, Lee Ann <hr/> Contributor address; City; State; Zip Code Dallas, TX 75244	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) PSG

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/51 Rpt: 36/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 09/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Jeremie <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79606	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Hendrick Anesthesia Network
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterek, Ben <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Commercial maintenance		Employer (See Instructions) Self
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Mary Dale <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician Administrator		Employer (See Instructions) Driscoll
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Picard, Kevin <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77701	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Gulf coast electric
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pivalizza, Evan G <hr/> Contributor address; City; State; Zip Code Fulshear, TX 77441	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott & White

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/51 Rpt: 37/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 10/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plagenhoef, Deborah L. <hr/> 6 Contributor address; City; State; Zip Code Southlake, TX 76092-9645	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self-employed
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Platts, Shilo <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77713	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Sales Director		Employer (See Instructions) CFI
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ponnuru, Hari <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Anesthesiologist		Employer (See Instructions) Baptist Hospital of Southeast Texas
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pourghaffar, Arsha <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) AP Law Group
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rabalais, Jasen <hr/> Contributor address; City; State; Zip Code Crosby, TX 77532	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/51 Rpt: 38/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 09/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rao, Vivek <hr/> 6 Contributor address; City; State; Zip Code Odessa, TX 79765	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Vivek Rao MD
Date 09/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebello, Elizabeth <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) MD Anderson Cancer Center
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Remster, Jeff <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Jeffrey <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) UTMB
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ritter, Allan B <hr/> Contributor address; City; State; Zip Code Nederland, TX 77627-1265	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/51 Rpt: 39/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 11/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robb, Christopher <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77554-8085	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) CFO		9 Employer (See Instructions) Sullivan Environmental Services
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Matt <hr/> Contributor address; City; State; Zip Code Liberty Hill, TX 78642	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Anesthesiologist		Employer (See Instructions) US Anesthesia Partners
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robles, Paige <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Admin Coordinator		Employer (See Instructions) TMA
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rock, Kerry <hr/> Contributor address; City; State; Zip Code Plano, TX 75025	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Anesthesiologist		Employer (See Instructions) Metropolitan Anesthesia Consultu
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roebuck, Jeremy <hr/> Contributor address; City; State; Zip Code Lumberton, TX 77657	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) SETENT

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/51 Rpt: 40/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 10/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowe, Rachelle <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77019	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Development		9 Employer (See Instructions) RMR
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIMON, MICHAEL <hr/> Contributor address; City; State; Zip Code Jacksonville, FL 32277	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) HCA
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salmon, Shelby <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) MD- anesthesia		Employer (See Instructions) Self
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salmon, Shelby <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) MD- anesthesia		Employer (See Instructions) Self
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salmon, Shelby <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) MD- anesthesia		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/51 Rpt: 41/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 10/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarmiento, Stephen <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75093	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Anesthesiologist		9 Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schultz, Paul <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) VP hospitality		Employer (See Instructions) Landry's
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, James M <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77705-9628	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Trans Global Solutions
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, John S. Jr <hr/> Contributor address; City; State; Zip Code Keller, TX 76248-4203	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Chief Medical Officer		Employer (See Instructions) ALLCARE Physicians Group
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Secrest, Leslie H. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) TX Health Presbyterian Hospital Dallas

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/51 Rpt: 42/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 10/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shackelford, John <hr/> 6 Contributor address; City; State; Zip Code Nome, TX 77629	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 08/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah, Jayesh <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Medical		Employer (See Instructions) TIMEO2 Healing Concepts, LLC
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silva, Zeke <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-8307	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silva, Zeke <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smecca, John A <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554-0000	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Galveston Restaurant Group

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/51 Rpt: 43/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southeast Texas Cardiac LLC <hr/> 6 Contributor address; City; State; Zip Code Humble, TX 77338	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spence, Matthew <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77705	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) STI Group
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spence, Paul <hr/> Contributor address; City; State; Zip Code Brookeland, TX 75931	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) STI Group
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steffek, Haden <hr/> Contributor address; City; State; Zip Code Copper Canyon, TX 75077	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician Anesthesiologist		Employer (See Instructions) Metropolitan Anesthesia consultants
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinhagen, Roy <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77720	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Steinhagen Oil

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/51 Rpt: 44/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Street, Austin <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75229	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) UTSW
Date 10/29/2025	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 (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTSW
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Summerville, Thomas <hr/> Contributor address; City; State; Zip Code Angleton, TX 77515	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Stanfield Properties
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sunny, Jamie <hr/> Contributor address; City; State; Zip Code Irving, TX 75039-3660	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Anesthesiologist		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swift, Brian <hr/> Contributor address; City; State; Zip Code Benbrook, TX 76126	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Eye surgeon		Employer (See Instructions) Tarrant County Medical Society

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/51 Rpt: 45/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 10/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taneja, Rishi 6 Contributor address; City; State; Zip Code Dallas, TX 75230	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Anesthesiologist		9 Employer (See Instructions) Metro Anesthesia
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Apartment Association PAC Account Contributor address; City; State; Zip Code Austin, TX 78701-1951	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Automobile Dealers Association Political Action Committee Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Medical Association PAC Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Medical Association PAC (TEXPAC) Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/51 Rpt: 46/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 10/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Medical Association PAC (TEXPAC) 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Podiatric Medical Association Political Action Committee Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Society of Anesthesiologists PAC (TSAPAC) Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Posey Law Firm, P.C. Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/51 Rpt: 47/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 09/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Jeffrey <hr/> 6 Contributor address; City; State; Zip Code Beaumont, TX 77706	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Townsend, Amy <hr/> Contributor address; City; State; Zip Code Orange, TX 77630	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self employed
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Transglobal Port Arthur LLC <hr/> Contributor address; City; State; Zip Code Port Arthur, TX 77642	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traylor, Billy Jack <hr/> Contributor address; City; State; Zip Code Vidor, TX 77662	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) National Trailer Source
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Troutman Pepper Locke LLP <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30308	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/51 Rpt: 48/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 11/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Troutman, Gerad <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79423	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Medicine		9 Employer (See Instructions) Gerad Troutman
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turnquest, Dexter <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77380	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician Surgeon		Employer (See Instructions) Self
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turnquest, Dexter <hr/> Contributor address; City; State; Zip Code Spring, TX 77380	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) USAP Texas, LLC – Dallas <hr/> Contributor address; City; State; Zip Code Dallas, TX 75251	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urrea, Luis <hr/> Contributor address; City; State; Zip Code El Paso, TX 79922-2034	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) El Paso Orthopaedic Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/51 Rpt: 49/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 09/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valenti, Joseph <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75230	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Caring for Women PLLC
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Duyne, Charles <hr/> Contributor address; City; State; Zip Code Irving, TX 75063	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verde, Robert <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Mgr		Employer (See Instructions) Universal Coin & Bullion
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victores, Andrew J. <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77707	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baptist Hospital of Southeast Texas
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victores, Ruben <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) SE TX OB/GYN

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/51 Rpt: 50/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vyas, Kavita <hr/> 6 Contributor address; City; State; Zip Code Nacogdoches, TX 75965-4880	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Psychiatrist		9 Employer (See Instructions) Shyam Vyas MD
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, J. Patrick <hr/> Contributor address; City; State; Zip Code Crockett, TX 75835	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Surgeon		Employer (See Instructions) Utmb
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walters, Clint <hr/> Contributor address; City; State; Zip Code Sour Lake, TX 77659	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) The First Security Bank
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weltge, Arlo <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 10/15/2025	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 (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Metro Anesthesia

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/51 Rpt: 51/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 11/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Dr. Thelma <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77551	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, James <hr/> Contributor address; City; State; Zip Code Hillister, TX 77624	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) University Executive Administration		Employer (See Instructions) State of Texas
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Widmer, Andrew <hr/> Contributor address; City; State; Zip Code Celina, TX 75009	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Internal Medicine Physician		Employer (See Instructions) Baylor Scott and White Health
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Widmer, Andrew James <hr/> Contributor address; City; State; Zip Code Belton, TX 76513	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) BSWH
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilhelm, David <hr/> Contributor address; City; State; Zip Code Cedar Creek, TX 78612	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) EVP		Employer (See Instructions) Texas Medical Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/51 Rpt: 52/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 10/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Crystal C <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77056-2409	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) MD Anderson
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yan, Dawn <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Anesthesiologist		Employer (See Instructions) MetroAnesthesia
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yudovich, Alex <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Newborn Hospitalist/Pediatrician		Employer (See Instructions) Pediatrix
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zeid, Yasser <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701-2143	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Corpus Christi Medical Center
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zummo, Frank <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706-2112	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) President/Owner		Employer (See Instructions) Zummo Meat Company

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/51 Rpt: 53/63
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646
4 Date 09/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) adams, judd <hr/> 6 Contributor address; City; State; Zip Code Beaumont, TX 77720	7 Amount of Contribution (\$) \$2,053.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) SPI
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) cansler, brian cansler <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Manager-Fabrication and Coating Group		Employer (See Instructions) Bomac
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) de Lanzac, Kraig <hr/> Contributor address; City; State; Zip Code Metairie, LA 70002	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tulane School of Medicine
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) jenkins, William <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77701	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) William jenkins
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) khetan, roger <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Roger khetan md LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 51/51 Rpt: 54/63

2 FILER NAME

Callas M.D., Gerald R. "Ray" (Dr.)

3 Filer ID (Ethics Commission Filers)
00082646

4 Date

08/30/2025

5 Full name of contributor

millar, Thomas

☐ out-of-state PAC (ID#: _____)

7 Amount of Contribution (\$)

\$500.00

6 Contributor address; City; State; Zip Code

Beaumont, TX 77706

8 Principal occupation / Job title (See Instructions)

Lawyer

9 Employer (See Instructions)

Pure play

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 55/63	
2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)		3 Filer ID (Ethics Commission Filers) 00082646	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/01/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RASTEGAR Property Company, LLC	8 Amount of contribution (\$) \$15,001.00	9 In-kind contribution description Payment for consulting expenses, website design, logo design, and campaign graphic design
7 Contributor address; City; State; Zip Code Austin, TX 78746		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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: 1/8 Rpt: 56/63	2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)	3 Filer ID (Ethics Commission Filers) 00082646
4 Date 12/05/2025	5 Payee name Arena	
6 Amount (\$) \$2,246.56	7 Payee address; City; State; Zip Code 1260 E Stringham Ave Suite 400 Salt Lake City, UT 84106	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(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 Texts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2025	Payee name Arena	
Amount (\$) \$1,873.51	Payee address; City; State; Zip Code 1260 E Stringham Ave Suite 400 Salt Lake City, UT 84106	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(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 Texts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2025	Payee name Arena	
Amount (\$) \$2,178.02	Payee address; City; State; Zip Code 1260 E Stringham Ave Suite 400 Salt Lake City, UT 84106	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(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 Texts
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: 2/8 Rpt: 57/63	2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)	3 Filer ID (Ethics Commission Filers) 00082646
4 Date 11/03/2025	5 Payee name Arena	
6 Amount (\$) \$13,838.36	7 Payee address; City; State; Zip Code 1260 E Stringham Ave Suite 400 Salt Lake City, UT 84106	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(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 Texts/Mailer
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2025	Payee name Austin Sign Works	
Amount (\$) \$9,784.35	Payee address; City; State; Zip Code 9200 Waterford Centre Blvd Austin, TX 78729	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(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 Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/25/2025	Payee name Brandon Gouthier Photography	
Amount (\$) \$1,217.81	Payee address; City; State; Zip Code 1275 S. Major Dr Beaumont, TX 77707	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photography - Gov's event
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: 3/8 Rpt: 58/63	2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)	3 Filer ID (Ethics Commission Filers) 00082646
4 Date 11/06/2025	5 Payee name Brandon Gouthier Photography	
6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 1275 S. Major Dr Beaumont, TX 77707	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photography for campaign event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2025	Payee name Callas, Ray (Dr.)	
Amount (\$) \$846.77	Payee address; City; State; Zip Code <div style="background-color: black; color: white; text-align: center; padding: 2px;">REDACTED PER 254.0401, ELEC. CODE</div> Beaumont, TX 77706	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dallas Fundraiser Flight reimbursement.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2025	Payee name Cotton Cargo	
Amount (\$) \$3,308.12	Payee address; City; State; Zip Code 2400 Gulf St Beaumont, TX 77703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(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 Shirts
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: 4/8 Rpt: 59/63	2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)	3 Filer ID (Ethics Commission Filers) 00082646
4 Date 11/25/2025	5 Payee name Courville's	
6 Amount (\$) \$13,687.74	7 Payee address; City; State; Zip Code 1744 Rose Ln BEAUMONT, TX 77713	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gov Abbott Event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2025	Payee name Garth House	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 1895 Mcfaddin Ave Beaumont, TX 77701	
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 Sponsorship - Garth House Fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/21/2025	Payee name Gift of Life Beaumont	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 2390 Dowlen Rd Beaumont, TX 77706	
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 Sponsorship - gift of life fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/8 Rpt: 60/63	2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)	3 Filer ID (Ethics Commission Filers) 00082646
4 Date 11/17/2025	5 Payee name Hantz, Chris	
6 Amount (\$) \$600.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Vinton, LA 70668	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Music for Gov. Abbott Event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/16/2025	Payee name It's All 'N' The Presentation	
Amount (\$) \$929.87	Payee address; City; State; Zip Code 3965 Phelan Blvd #106 BEAUMONT, TX 77707	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flowers/Centerpieces for Gov. Abbott event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/10/2025	Payee name Jasper County Sheriff's Office	
Amount (\$) \$4,500.00	Payee address; City; State; Zip Code 101 Burch St Jasper, TX 75951	
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 Jasper County Sheriff Blue Santa Fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/8 Rpt: 61/63	2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)	3 Filer ID (Ethics Commission Filers) 00082646
4 Date 12/11/2025	5 Payee name Matthews, Andrew	
6 Amount (\$) \$340.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Jasper, TX 75951	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary for campaign help.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2025	Payee name Republican Party of Texas	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 807 Brazos St Suite 701 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RPT Filing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/05/2025	Payee name Southeast Texas DJ & Rental	
Amount (\$) \$346.00	Payee address; City; State; Zip Code 826 Nederland Ave Nederland, TX 77627	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sound Equipment for Campaign event
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: 7/8 Rpt: 62/63	2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)	3 Filer ID (Ethics Commission Filers) 00082646
4 Date 10/27/2025	5 Payee name The Home Depot	
6 Amount (\$) \$89.54	7 Payee address; City; State; Zip Code 3910 Eastex Fwy Beaumont, TX 77703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(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 sign materials
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2025	Payee name The Post Oak Hotel	
Amount (\$) \$1,700.96	Payee address; City; State; Zip Code 1600 W Loop S Houston, TX 77027	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign fundraiser.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/17/2025	Payee name The Post Oak Hotel	
Amount (\$) \$125.01	Payee address; City; State; Zip Code 1600 W Loop S Houston, TX 77027	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign fundraiser.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/8 Rpt: 63/63	2 FILER NAME Callas M.D., Gerald R. "Ray" (Dr.)	3 Filer ID (Ethics Commission Filers) 00082646
4 Date 11/06/2025	5 Payee name X.com	
6 Amount (\$) \$395.00	7 Payee address; City; State; Zip Code 865 FM-1209 Bldg 2 Bastrop, TX 78602	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense X payment verification for officeholder.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held