

**GENERAL-PURPOSE COMMITTEE  
CAMPAIGN FINANCE REPORT**

**FORM GPAC  
COVER SHEET PG 1**

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00068176	2 Total pages filed: 86		
3 COMMITTEE NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 01/14/2026  Date Hand-delivered or Date Postmarked  Receipt # <input type="text"/> Amount <input type="text"/>  Date Processed  Date Imaged			
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  3625 North Hall St Suite 800 Dallas, TX 75219				
5 CAMPAIGN TREASURER NAME  Mr.	FIRST Justin			MI	
	NICKNAME Phillips	LAST SUFFIX			
6 CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 205 Pennsylvania Ave. SE  Washington, DC 20003	APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; 205 Pennsylvania Ave. SE  Washington, DC 20003	APT / SUITE #;	CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (202) 543-8345	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15  <input type="checkbox"/> July 15	<input type="checkbox"/> 30th day before election  <input type="checkbox"/> 8th day before election  <input type="checkbox"/> Runoff	<input type="checkbox"/> Dissolution (Attach PAC-DR)  <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year 07/01/2025	Month Day Year THROUGH	Month Day Year 12/31/2025		
11 ELECTION	ELECTION DATE Month Day Year 11/03/2026	<input type="checkbox"/> Primary  <input checked="" type="checkbox"/> General	<input type="checkbox"/> Runoff  <input type="checkbox"/> Special	ELECTION TYPE  <input type="checkbox"/> Other	

**GO TO PAGE 2**

**GENERAL-PURPOSE COMMITTEE REPORT:  
PURPOSE AND TOTALS**

**FORM GPAC  
COVER SHEET PG 2**

<b>12 COMMITTEE NAME</b> Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>13 FILER ID</b> (Ethics Commission Filers) 00068176
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Matt Shaheen State Representative  B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
<b>15 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 21,210.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 29,048.09
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 82,822.65
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**16 AFFIDAVIT**

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

Mr. Justin Phillips

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**GENERAL-PURPOSE COMMITTEE REPORT:  
PURPOSE**

**FORM GPAC  
ADDENDUM**

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<b>12 COMMITTEE NAME</b> Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>13 FILER ID</b> (Ethics Commission Filers) 00068176
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Jared Patterson State Representative  B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Jeff Leach State Representative  B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Nathan Johnson State Representative  B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

**GENERAL-PURPOSE COMMITTEE REPORT:  
PURPOSE**

**FORM GPAC  
ADDENDUM**

Page 4 of 86

<b>12 COMMITTEE NAME</b> Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>13 FILER ID</b> (Ethics Commission Filers) 00068176		
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Raymond Callas State Representative  B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Tank Parker State Representative  B. Opposed	
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed	
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		
		<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Greg Abbott  B. Opposed
			2. Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
			3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
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<b>17</b> COMMITTEE NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee	<b>18</b> Filer ID (Ethics Commission Filers) 00068176
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 21,210.00	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS \$	
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION \$	
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION \$	
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
9. <input type="checkbox"/> SCHEDULE E: LOANS \$	
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 29,048.09	
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$	
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$	
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/75 Rpt: 6/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akaluso, Chinenyne ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
<b>Date</b> 09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Akaluso, Chinenyne ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Akaluso, Chinenyne ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Akaluso, Chinenyne ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 11/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Akaluso, Chinenyne ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/75 Rpt: 7/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akaluso, Chinenyenye	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, Michael	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, Michael	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, Michael	Amount of Contribution (\$) \$50.00
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## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/75 Rpt: 8/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, Michael	<b>7</b> Amount of Contribution (\$) \$50.00
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<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, Michael	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrade, Emilio	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 11/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrade, Emilio	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrade, Emilio	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/75 Rpt: 9/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 09/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrade, Emilio	<b>7</b> Amount of Contribution (\$) \$50.00
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<b>Date</b> 10/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrade, Emilio	<b>Amount of Contribution (\$)</b> \$50.00
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	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, MacArthur	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 10/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, MacArthur	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/75 Rpt: 10/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 09/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, MacArthur ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
<b>Date</b> 11/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, MacArthur ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, MacArthur ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, MacArthur ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 10/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Boehmer, Drew ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<b>4</b> Date 11/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boehmer, Drew	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Boehmer, Drew	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Boehmer, Drew	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Boehmer, Drew	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Boehmer, Drew	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/75 Rpt: 12/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 08/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brekke, Jeffrey	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
<b>Date</b> 07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Brekke, Jeffrey	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Brekke, Jeffrey	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Marc	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Marc	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/75 Rpt: 13/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Marc ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST	
<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants	<b>Date</b> 10/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Marc ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106
	<b>Amount of Contribution (\$)</b> \$50.00	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Marc ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
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<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Marc ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	
<b>Date</b> 07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Glenn ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	

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## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/75 Rpt: 14/86
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<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
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<b>4</b> Date 09/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cirone, Anthony	<b>7</b> Amount of Contribution (\$) \$50.00
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<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney, Paul	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
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<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
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<b>4</b> Date 09/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney, Paul .....  <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney, Paul .....  <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
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<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 10/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Culpepper, Donnie .....  <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<b>4</b> Date 07/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culpepper, Donnie .....  <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$)  \$50.00
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<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Deshpande, Pranav .....  <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b>  \$50.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	

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## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/75 Rpt: 20/86
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<b>4</b> Date 11/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deshpande, Pranav ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$) \$50.00
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<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
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<b>4</b> Date 07/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleishman, Ari	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleishman, Ari	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Foss, Prisila	<b>Amount of Contribution (\$)</b> \$50.00
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<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Foss, Prisila ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 10/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Tabitha ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$75.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Tabitha ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$75.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/75 Rpt: 23/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 09/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Tabitha	<b>7</b> Amount of Contribution (\$) \$75.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
<b>Date</b> 11/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Tabitha	<b>Amount of Contribution (\$)</b> \$75.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Tabitha	<b>Amount of Contribution (\$)</b> \$75.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Tabitha	<b>Amount of Contribution (\$)</b> \$75.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Tony	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/75 Rpt: 24/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Tony	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Tony	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Tony	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Tony	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 11/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Tony	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/75 Rpt: 25/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 07/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geiser, John ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$) \$42.00
	<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST	
<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants	<b>Date</b> 09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Geiser, John ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106
	<b>Amount of Contribution (\$)</b> \$42.00	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Geiser, John ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$42.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	
<b>Date</b> 11/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Geiser, John ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$42.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Geiser, John ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$42.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/75 Rpt: 26/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geiser, John	<b>7</b> Amount of Contribution (\$) \$42.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haldeman, Richard	Amount of Contribution (\$) \$42.00
	Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haldeman, Richard	Amount of Contribution (\$) \$42.00
	Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haldeman, Richard	Amount of Contribution (\$) \$42.00
	Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haldeman, Richard	Amount of Contribution (\$) \$42.00
	Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/75 Rpt: 27/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haldeman, Richard	<b>7</b> Amount of Contribution (\$) \$42.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Haldeman, Richard	<b>Amount of Contribution (\$)</b> \$42.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale Wattiker, Brittni	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale Wattiker, Brittni	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale Wattiker, Brittni	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/75 Rpt: 28/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale Wattiker, Brittani ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST	<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale Wattiker, Brittani ..... Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST	Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale Wattiker, Brittani ..... Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST	Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Christopher ..... Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST	Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Christopher ..... Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST	Employer (See Instructions) Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/75 Rpt: 29/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Christopher ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
<b>Date</b> 07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Christopher ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Christopher ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Christopher ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 11/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hein, Tillmann ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/75 Rpt: 30/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hein, Tillmann ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST	
<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants	<b>Date</b> 09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hein, Tillmann ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106
	<b>Amount of Contribution (\$)</b> \$50.00	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hein, Tillmann ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hein, Tillmann ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hein, Tillmann ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/75 Rpt: 31/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 08/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hemingway, Erik	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
<b>8</b> Principal occupation / Job title (See Instructions) CFO		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
<b>Date</b> 11/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hemingway, Erik	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> CFO		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hemingway, Erik	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> CFO		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hemingway, Erik	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> CFO		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hemingway, Erik	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> CFO		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/75 Rpt: 32/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hemingway, Erik	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
<b>8</b> Principal occupation / Job title (See Instructions) CFO		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
<b>Date</b> 07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Highfill, Erin	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Highfill, Erin	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Highfill, Erin	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Highfill, Erin	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/75 Rpt: 33/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Highfill, Erin ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST	
<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants	<b>Date</b> 11/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Highfill, Erin ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106
	<b>Amount of Contribution (\$)</b> \$50.00	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollenshead, Andy ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	
<b>Date</b> 07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollenshead, Andy ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	
<b>Date</b> 09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollenshead, Andy ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/75 Rpt: 34/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollenshead, Andy ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
<b>Date</b> 11/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollenshead, Andy ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollenshead, Andy ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Joe ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Joe ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/75 Rpt: 35/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Joe ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST	
<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants	<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Joe ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106
	<b>Amount of Contribution (\$)</b> \$50.00	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 11/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Joe ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	
<b>Date</b> 07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Joe ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	
<b>Date</b> 09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Zachary ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/75 Rpt: 36/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Zachary ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
<b>Date</b> 11/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Zachary ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$100.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 10/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Zachary ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$100.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Koshy, Daniel ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Koshy, Daniel ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/75 Rpt: 37/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 09/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koshy, Daniel	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
<b>Date</b> 10/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Koshy, Daniel	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Koshy, Daniel	<b>Amount of Contribution (\$)</b> \$50.00
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	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kwon, Min	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/75 Rpt: 38/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kwon, Min ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
<b>Date</b> 07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kwon, Min ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kwon, Min ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 10/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kwon, Min ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kwon, Min ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/75 Rpt: 39/86
<b>2</b> FILER NAME  Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers)  00068176
<b>4</b> Date  07/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Lankford, Lawrence	<b>7</b> Amount of Contribution (\$)  \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
<b>8</b> Principal occupation / Job title (See Instructions)  PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions)  Metropolitan Anesthesia Consultants
<b>Date</b>  08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  Lankford, Lawrence	<b>Amount of Contribution (\$)</b>  \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
Principal occupation / Job title (See Instructions)  PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions)  Metropolitan Anesthesia Consultants
<b>Date</b>  12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  Lankford, Lawrence	<b>Amount of Contribution (\$)</b>  \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
Principal occupation / Job title (See Instructions)  PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions)  Metropolitan Anesthesia Consultants
<b>Date</b>  10/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  Lankford, Lawrence	<b>Amount of Contribution (\$)</b>  \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
Principal occupation / Job title (See Instructions)  PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions)  Metropolitan Anesthesia Consultants
<b>Date</b>  09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  Lankford, Lawrence	<b>Amount of Contribution (\$)</b>  \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
Principal occupation / Job title (See Instructions)  PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions)  Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/75 Rpt: 40/86
<b>2</b> FILER NAME  Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date  11/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Lankford, Lawrence	<b>7</b> Amount of Contribution (\$)  \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
<b>8</b> Principal occupation / Job title (See Instructions)  PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions)  Metropolitan Anesthesia Consultants
<b>Date</b>  10/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  Margolis, Mark	<b>Amount of Contribution (\$)</b>  \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
Principal occupation / Job title (See Instructions)  PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions)  Metropolitan Anesthesia Consultants
<b>Date</b>  08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  Margolis, Mark	<b>Amount of Contribution (\$)</b>  \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
Principal occupation / Job title (See Instructions)  PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions)  Metropolitan Anesthesia Consultants
<b>Date</b>  12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  Margolis, Mark	<b>Amount of Contribution (\$)</b>  \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
Principal occupation / Job title (See Instructions)  PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions)  Metropolitan Anesthesia Consultants
<b>Date</b>  07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  Margolis, Mark	<b>Amount of Contribution (\$)</b>  \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
Principal occupation / Job title (See Instructions)  PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions)  Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/75 Rpt: 41/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 09/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolis, Mark ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST	
<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants	<b>Date</b> 11/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolis, Mark ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106
	<b>Amount of Contribution (\$)</b> \$50.00	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 11/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Varghese ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	
<b>Date</b> 09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Varghese ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Varghese ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/75 Rpt: 42/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Varghese	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
<b>Date</b> 07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Varghese	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Varghese	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Merchun, Christopher	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Merchun, Christopher	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 38/75 Rpt: 43/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee			<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merchun, Christopher	<b>7</b> Amount of Contribution (\$) \$50.00	
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106		
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants	
<b>Date</b> 11/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Merchun, Christopher	<b>Amount of Contribution (\$)</b> \$50.00	
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106		
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants	
<b>Date</b> 07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Merchun, Christopher	<b>Amount of Contribution (\$)</b> \$50.00	
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106		
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants	
<b>Date</b> 10/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Merchun, Christopher	<b>Amount of Contribution (\$)</b> \$50.00	
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106		
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants	
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Christopher	<b>Amount of Contribution (\$)</b> \$100.00	
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106		
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/75 Rpt: 44/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Christopher .....  <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Christopher .....  Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Christopher .....  Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Christopher .....  Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Christopher .....  Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/75 Rpt: 45/86
<b>2</b> FILER NAME  Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers)  00068176
<b>4</b> Date  10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Moorman, Andrew	<b>7</b> Amount of Contribution (\$)  \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
<b>8</b> Principal occupation / Job title (See Instructions)  PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions)  Metropolitan Anesthesia Consultants
<b>Date</b>  07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  Moorman, Andrew	<b>Amount of Contribution (\$)</b>  \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
Principal occupation / Job title (See Instructions)  PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions)  Metropolitan Anesthesia Consultants
<b>Date</b>  09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  Moorman, Andrew	<b>Amount of Contribution (\$)</b>  \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
Principal occupation / Job title (See Instructions)  PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions)  Metropolitan Anesthesia Consultants
<b>Date</b>  08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  Moorman, Andrew	<b>Amount of Contribution (\$)</b>  \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
Principal occupation / Job title (See Instructions)  PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions)  Metropolitan Anesthesia Consultants
<b>Date</b>  11/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  Moorman, Andrew	<b>Amount of Contribution (\$)</b>  \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
Principal occupation / Job title (See Instructions)  PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions)  Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/75 Rpt: 46/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moorman, Andrew	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Stan	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Stan	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Stan	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Stan	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/75 Rpt: 47/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 09/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Stan	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
<b>Date</b> 10/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Stan	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Musick, Devin	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Musick, Devin	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 10/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Musick, Devin	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/75 Rpt: 48/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Musick, Devin ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
<b>Date</b> 11/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Musick, Devin ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Musick, Devin ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Muhammad ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Muhammad ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/75 Rpt: 49/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 09/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Muhammad	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Muhammad	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Muhammad	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Muhammad	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Paul	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/75 Rpt: 50/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 08/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Paul ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Paul ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$100.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 07/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Paul ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$100.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 09/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Paul ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$100.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 11/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Paul ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$100.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/75 Rpt: 51/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rane, Clarissa ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$) \$42.00
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rane, Clarissa ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$42.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rane, Clarissa ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$42.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rane, Clarissa ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$42.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rane, Clarissa ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$42.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/75 Rpt: 52/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rane, Clarissa	<b>7</b> Amount of Contribution (\$) \$42.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
<b>Date</b> 10/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rane, Mihir	<b>Amount of Contribution (\$)</b> \$42.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rane, Mihir	<b>Amount of Contribution (\$)</b> \$42.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rane, Mihir	<b>Amount of Contribution (\$)</b> \$42.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 11/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rane, Mihir	<b>Amount of Contribution (\$)</b> \$42.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/75 Rpt: 53/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 07/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rane, Mihir ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$)  \$42.00
	<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST	<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rane, Mihir ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b>  \$42.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rastogi, Akhil ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b>  \$25.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 11/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rastogi, Akhil ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b>  \$25.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rastogi, Akhil ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b>  \$25.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/75 Rpt: 54/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 08/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rastogi, Akhil	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
<b>Date</b> 10/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rastogi, Akhil	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rastogi, Akhil	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Remster, Jeffrey	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 10/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Remster, Jeffrey	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/75 Rpt: 55/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Remster, Jeffrey	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
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<b>Date</b> 07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Remster, Jeffrey	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
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<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
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<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 11/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rew, Charles	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/75 Rpt: 56/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 07/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rew, Charles ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST	<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rew, Charles ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rew, Charles ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 10/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rew, Charles ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rew, Charles ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/75 Rpt: 57/86	
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176	
<b>4</b> Date 07/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rock, Kerryn ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$) \$50.00	
	<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		
<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants	<b>Date</b> 10/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rock, Kerryn ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rock, Kerryn ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00	
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rock, Kerryn ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00	
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 11/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rock, Kerryn ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00	
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/75 Rpt: 58/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 09/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rock, Kerryn	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
<b>Date</b> 11/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Salmon, Shelby	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 10/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Salmon, Shelby	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Salmon, Shelby	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Salmon, Shelby	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/75 Rpt: 59/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 08/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salmon, Shelby	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
<b>Date</b> 09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Salmon, Shelby	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarmiento, Stephen	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarmiento, Stephen	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarmiento, Stephen	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/75 Rpt: 60/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarmiento, Stephen	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
<b>Date</b> 09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarmiento, Stephen	<b>Amount of Contribution (\$)</b> \$100.00
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<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 11/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarmiento, Stephen	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 10/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Saunders, Clark	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Saunders, Clark	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants

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## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/75 Rpt: 61/86
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<b>4</b> Date 11/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saunders, Clark ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$) \$25.00
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<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants	<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Saunders, Clark ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106
	<b>Amount of Contribution (\$)</b> \$25.00	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Saunders, Clark ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Saunders, Clark ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Shu, Stephen ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	

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## SCHEDULE A1

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<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shu, Stephen	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
<b>Date</b> 07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Shu, Stephen	<b>Amount of Contribution (\$)</b> \$50.00
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<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
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<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Shu, Stephen	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/75 Rpt: 63/86
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<b>4</b> Date 08/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shults, Justin	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
<b>Date</b> 07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Shults, Justin	<b>Amount of Contribution (\$)</b> \$50.00
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<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Siskowski, Matthew	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
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<b>Date</b> 10/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sparkman, Caroline ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
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<b>4</b> Date 07/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stamatakos, Todd ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$) \$100.00
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<b>4</b> Date 11/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stamatakos, Todd	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
<b>Date</b> 11/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Steffek, Haden	<b>Amount of Contribution (\$)</b> \$150.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 10/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Steffek, Haden	<b>Amount of Contribution (\$)</b> \$150.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Steffek, Haden	<b>Amount of Contribution (\$)</b> \$150.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Steffek, Haden	<b>Amount of Contribution (\$)</b> \$150.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants

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<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sunny, Jamie	<b>Amount of Contribution (\$)</b> \$50.00
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<b>Date</b> 07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Taneja, Rishi ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Taneja, Rishi ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 68/75 Rpt: 73/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 08/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toung, David ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST	
<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants	<b>Date</b> 11/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Toung, David ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106
	<b>Amount of Contribution (\$)</b> \$50.00	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Toung, David ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	
<b>Date</b> 10/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Toung, David ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	
<b>Date</b> 09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Toung, David ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 69/75 Rpt: 74/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 07/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toung, David	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
<b>Date</b> 09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Villegas, Melissa	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Villegas, Melissa	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Villegas, Melissa	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 11/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Villegas, Melissa	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 70/75 Rpt: 75/86
<b>2</b> FILER NAME  Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date  12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Villegas, Melissa	<b>7</b> Amount of Contribution (\$)  \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
<b>8</b> Principal occupation / Job title (See Instructions)  PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions)  Metropolitan Anesthesia Consultants
<b>Date</b>  10/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  Villegas, Melissa	<b>Amount of Contribution (\$)</b>  \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b>  PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b>  Metropolitan Anesthesia Consultants
<b>Date</b>  12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  Vu, Lisa	<b>Amount of Contribution (\$)</b>  \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b>  PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b>  Metropolitan Anesthesia Consultants
<b>Date</b>  10/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  Vu, Lisa	<b>Amount of Contribution (\$)</b>  \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b>  PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b>  Metropolitan Anesthesia Consultants
<b>Date</b>  09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  Vu, Lisa	<b>Amount of Contribution (\$)</b>  \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b>  PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b>  Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 71/75 Rpt: 76/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 07/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vu, Lisa ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST	
<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants	<b>Date</b> 08/29/2025	
	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Vu, Lisa ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 11/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Vu, Lisa ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	
<b>Date</b> 07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Weaver, Robert ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Mary ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$42.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 72/75 Rpt: 77/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 09/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Mary ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$) \$42.00
	<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST	
<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants	<b>Date</b> 10/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Mary ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106
	<b>Amount of Contribution (\$)</b> \$42.00	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Mary ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$42.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	
<b>Date</b> 07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Mary ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$42.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	
<b>Date</b> 11/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Mary ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b> \$42.00
	<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 73/75 Rpt: 78/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 11/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yan, Dawn	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants
<b>Date</b> 10/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Yan, Dawn	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Yan, Dawn	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Yan, Dawn	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Yan, Dawn	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b> Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 74/75 Rpt: 79/86
<b>2</b> FILER NAME  Metropolitan Anesthesia Consultants, LLP Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers)  00068176
<b>4</b> Date  09/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Yan, Dawn	<b>7</b> Amount of Contribution (\$)  \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	
<b>8</b> Principal occupation / Job title (See Instructions)  PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions)  Metropolitan Anesthesia Consultants
<b>Date</b>  11/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  Yang, Neil	<b>Amount of Contribution (\$)</b>  \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b>  PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b>  Metropolitan Anesthesia Consultants
<b>Date</b>  09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  Yang, Neil	<b>Amount of Contribution (\$)</b>  \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b>  PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b>  Metropolitan Anesthesia Consultants
<b>Date</b>  10/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  Yang, Neil	<b>Amount of Contribution (\$)</b>  \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b>  PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b>  Metropolitan Anesthesia Consultants
<b>Date</b>  07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  Yang, Neil	<b>Amount of Contribution (\$)</b>  \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	
<b>Principal occupation / Job title (See Instructions)</b>  PHYSICIAN ANESTHESIOLOGIST		<b>Employer (See Instructions)</b>  Metropolitan Anesthesia Consultants

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 75/75 Rpt: 80/86
<b>2</b> FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee			<b>3</b> Filer ID (Ethics Commission Filers) 00068176
<b>4</b> Date 08/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yang, Neil ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-5106	<b>7</b> Amount of Contribution (\$)  \$100.00	
<b>8</b> Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		<b>9</b> Employer (See Instructions) Metropolitan Anesthesia Consultants	
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Yang, Neil ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219-5106	<b>Amount of Contribution (\$)</b>  \$100.00	
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) Metropolitan Anesthesia Consultants	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/6 Rpt: 81/86	2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action	3 Filer ID (Ethics Commission Filers) 00068176
4 Date 07/14/2025	5 Payee name Bank of Texas	
6 Amount (\$) \$142.82	7 Payee address; City; State; Zip Code P O 2300 # 2300 # 2300 # 2300 # 2300 # 2300 # 2300 Tulsa, OK 74192-0001	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/17/2025	Payee name Bank of Texas	
Amount (\$) \$106.46	Payee address; City; State; Zip Code P O 2300 # 2300 # 2300 # 2300 # 2300 # 2300 # 2300 Tulsa, OK 74192-0001	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/15/2025	Payee name Bank of Texas	
Amount (\$) \$105.98	Payee address; City; State; Zip Code P O 2300 # 2300 # 2300 # 2300 # 2300 # 2300 # 2300 Tulsa, OK 74192-0001	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fee
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/6 Rpt: 82/86	2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action	3 Filer ID (Ethics Commission Filers) 00068176
4 Date 12/12/2025	5 Payee name Bank of Texas	
6 Amount (\$) \$105.98	7 Payee address; City; State; Zip Code P O 2300 # 2300 # 2300 # 2300 # 2300 # 2300 # 2300 Tulsa, OK 74192-0001	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/14/2025	Payee name Bank of Texas	
Amount (\$) \$142.82	Payee address; City; State; Zip Code P O 2300 # 2300 # 2300 # 2300 # 2300 # 2300 # 2300 Tulsa, OK 74192-0001	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/15/2025	Payee name Bank of Texas	
Amount (\$) \$105.82	Payee address; City; State; Zip Code P O 2300 # 2300 # 2300 # 2300 # 2300 # 2300 # 2300 Tulsa, OK 74192-0001	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fee
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/6 Rpt: 83/86	2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action	3 Filer ID (Ethics Commission Filers) 00068176
4 Date 09/22/2025	5 Payee name Jared Patterson Campaign	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code P.O. Box 2910  Austin, TX 78768-2910	
<input type="checkbox"/> Expenditure from corporate funds	(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 Political Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/10/2025	Payee name Jared Patterson Campaign	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code P.O. Box 2910  Austin, TX 78768-2910	
<input type="checkbox"/> Expenditure from corporate funds	(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 Contribution to Committee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/20/2025	Payee name Jeff Leach Campaign	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code P.O. Box 866186  Plano, TX 75086-6186	
<input type="checkbox"/> Expenditure from corporate funds	(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 Political Contribution
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/6 Rpt: 84/86	2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action	3 Filer ID (Ethics Commission Filers) 00068176
4 Date 11/19/2025	5 Payee name Jones, Zachary	
6 Amount (\$) \$154.10	7 Payee address; City; State; Zip Code 3625 N Hall St Ste 800 Dallas, TX 75219-5106	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement of Travel and Lodging for Fundraiser
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/22/2025	Payee name Jones, Zachary	
Amount (\$) \$1,184.11	Payee address; City; State; Zip Code 3625 N Hall St Ste 800 Dallas, TX 75219-5106	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement of Travel and Lodging for Fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/05/2025	Payee name Nathan Johnson Campaign	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code PO Box 670994  Dallas, TX 75367-0994	
<input type="checkbox"/> Expenditure from corporate funds	(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 Political Contribution
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/6 Rpt: 85/86	2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action	3 Filer ID (Ethics Commission Filers) 00068176
4 Date 10/20/2025	5 Payee name Ray Callas Campaign	
6 Amount (\$) \$10,000.00	7 Payee address; City; State; Zip Code 5815 Walden Rd PO Box 20032 Beaumont, TX 77720-6401	
<input type="checkbox"/> Expenditure from corporate funds	(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 Political Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/22/2025	Payee name Tan Parker Campaign	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code P.O. Box 271741  <input type="checkbox"/> Expenditure from corporate funds Flower Mound, TX 75027-1741	
<input type="checkbox"/> Expenditure from corporate funds	(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 Contribution to Committee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/05/2025	Payee name Texans for Greg Abbott	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code PO Box 308  <input type="checkbox"/> Expenditure from corporate funds Austin, TX 78767-0308	
<input type="checkbox"/> Expenditure from corporate funds	(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 Political Contribution
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/6 Rpt: 86/86	2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action	3 Filer ID (Ethics Commission Filers) 00068176
4 Date 10/20/2025	5 Payee name The Matt Shaheen Campaign	
6 Amount (\$) \$1,000.00	7 Payee address; City; 3917 MALTON DR.  Plano, TX 75025-3829	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name  Office sought	Office held