

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: 21 |
| 3 COMMITTEE NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee | | OFFICE USE ONLY | |
| | | Date Received ELECTRONICALLY FILED 02/23/2026 | |
| | | Date Hand-delivered or Date Postmarked | |
| | | Receipt # | Amount |
| | | 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 | MS / MRS / MR FIRST MI Mr. Justin <hr/> NICKNAME LAST SUFFIX Phillips | | |
| 6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small> | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 205 Pennsylvania Ave. SE Washington, DC 20003 | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 205 Pennsylvania Ave. SE Washington, DC 20003 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (202) 543-8345 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year 01/01/2026 THROUGH 02/21/2026 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 03/03/2026 | | |
| | | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | |

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

| | |
|---|---|
| 12 COMMITTEE NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee | 13 Filer ID (Ethics Commission Filers) 00068176 |
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|---|--|---|
| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Angela Paxton 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.) | |

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|-------------------------------|---|----|-----------|
| 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 3,610.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 5,212.44 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 81,220.21 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 0.00 |

16 AFFIDAVIT

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

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

Page 3 of 21

| | | |
|---|--|---|
| 12 COMMITTEE NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee | | 13 Filer ID (Ethics Commission Filers) 00068176 |
| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Elizabeth Campos 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.) | |
| | | |

SUBTOTALS - GPAC

| | | |
|---|---|---|
| 17 COMMITTEE NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee | | 18 Filer ID (Ethics Commission Filers) 00068176 |
| 19 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
| | NAME OF SCHEDULE | |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 3,610.00 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 3. | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0.00 |
| 4. | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 5. | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 6. | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 7. | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 8. | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 9. | <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ 0.00 |
| 10. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 5,212.44 |
| 11. | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0.00 |
| 12. | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 13. | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 0.00 |
| 14. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 15. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/13 Rpt: 5/21 |
| 2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00068176 |
| 4 Date 01/30/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akaluso, Chinenye <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST | | 9 Employer (See Instructions) Metropolitan Anesthesia Consultants |
| Date 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, Michael <hr/> 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 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrade, Emilio <hr/> 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 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, MacArthur <hr/> 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 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boehmer, Drew <hr/> 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

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/13 Rpt: 6/21 |
| 2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00068176 |
| 4 Date 01/30/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Marc <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST | | 9 Employer (See Instructions) Metropolitan Anesthesia Consultants |
| Date 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Glenn <hr/> 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 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan, Calvin <hr/> 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 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cirone, Anthony <hr/> 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 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney, Paul <hr/> 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

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/13 Rpt: 7/21 |
| 2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00068176 |
| 4 Date 01/30/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culpepper, Donnie <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST | | 9 Employer (See Instructions) Metropolitan Anesthesia Consultants |
| Date 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deshpande, Pranav <hr/> 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 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foss, Prisila <hr/> 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 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Tabitha <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106 | Amount of Contribution (\$) \$75.00 |
| Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST | | Employer (See Instructions) Metropolitan Anesthesia Consultants |
| Date 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Tony <hr/> 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

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/13 Rpt: 8/21 |
| 2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00068176 |
| 4 Date 01/30/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geiser, John <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106 | 7 Amount of Contribution (\$) \$42.00 |
| 8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST | | 9 Employer (See Instructions) Metropolitan Anesthesia Consultants |
| Date 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haldeman, Richard <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106 | Amount of Contribution (\$) \$42.00 |
| Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST | | Employer (See Instructions) Metropolitan Anesthesia Consultants |
| Date 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale Wattiker, Brittani <hr/> 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 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Christopher <hr/> 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 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hein, Tillmann <hr/> 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

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/13 Rpt: 9/21 |
| 2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00068176 |
| 4 Date 01/30/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hemingway, Erik <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) CFO | | 9 Employer (See Instructions) Metropolitan Anesthesia Consultants |
| Date 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Highfill, Erin <hr/> 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 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollenshead, Andy <hr/> 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 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Joe <hr/> 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 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Zachary <hr/> 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

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/13 Rpt: 10/21 |
| 2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00068176 |
| 4 Date 01/30/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koshy, Daniel <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST | | 9 Employer (See Instructions) Metropolitan Anesthesia Consultants |
| Date 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kwon, Min <hr/> 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 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lankford, Lawrence <hr/> 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 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolis, Mark <hr/> 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 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Varghese <hr/> 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

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/13 Rpt: 11/21 |
| 2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00068176 |
| 4 Date 01/30/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merchun, Christopher <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST | | 9 Employer (See Instructions) Metropolitan Anesthesia Consultants |
| Date 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Christopher <hr/> 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 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moorman, Andrew <hr/> 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 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Stan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) CEO | | Employer (See Instructions) Metropolitan Anesthesia Consultants |
| Date 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Musick, Devin <hr/> 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

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 8/13 Rpt: 12/21 |
| 2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00068176 |
| 4 Date 01/30/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Muhammad <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST | | 9 Employer (See Instructions) Metropolitan Anesthesia Consultants |
| Date 02/05/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Paul <hr/> 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 01/05/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Paul <hr/> 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 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rane, Clarissa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106 | Amount of Contribution (\$) \$42.00 |
| Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST | | Employer (See Instructions) Metropolitan Anesthesia Consultants |
| Date 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rane, Mihir <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106 | Amount of Contribution (\$) \$42.00 |
| Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST | | Employer (See Instructions) Metropolitan Anesthesia Consultants |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 9/13 Rpt: 13/21 |
| 2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00068176 |
| 4 Date 01/30/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rastogi, Akhil <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST | | 9 Employer (See Instructions) Metropolitan Anesthesia Consultants |
| Date 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Remster, Jeffrey <hr/> 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 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rew, Charles <hr/> 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 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rock, Kerry <hr/> 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 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salmon, Shelby <hr/> 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

| | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 10/13 Rpt: 14/21 |
| 2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00068176 |
| 4 Date 01/30/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarmiento, Stephen <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST | | 9 Employer (See Instructions) Metropolitan Anesthesia Consultants |
| Date 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saunders, Clark <hr/> 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 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shu, Stephen <hr/> 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 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siskowski, Matthew <hr/> 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 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sistla, Aditya <hr/> 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

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 11/13 Rpt: 15/21 |
| 2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00068176 |
| 4 Date 01/30/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sparkman, Caroline <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST | | 9 Employer (See Instructions) Metropolitan Anesthesia Consultants |
| Date 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stamatakos, Todd <hr/> 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 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steffek, Haden <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106 | Amount of Contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST | | Employer (See Instructions) Metropolitan Anesthesia Consultants |
| Date 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sunny, Jamie <hr/> 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 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Syed, Sannoor <hr/> 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

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 12/13 Rpt: 16/21 |
| 2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00068176 |
| 4 Date 01/30/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taneja, Rishi <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST | | 9 Employer (See Instructions) Metropolitan Anesthesia Consultants |
| Date 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toung, David <hr/> 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 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villegas, Melissa <hr/> 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 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vu, Lisa <hr/> 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 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Mary <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5106 | Amount of Contribution (\$) \$42.00 |
| Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST | | Employer (See Instructions) Metropolitan Anesthesia Consultants |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 13/13 Rpt: 17/21 |
| 2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00068176 |
| 4 Date 01/30/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yan, Dawn <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-5106 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST | | 9 Employer (See Instructions) Metropolitan Anesthesia Consultants |
| Date 01/30/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yang, Neil <hr/> 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 |

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 18/21

2 FILER NAME
Metropolitan Anesthesia Consultants, LLP Political Action Committee

3 Filer ID (Ethics Commission Filers)
00068176

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

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

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: Sch: 1/1 Rpt: 19/21 |
| 2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00068176 |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ 0.00 |
| 5 Date of loan | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | 9 Loan Amount (\$) |
| 6 Is lender a financial institution? | 8 Lender address; City; State; Zip Code | 10 Interest Rate |
| | | 11 Maturity Date |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input type="checkbox"/> None | | 15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal occupation | | 21 Employer (See Instructions) |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 1/2 Rpt: 20/21 | 2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action | 3 Filer ID (Ethics Commission Filers) 00068176 |
| 4 Date 02/21/2026 | 5 Payee name Angela Paxton Campaign | |
| 6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code P. O. Box 2878 McKinney, TX 75070-8178 | |
| 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 Contribution to Committee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/15/2026 | Payee name Bank of Texas | |
| Amount (\$) \$106.46 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 2300 Tulsa, OK 74192-0001 | |
| PURPOSE OF EXPENDITURE | (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 02/13/2026 | Payee name Bank of Texas | |
| Amount (\$) \$105.98 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 2300 Tulsa, OK 74192-0001 | |
| PURPOSE OF EXPENDITURE | (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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 2/2 Rpt: 21/21 | 2 FILER NAME Metropolitan Anesthesia Consultants, LLP Political Action | 3 Filer ID (Ethics Commission Filers) 00068176 |
| 4 Date 01/23/2026 | 5 Payee name Elizabeth 'Liz' Campos Campaign | |
| 6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1028 Rigsby San Antonio, TX 78210 | |
| 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 Contribution to Committee |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| | | Office held |