MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers): 00024940

2 Total pages filed: 32

3 COMMITTEE NAME
Texas Society Of Anesthesiologists Political Action Committee

OFFICE USE ONLY
Date Received
ELECTRONICALLY FILED
03/04/2026
Date Hand-delivered or Date Postmarked
Receipt # Amount
Date Processed
Date Imaged

4 COMMITTEE ADDRESS
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP
401 W. 15th St. #990
Austin, TX 78701

5 CAMPAIGN TREASURER NAME
MS / MRS / MR | FIRST: Paden | MI
NICKNAME | LAST: Karnes | SUFFIX: M.D.

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
401 W. 15th St. #990
Austin, TX 78701

7 CAMPAIGN TREASURER MAILING ADDRESS
STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
401 W. 15th St. #990
Austin, TX 78701

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(512) 370-1659

9 REPORT TYPE
- [X] Monthly
- [ ] 10th day after campaign treasurer termination
- [ ] Dissolution (Attach PAC-DR)

10 MONTHLY REPORT FILING DEADLINE
- [ ] January 5
- [ ] February 5
- [X] March 5
- [ ] April 5
- [ ] May 5
- [ ] June 5
- [ ] July 5
- [ ] August 5
- [ ] September 5
- [ ] October 5
- [ ] November 5
- [ ] December 5

11 PERIOD COVERED
Month Day Year: 01/26/2026 THROUGH Month Day Year: 02/25/2026

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME	**13** Filer ID (Ethics Commission Filers)
Texas Society Of Anesthesiologists Political Action Committee	00024940

14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)		
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) ☐ check here if this report qualifies for the higher itemization threshold	$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 10,731.36
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	$ 40,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 299,856.14
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

16 AFFIDAVIT

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

Paden Karnes M.D.

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

SUBTOTALS - MPAC

FORM MPAC
COVER SHEET PG 3

17 COMMITTEE NAME	18 Filer ID (Ethics Commission Filers)
Texas Society Of Anesthesiologists Political Action Committee	00024940

19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 10,731.36
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$
9.		SCHEDULE E: LOANS	$
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$ 40,000.00
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 1/27 Rpt: 4/32

2 FILER NAME: Texas Society Of Anesthesiologists Political Action Committee

3 Filer ID (Ethics Commission Filers): 00024940

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of Contribution ($)
02/12/2026	Abouleish, Amr 6 Contributor address; City; State; Zip Code Houston, TX 77059	$85.00
8 Principal occupation / Job title (See Instructions): Physician	9 Employer (See Instructions):	
Date: 02/09/2026	Full name of contributor ☐ out-of-state PAC (ID#:_____): Allen, Stacey Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution ($): $84.00
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions):	
Date: 02/11/2026	Full name of contributor ☐ out-of-state PAC (ID#:_____): Alquicira-Macedo, Fernando Contributor address; City; State; Zip Code Houston, TX 77085	Amount of Contribution ($): $84.00
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions):	
Date: 02/10/2026	Full name of contributor ☐ out-of-state PAC (ID#:_____): An, Daniel Contributor address; City; State; Zip Code Fulshear, TX 77441	Amount of Contribution ($): $84.00
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions):	
Date: 02/12/2026	Full name of contributor ☐ out-of-state PAC (ID#:_____): Anton, James Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution ($): $84.00
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions):	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 2/27 Rpt: 5/32

2 FILER NAME: Texas Society Of Anesthesiologists Political Action Committee

3 Filer ID (Ethics Commission Filers): 00024940

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of Contribution ($)
02/10/2026	Arunkumar, Radha 6 Contributor address; City; State; Zip Code Houston, TX 77030	$84.00
8 Principal occupation / Job title (See Instructions): Physician	9 Employer (See Instructions):	
Date: 02/13/2026	Full name of contributor: Ata, Monica Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution ($): $84.00
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions):	
Date: 02/12/2026	Full name of contributor: Ball, Timothy Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution ($): $150.00
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions):	
Date: 02/06/2026	Full name of contributor: Beitzel, Michael Contributor address; City; State; Zip Code Abilene, TX 79602	Amount of Contribution ($): $84.00
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions):	
Date: 02/10/2026	Full name of contributor: Bracken, Christopher Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution ($): $84.00
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions):	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 3/27 Rpt: 6/32

2 FILER NAME
Texas Society Of Anesthesiologists Political Action Committee

3 Filer ID (Ethics Commission Filers)
00024940

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of Contribution ($)
02/09/2026	Bradley, Stephanie 6 Contributor address; City; State; Zip Code Houston, TX 77005	$84.00
8 Principal occupation / Job title (See Instructions) Physician	9 Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/11/2026	Brown, Zoe Contributor address; City; State; Zip Code Houston, TX 77025	$8.33
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/17/2026	Bryan, Joseph Contributor address; City; State; Zip Code Buda, TX 78610	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/11/2026	Butler, Brad Contributor address; City; State; Zip Code Abilene, TX 79602	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/29/2026	Cattano, Davide Contributor address; City; State; Zip Code Houston, TX 77030	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 4/27 Rpt: 7/32

2 FILER NAME
Texas Society Of Anesthesiologists Political Action Committee

3 Filer ID (Ethics Commission Filers)
00024940

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of Contribution ($)
02/09/2026	Chan, Calvin 6 Contributor address; City; State; Zip Code Dallas, TX 75219	$84.00
8 Principal occupation / Job title (See Instructions) Physician	9 Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/25/2026	Choi, Christopher Contributor address; City; State; Zip Code Dallas, TX 75204	$42.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Clanton, David Contributor address; City; State; Zip Code San Antonio, TX 78256	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/03/2026	Danley, Matthew Contributor address; City; State; Zip Code Fort Worth, TX 76109	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/11/2026	Dave, Siddharth Contributor address; City; State; Zip Code Lucas, TX 75002	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 5/27 Rpt: 8/32

2 FILER NAME
Texas Society Of Anesthesiologists Political Action Committee

3 Filer ID (Ethics Commission Filers)
00024940

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of Contribution ($)
02/04/2026	Davila-Perez, Ruben 6 Contributor address; City; State; Zip Code Houston, TX 77057	$21.00
8 Principal occupation / Job title (See Instructions) Physician	9 Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/06/2026	DeSocio, Peter Contributor address; City; State; Zip Code San Antonio, TX 78229	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/09/2026	Dewan, Brian Contributor address; City; State; Zip Code Austin, TX 78731	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/04/2026	Drees, Jeffrey Contributor address; City; State; Zip Code Corsicana, TX 75110	$85.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/12/2026	Dupont, Cedric Contributor address; City; State; Zip Code Rollingwood, TX 78746	$100.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 6/27 Rpt: 9/32

2 FILER NAME: Texas Society Of Anesthesiologists Political Action Committee

3 Filer ID (Ethics Commission Filers): 00024940

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of Contribution ($)
02/06/2026	Eddings, Joseph 6 Contributor address; City; State; Zip Code Austin, TX 78759	$85.00
8 Principal occupation / Job title (See Instructions): Physician	9 Employer (See Instructions):	
Date: 02/09/2026	Full name of contributor ☐ out-of-state PAC (ID#:_____): Emelife, Patrick Contributor address; City; State; Zip Code Grand Prairie, TX 75054	Amount of Contribution ($): $84.00
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions):	
Date: 02/13/2026	Full name of contributor ☐ out-of-state PAC (ID#:_____): Erian, Ralph Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution ($): $84.00
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions):	
Date: 02/06/2026	Full name of contributor ☐ out-of-state PAC (ID#:_____): Erickson, Joseph Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution ($): $84.00
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions):	
Date: 02/10/2026	Full name of contributor ☐ out-of-state PAC (ID#:_____): Fay, James Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution ($): $84.00
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions):	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 7/27 Rpt: 10/32

2 FILER NAME: Texas Society Of Anesthesiologists Political Action Committee

3 Filer ID (Ethics Commission Filers): 00024940

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)
02/10/2026	Fischer, Stefanie Galveston, TX 77551	$84.00
8 Principal occupation / Job title (See Instructions)	**9 Employer (See Instructions)**	
Physician		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/17/2026	Ford, Dina Houston, TX 77096	$84.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Physician		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/09/2026	Fox, Kaitlin Temple, TX 76508	$84.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Physician		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/10/2026	Gandhi, Samir San Antonio, TX 78229	$84.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Physician		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/10/2026	Gardner, Kelly San Antonio, TX 78257	$84.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Physician		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 8/27 Rpt: 11/32

2 FILER NAME: Texas Society Of Anesthesiologists Political Action Committee

3 Filer ID (Ethics Commission Filers): 00024940

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of Contribution ($)
02/10/2026	Gibbons, Stacey 6 Contributor address; City; State; Zip Code League City, TX 77573	$84.00
8 Principal occupation / Job title (See Instructions): Physician	9 Employer (See Instructions):	
Date: 02/11/2026	Full name of contributor ☐ out-of-state PAC (ID#:_____) Glover, Chris Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution ($): $84.00
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions):	
Date: 02/19/2026	Full name of contributor ☐ out-of-state PAC (ID#:_____) Gray, Von Contributor address; City; State; Zip Code Wichita Falls, TX 76308	Amount of Contribution ($): $42.00
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions):	
Date: 02/10/2026	Full name of contributor ☐ out-of-state PAC (ID#:_____) Guragain, Richesh Contributor address; City; State; Zip Code League city, TX 77573	Amount of Contribution ($): $84.00
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions):	
Date: 02/12/2026	Full name of contributor ☐ out-of-state PAC (ID#:_____) Gurkowski, Mary Ann Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution ($): $83.34
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions):	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 9/27 Rpt: 12/32

2 FILER NAME: Texas Society Of Anesthesiologists Political Action Committee

3 Filer ID (Ethics Commission Filers): 00024940

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of Contribution ($)
02/11/2026	Hagberg, Carin 6 Contributor address; City; State; Zip Code Houston, TX 77030	$84.00
8 Principal occupation / Job title (See Instructions): Physician	9 Employer (See Instructions):	
Date: 02/10/2026	Full name of contributor ☐ out-of-state PAC (ID#:_____) Hancher, Shannon Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution ($): $84.00
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions):	
Date: 02/19/2026	Full name of contributor ☐ out-of-state PAC (ID#:_____) Harvey, Benjamin Contributor address; City; State; Zip Code Houston, TX 77055	Amount of Contribution ($): $100.00
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions):	
Date: 02/11/2026	Full name of contributor ☐ out-of-state PAC (ID#:_____) Havalda, Diane Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution ($): $84.00
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions):	
Date: 02/04/2026	Full name of contributor ☐ out-of-state PAC (ID#:_____) Hernandez, Raul Contributor address; City; State; Zip Code Rio Grande City, TX 78582	Amount of Contribution ($): $42.00
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions):	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 10/27 Rpt: 13/32

2 FILER NAME
Texas Society Of Anesthesiologists Political Action Committee

3 Filer ID (Ethics Commission Filers)
00024940

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of Contribution ($)
02/13/2026	Highfill, Erin 6 Contributor address; City; State; Zip Code Garland, TX 75044	$100.00
8 Principal occupation / Job title (See Instructions) Physician	9 Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/05/2026	Hines, Clayton Contributor address; City; State; Zip Code Beaumont, TX 77705	$45.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/09/2026	Hofkamp, Michael Contributor address; City; State; Zip Code Round Rock, TX 78681	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/11/2026	Hollenshead, Andy Contributor address; City; State; Zip Code Dallas, TX 75219	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/06/2026	Horazeck, Christian Contributor address; City; State; Zip Code Round Rock, TX 78664	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 11/27 Rpt: 14/32

2 FILER NAME
Texas Society Of Anesthesiologists Political Action Committee

3 Filer ID (Ethics Commission Filers)
00024940

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)
02/11/2026	Huang, Henry Houston, TX 77055	$20.83
8 Principal occupation / Job title (See Instructions)	**9 Employer (See Instructions)**	
Physician		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/09/2026	Hurlburt, Brian Beaumont, TX 77726	$84.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Physician		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/11/2026	Hutson, Larry Temple, TX 76502	$150.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Physician		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/10/2026	Ingram, Kristyn El Paso, TX 79912	$84.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Physician		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
02/11/2026	Jameson, Lauren Houston, TX 77098	$8.33
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Physician		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 12/27 Rpt: 15/32

2 FILER NAME
Texas Society Of Anesthesiologists Political Action Committee

3 Filer ID (Ethics Commission Filers)
00024940

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of Contribution ($)
02/09/2026	Jenkins, Kalan 6 Contributor address; City; State; Zip Code Salado, TX 76571	$84.00
8 Principal occupation / Job title (See Instructions) Physician	9 Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/10/2026	Jones, Chauncey Contributor address; City; State; Zip Code Magnolia, TX 77355	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/12/2026	Jones, Zachary Contributor address; City; State; Zip Code Frisco, TX 75033	$100.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/06/2026	Karnes, Paden Contributor address; City; State; Zip Code Houston, TX 77030	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/06/2026	Kercheville, Scott Contributor address; City; State; Zip Code San Antonio, TX 78215	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 13/27 Rpt: 16/32

2 FILER NAME
Texas Society Of Anesthesiologists Political Action Committee

3 Filer ID (Ethics Commission Filers)
00024940

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of Contribution ($)
02/09/2026	Koehler, Michelle 6 Contributor address; City; State; Zip Code New Braunfels, TX 78132	$84.00
8 Principal occupation / Job title (See Instructions) Physician	9 Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/12/2026	Kolle, Bracken Contributor address; City; State; Zip Code Houston, TX 77042	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/12/2026	Konvicka, James Contributor address; City; State; Zip Code Belton, TX 76513	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/10/2026	Koppang, Erik Contributor address; City; State; Zip Code Fair Oaks, TX 78015	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/09/2026	Kroger, John Contributor address; City; State; Zip Code League City, TX 77573	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 14/27 Rpt: 17/32

2 FILER NAME
Texas Society Of Anesthesiologists Political Action Committee

3 Filer ID (Ethics Commission Filers)
00024940

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of Contribution ($)
02/20/2026	Kwater, Andrzej 6 Contributor address; City; State; Zip Code Houston, TX 77009	$84.00
8 Principal occupation / Job title (See Instructions) Physician	9 Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/10/2026	Langridge, Xuan Contributor address; City; State; Zip Code Houston, TX 77079	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/11/2026	Lasseter, Adam Contributor address; City; State; Zip Code Austin, TX 78704	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/19/2026	Lindberg, Scott Contributor address; City; State; Zip Code Katy, TX 77494	$100.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/11/2026	Littlejohn, Martin Contributor address; City; State; Zip Code San Antonio, TX 78254	$42.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 15/27 Rpt: 18/32

2 FILER NAME
Texas Society Of Anesthesiologists Political Action Committee

3 Filer ID (Ethics Commission Filers)
00024940

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of Contribution ($)
02/10/2026	Luong, Linh 6 Contributor address; City; State; Zip Code Houston, TX 77030	$84.00
8 Principal occupation / Job title (See Instructions) Physician	9 Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/10/2026	Magdaleno, Daniela Contributor address; City; State; Zip Code Manvel, TX 77578	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/11/2026	Maloney, Kenneth Contributor address; City; State; Zip Code Cypress, TX 77429	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/12/2026	Markham, Travis Contributor address; City; State; Zip Code Houston, TX 77030	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/09/2026	Masel, Brian Contributor address; City; State; Zip Code Galveston, TX 77555	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 16/27 Rpt: 19/32

2 FILER NAME
Texas Society Of Anesthesiologists Political Action Committee

3 Filer ID (Ethics Commission Filers)
00024940

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of Contribution ($)
02/06/2026	McAllister, Russell 6 Contributor address; City; State; Zip Code Temple, TX 76508	$84.00
8 Principal occupation / Job title (See Instructions) Physician	9 Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/11/2026	McLeod, Christopher Contributor address; City; State; Zip Code Coppell, TX 75019	$21.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/11/2026	McWilliams, Sara Contributor address; City; State; Zip Code Boerne, TX 78006	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/12/2026	Merchun, Christopher Contributor address; City; State; Zip Code Dallas, TX 75219	$41.67
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Mercier, David Contributor address; City; State; Zip Code Dallas, TX 75229	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 17/27 Rpt: 20/32

2 FILER NAME
Texas Society Of Anesthesiologists Political Action Committee

3 Filer ID (Ethics Commission Filers)
00024940

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of Contribution ($)
02/12/2026	Miller, Christopher 6 Contributor address; City; State; Zip Code Arlington, TX 76015	$84.00
8 Principal occupation / Job title (See Instructions) Physician	9 Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/09/2026	Moore, Adam Contributor address; City; State; Zip Code New Braunfels, TX 78132	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/04/2026	Moorman, Andrew Contributor address; City; State; Zip Code Dallas, TX 75219	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/11/2026	Mouzi-Wofford, Lisa Contributor address; City; State; Zip Code Houston, TX 77007	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/09/2026	Muro, Rene Contributor address; City; State; Zip Code El Paso, TX 79922	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 18/27 Rpt: 21/32

2 FILER NAME
Texas Society Of Anesthesiologists Political Action Committee

3 Filer ID (Ethics Commission Filers)
00024940

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of Contribution ($)
02/06/2026	Muse, Kenisha 6 Contributor address; City; State; Zip Code Temple, TX 76502	$84.00
8 Principal occupation / Job title (See Instructions) Physician	9 Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/11/2026	Normand, Katherine Contributor address; City; State; Zip Code Houston, TX 77079	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/09/2026	Norrell, Stacy Contributor address; City; State; Zip Code Magnolia, TX 77355	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/09/2026	Nwokolo, Omonele Contributor address; City; State; Zip Code Houston, TX 77030	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/09/2026	Odeh, Jaffer Contributor address; City; State; Zip Code Dallas, TX 75390	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 19/27 Rpt: 22/32

2 FILER NAME
Texas Society Of Anesthesiologists Political Action Committee

3 Filer ID (Ethics Commission Filers)
00024940

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of Contribution ($)
02/10/2026	Ok, John 6 Contributor address; City; State; Zip Code Dallas, TX 75251	$84.00
8 Principal occupation / Job title (See Instructions) Physician	9 Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/10/2026	Padakandla, Udaya Contributor address; City; State; Zip Code Carrollton, TX 75010	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/10/2026	Pandya, Vrunda Contributor address; City; State; Zip Code Boerne, TX 78006	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/12/2026	Perry, Jeremie Contributor address; City; State; Zip Code Abilene, TX 79606	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/09/2026	Peterson, Mary Dale Contributor address; City; State; Zip Code Corpus Christi, TX 78404	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 20/27 Rpt: 23/32

2 FILER NAME
Texas Society Of Anesthesiologists Political Action Committee

3 Filer ID (Ethics Commission Filers)
00024940

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of Contribution ($)
02/11/2026	Phillips, Cooper 6 Contributor address; City; State; Zip Code Lubbock, TX 79430	$41.67
8 Principal occupation / Job title (See Instructions) Physician	9 Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/09/2026	Pivalizza, Evan Contributor address; City; State; Zip Code Tyler, TX 75708	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/11/2026	Plagenhoef, Jeffrey Contributor address; City; State; Zip Code Southlake, TX 76092	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Rahlfs, Thomas Contributor address; City; State; Zip Code Houston, TX 77079	$83.34
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/11/2026	Rane, Mihir Contributor address; City; State; Zip Code Dalas, TX 75209	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 21/27 Rpt: 24/32

2 FILER NAME
Texas Society Of Anesthesiologists Political Action Committee

3 Filer ID (Ethics Commission Filers)
00024940

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of Contribution ($)
02/13/2026	Rebal, Brett 6 Contributor address; City; State; Zip Code Austin, TX 78746	$84.00
8 Principal occupation / Job title (See Instructions) Physician	9 Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/06/2026	Rebello, Elizabeth Contributor address; City; State; Zip Code Houston, TX 77005	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/05/2026	Reed, LoriJean Contributor address; City; State; Zip Code Dallas, TX 75230	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/04/2026	Remster, Jeffrey Contributor address; City; State; Zip Code Dallas, TX 75206	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/12/2026	Richards, Jeffrey Contributor address; City; State; Zip Code League City, TX 77573	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 22/27 Rpt: 25/32

2 FILER NAME
Texas Society Of Anesthesiologists Political Action Committee

3 Filer ID (Ethics Commission Filers)
00024940

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of Contribution ($)
02/11/2026	Rochkind, Jessica 6 Contributor address; City; State; Zip Code Galveston, TX 77551	$84.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/11/2026	Rondeau, Bryan Contributor address; City; State; Zip Code Temple, TX 76502	$83.34

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/09/2026	Rutland, Lindsey Contributor address; City; State; Zip Code Austin, TX 78723	$84.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/10/2026	Saluja, Vijay Contributor address; City; State; Zip Code Frisco, TX 75035	$41.67

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/12/2026	Sarmiento, Stephen Contributor address; City; State; Zip Code Plano, TX 75093	$85.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 23/27 Rpt: 26/32

2 FILER NAME: Texas Society Of Anesthesiologists Political Action Committee

3 Filer ID (Ethics Commission Filers): 00024940

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of Contribution ($)
02/09/2026	Scott, John 6 Contributor address; City; State; Zip Code Keller, TX 76248	$84.00
8 Principal occupation / Job title (See Instructions): Physician	9 Employer (See Instructions):	
Date: 02/12/2026	Full name of contributor ☐ out-of-state PAC (ID#:_____) Selassie, Rahel Contributor address; City; State; Zip Code Manvel, TX 77578	Amount of Contribution ($): $84.00
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions):	
Date: 02/11/2026	Full name of contributor ☐ out-of-state PAC (ID#:_____) Sen, Sudipta Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution ($): $84.00
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions):	
Date: 02/09/2026	Full name of contributor ☐ out-of-state PAC (ID#:_____) Sheppard, Shaina Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution ($): $84.00
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions):	
Date: 02/03/2026	Full name of contributor ☐ out-of-state PAC (ID#:_____) Shu, Stephen Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution ($): $84.00
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions):	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 24/27 Rpt: 27/32

2 FILER NAME
Texas Society Of Anesthesiologists Political Action Committee

3 Filer ID (Ethics Commission Filers)
00024940

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of Contribution ($)
02/06/2026	Sridhar, Srikanth 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479	$84.00
8 Principal occupation / Job title (See Instructions) Physician	9 Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/12/2026	Stamatakos, Todd Contributor address; City; State; Zip Code Frisco, TX 75034	$85.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/10/2026	Street, Austin Contributor address; City; State; Zip Code Dallas, TX 75229	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/09/2026	Taneja, Rishi Contributor address; City; State; Zip Code Dallas, TX 75230	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/13/2026	Teegarden, Beth Contributor address; City; State; Zip Code Galveston, TX 77555	$62.50
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 25/27 Rpt: 28/32

2 FILER NAME
Texas Society Of Anesthesiologists Political Action Committee

3 Filer ID (Ethics Commission Filers)
00024940

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of Contribution ($)
02/11/2026	Tsai, January 6 Contributor address; City; State; Zip Code Houston, TX 77005	$84.00
8 Principal occupation / Job title (See Instructions) Physician	9 Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/06/2026	Verheeck, Amanda Contributor address; City; State; Zip Code Beaumont, TX 77702	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/10/2026	Vidaurri, Lytorre Contributor address; City; State; Zip Code Austin, TX 78726	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/12/2026	Vu-Boyer, Lisa Contributor address; City; State; Zip Code Dallas, TX 75219	$100.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/09/2026	Wajima, Yutaka Contributor address; City; State; Zip Code Austin, TX 78731	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 26/27 Rpt: 29/32

2 FILER NAME
Texas Society Of Anesthesiologists Political Action Committee

3 Filer ID (Ethics Commission Filers)
00024940

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of Contribution ($)
02/18/2026	Wegner, Robert 6 Contributor address; City; State; Zip Code Pearland, TX 77584	$84.00
8 Principal occupation / Job title (See Instructions) Physician	9 Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/11/2026	Weiss, Lisa Contributor address; City; State; Zip Code Houston, TX 77018	$83.34
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/28/2026	Wells, Kristen Contributor address; City; State; Zip Code Addison, TX 75001	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/04/2026	West, Mary Contributor address; City; State; Zip Code Irving, TX 75061	$25.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/11/2026	Whitman, Frances Contributor address; City; State; Zip Code Frisco, TX 75034	$84.00
Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 27/27 Rpt: 30/32

2 FILER NAME
Texas Society Of Anesthesiologists Political Action Committee

3 Filer ID (Ethics Commission Filers)
00024940

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of Contribution ($)
02/09/2026	Wood, Ashley 6 Contributor address; City; State; Zip Code McKinney, TX 75072	$84.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/09/2026	Woods, Amy Contributor address; City; State; Zip Code Dallas, TX 75390	$84.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/10/2026	Wright, Crystal Contributor address; City; State; Zip Code Houston, TX 77005	$84.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/10/2026	Yolland, Michael Contributor address; City; State; Zip Code Galveston, TX 77555	$84.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/2 Rpt: 31/32	Texas Society Of Anesthesiologists Political Action	00024940

4 Date	5 Payee name
02/23/2026	Chris Turner Campaign

6 Amount ($)	7 Payee address; City; State; Zip Code
$1,500.00 ☐ Expenditure from corporate funds	PO Box 182093 Arlington, TX 76096

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign Contribution

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
02/23/2026	Denise Villalobos For HD 34

Amount ($)	Payee address; City; State; Zip Code
$1,500.00 ☐ Expenditure from corporate funds	101 East Main Avenue Robstown, TX 78380

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign Contribution

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
02/23/2026	Josey Garcia For Texas House District 124

Amount ($)	Payee address; City; State; Zip Code
$1,500.00 ☐ Expenditure from corporate funds	702 Richland Hills Dr. Box 760578 San Antonio, TX 78245

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/2 Rpt: 32/32	Texas Society Of Anesthesiologists Political Action	00024940

4 Date	5 Payee name
02/02/2026	Lacey Hull Campaign

6 Amount ($)	7 Payee address; City; State; Zip Code
$2,500.00 ☐ Expenditure from corporate funds	PO Box 19231 Houston, TX 77224

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign Contribution

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
02/23/2026	Senator Judith Zaffirini Campaign

Amount ($)	Payee address; City; State; Zip Code
$3,000.00 ☐ Expenditure from corporate funds	1407 Washington St. Laredo, TX 78040

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign Contribution

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
02/02/2026	Texans for Dan Patrick

Amount ($)	Payee address; City; State; Zip Code
$30,000.00 ☐ Expenditure from corporate funds	PO Box 685085 Austin, TX 78768

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign Contributions

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held