

# 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: 38				
3 COMMITTEE NAME Texas Society Of Anesthesiologists Political Action Committee			<b>OFFICE USE ONLY</b>				
			Date Received ELECTRONICALLY FILED 03/25/2026				
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 401 W. 15th St. #990  Austin, TX 78701		Date Hand-delivered or Date Postmarked				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI				
		Paden					
	NICKNAME	LAST	SUFFIX				
		Karnes	M.D.				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 401 W. 15th St. #990  Austin, TX 78701						
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 401 W. 15th St. #990  Austin, TX 78701						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(512)	370-1659					
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)						
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input checked="" type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5						
11 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	02	26	2026		03	25	2026

**GO TO PAGE 2**

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas Society Of Anesthesiologists Political Action Committee	<b>13 Filer ID</b> (Ethics Commission Filers) 00024940
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18,255.52
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 0.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 317,882.03
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 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

<b>17 COMMITTEE NAME</b> Texas Society Of Anesthesiologists Political Action Committee		<b>18 Filer ID</b> (Ethics Commission Filers) 00024940
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18,255.52
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/35 Rpt: 4/38
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abouleish, Amr <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77059	<b>7</b> Amount of Contribution (\$)  \$85.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allen, Stacey <hr/> 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 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alquicira-Macedo, Fernando <hr/> 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 03/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) An, Daniel <hr/> 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 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anton, James <hr/> 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/35 Rpt: 5/38
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 03/10/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arunkumar, Radha <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77030	<b>7</b> Amount of Contribution (\$)  \$84.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ata, Monica <hr/> 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 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ball, Timothy <hr/> 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 03/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beitzel, Michael <hr/> 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 03/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Berndt, R. Barry <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77702	Amount of Contribution (\$)  \$62.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/35 Rpt: 6/38
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 03/10/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bohannon, Nicholas <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75703	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bracken, Christopher <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78240	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bradley, Stephanie <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Zoe <hr/> Contributor address; City; State; Zip Code  Houston, TX 77025	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bryan, Joseph <hr/> Contributor address; City; State; Zip Code  Buda, TX 78610	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/35 Rpt: 7/38
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 03/11/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Butler, Brad <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79602	<b>7</b> Amount of Contribution (\$)  \$84.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cattano, Davide <hr/> 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 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Catton, Evan <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75709	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chan, Calvin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chao-Knize, Yuan-Jiun Nicole <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/35 Rpt: 8/38
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 03/25/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Choi, Christopher <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75204	<b>7</b> Amount of Contribution (\$)  \$42.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clanton, David <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78256	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coutin, Mark <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Craft, Hadyn <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Danley, Matthew <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/35 Rpt: 9/38
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 03/11/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dave, Siddharth <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lucas, TX 75002	<b>7</b> Amount of Contribution (\$)  \$84.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davila-Perez, Ruben <hr/> Contributor address; City; State; Zip Code  Houston, TX 77057	Amount of Contribution (\$)  \$21.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeSocio, Peter <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78229	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeSocio, Peter <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78229	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dewan, Brian <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/35 Rpt: 10/38
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Drees, Jeffrey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corsicana, TX 75110	<b>7</b> Amount of Contribution (\$)  \$85.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Drummond, Shaina <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dupont, Cedric <hr/> Contributor address; City; State; Zip Code  Rollingwood, TX 78746	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eddings, Joseph <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$)  \$85.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Emelife, Patrick <hr/> 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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/35 Rpt: 11/38
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Erian, Ralph <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78212	<b>7</b> Amount of Contribution (\$)  \$84.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Erickson, Joseph <hr/> 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 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Evans, James <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fay, James <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78628	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fillmore, Tyson <hr/> Contributor address; City; State; Zip Code  Temple, TX 76502	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/35 Rpt: 12/38
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 03/10/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fischer, Stefanie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Galveston, TX 77551	<b>7</b> Amount of Contribution (\$)  \$84.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fogarty, James <hr/> Contributor address; City; State; Zip Code  Austin, TX 78736	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ford, Dina <hr/> Contributor address; City; State; Zip Code  Houston, TX 77096	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fox, Kaitlin <hr/> Contributor address; City; State; Zip Code  Temple, TX 76508	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Funston, Joe <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77555	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/35 Rpt: 13/38
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 03/10/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gandhi, Samir	<b>7</b> Amount of Contribution (\$)  \$84.00
<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78229		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gardner, Kelly	Amount of Contribution (\$)  \$84.00
Contributor address; City; State; Zip Code  San Antonio, TX 78257		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibbons, Stacey	Amount of Contribution (\$)  \$84.00
Contributor address; City; State; Zip Code  League City, TX 77573		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Glover, Chris	Amount of Contribution (\$)  \$84.00
Contributor address; City; State; Zip Code  Houston, TX 77030		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gray, Von	Amount of Contribution (\$)  \$42.00
Contributor address; City; State; Zip Code  Wichita Falls, TX 76308		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/35 Rpt: 14/38
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 03/20/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guerena, Jesse <hr/> <b>6</b> Contributor address; City; State; Zip Code  Temple, TX 76502	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guess, Rebecca <hr/> Contributor address; City; State; Zip Code  Waco, TX 76712	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guragain, Richesh <hr/> 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 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gurkowski, Mary Ann <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78240	Amount of Contribution (\$)  \$83.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hagberg, Carin <hr/> Contributor address; City; State; Zip Code  Houston, TX 77030	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/35 Rpt: 15/38
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 03/10/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hancher, Shannon	<b>7</b> Amount of Contribution (\$)  \$84.00
<b>6</b> Contributor address; City; State; Zip Code  Bellaire, TX 77401		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harvey, Benjamin	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Houston, TX 77055		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Havalda, Diane	Amount of Contribution (\$)  \$84.00
Contributor address; City; State; Zip Code  San Antonio, TX 78258		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hayes, W. Brendan	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76109		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Raul	Amount of Contribution (\$)  \$42.00
Contributor address; City; State; Zip Code  Rio Grande City, TX 78582		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/35 Rpt: 16/38
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 03/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Highfill, Erin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Garland, TX 75044	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hines, Clayton <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77705	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hofkamp, Michael <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hollenshead, Andy <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Horazeck, Christian <hr/> 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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/35 Rpt: 17/38
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 03/11/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Huang, Henry <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77055	<b>7</b> Amount of Contribution (\$)  \$20.83
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hurlburt, Brian <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77726	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hutson, Larry <hr/> Contributor address; City; State; Zip Code  Temple, TX 76502	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ingram, Kristyn <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79912	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ingram, Kristyn <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79912	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/35 Rpt: 18/38
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 03/11/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jameson, Lauren	<b>7</b> Amount of Contribution (\$)  \$8.33
<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77098		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jenkins, Kalan	Amount of Contribution (\$)  \$84.00
Contributor address; City; State; Zip Code  Salado, TX 76571		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Chauncey	Amount of Contribution (\$)  \$84.00
Contributor address; City; State; Zip Code  Magnolia, TX 77355		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Zachary	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Frisco, TX 75033		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Zachary	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Frisco, TX 75033		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/35 Rpt: 19/38
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 03/06/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Karnes, Paden	<b>7</b> Amount of Contribution (\$)  \$84.00
<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77030		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kercheville, Scott	Amount of Contribution (\$)  \$84.00
Contributor address; City; State; Zip Code  San Antonio, TX 78215		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Khorsand, Sarah	Amount of Contribution (\$)  \$1,000.00
Contributor address; City; State; Zip Code  Dallas, TX 75229		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Koehler, Michelle	Amount of Contribution (\$)  \$84.00
Contributor address; City; State; Zip Code  New Braunfels, TX 78132		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kolle, Bracken	Amount of Contribution (\$)  \$84.00
Contributor address; City; State; Zip Code  Houston, TX 77042		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/35 Rpt: 20/38
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Konvicka, James	<b>7</b> Amount of Contribution (\$)  \$84.00
<b>6</b> Contributor address; City; State; Zip Code  Belton, TX 76513		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Koppang, Erik	Amount of Contribution (\$)  \$84.00
Contributor address; City; State; Zip Code  Fair Oaks, TX 78015		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Koshy, Daniel	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Dallas, TX 75219		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kroger, John	Amount of Contribution (\$)  \$84.00
Contributor address; City; State; Zip Code  League City, TX 77573		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kwater, Andrzej	Amount of Contribution (\$)  \$84.00
Contributor address; City; State; Zip Code  Houston, TX 77009		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/35 Rpt: 21/38
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 03/10/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Langridge, Xuan	<b>7</b> Amount of Contribution (\$)  \$84.00
<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77079		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lasseter, Adam	Amount of Contribution (\$)  \$84.00
Contributor address; City; State; Zip Code  Austin, TX 78704		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lindberg, Scott	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Katy, TX 77494		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Littlejohn, Martin	Amount of Contribution (\$)  \$42.00
Contributor address; City; State; Zip Code  San Antonio, TX 78254		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Littlejohn, Martin	Amount of Contribution (\$)  \$42.00
Contributor address; City; State; Zip Code  San Antonio, TX 78254		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/35 Rpt: 22/38
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 03/10/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Luong, Linh <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77030	<b>7</b> Amount of Contribution (\$)  \$84.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Magdaleno, Daniela <hr/> 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 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maloney, Kenneth <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77429	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Malviya, Sanjana <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Margolis, Mark <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/35 Rpt: 23/38
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Markham, Travis <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77030	<b>7</b> Amount of Contribution (\$)  \$84.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Ray <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79602	Amount of Contribution (\$)  \$21.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Masel, Brian <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77555	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mayo, Kristina <hr/> Contributor address; City; State; Zip Code  Troy, TX 76579	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McAllister, Russell <hr/> Contributor address; City; State; Zip Code  Temple, TX 76508	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/35 Rpt: 24/38
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 03/11/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McLeod, Christopher <hr/> <b>6</b> Contributor address; City; State; Zip Code  Coppell, TX 75019	<b>7</b> Amount of Contribution (\$)  \$21.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McWilliams, Sara <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78006	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Merchun, Christopher <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mercier, David <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75229	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Merutka, Nicholas <hr/> Contributor address; City; State; Zip Code  Houston, TX 77002	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/35 Rpt: 25/38
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Christopher	<b>7</b> Amount of Contribution (\$)  \$84.00
<b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76015		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moore, Adam	Amount of Contribution (\$)  \$84.00
Contributor address; City; State; Zip Code  New Braunfels, TX 78132		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moorman, Andrew	Amount of Contribution (\$)  \$84.00
Contributor address; City; State; Zip Code  Dallas, TX 75219		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mousa, Victoria	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Conroe, TX 77304		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mouzi-Wofford, Lisa	Amount of Contribution (\$)  \$84.00
Contributor address; City; State; Zip Code  Houston, TX 77007		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/35 Rpt: 26/38
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 03/09/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Muro, Rene <hr/> <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79922	<b>7</b> Amount of Contribution (\$)  \$84.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Muse, Kenisha <hr/> Contributor address; City; State; Zip Code  Temple, TX 76502	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nelson, Vincent <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Normand, Katherine <hr/> Contributor address; City; State; Zip Code  Houston, TX 77079	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Norrell, Stacy <hr/> Contributor address; City; State; Zip Code  Magnolia, TX 77355	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/35 Rpt: 27/38
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 03/09/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nwokolo, Omonole <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77030	<b>7</b> Amount of Contribution (\$) \$84.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Odeh, Jaffer <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75390	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ok, John <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75251	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ok, John <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75251	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ombaba, Siang <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78260	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/35 Rpt: 28/38
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Osborn, Matthew <hr/> <b>6</b> Contributor address; City; State; Zip Code  Seguin, TX 78155	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Padakandla, Udaya <hr/> Contributor address; City; State; Zip Code  Carrollton, TX 75010	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Padakandla, Udaya <hr/> Contributor address; City; State; Zip Code  Carrollton, TX 75010	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pandya, Vrunda <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78006	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perry, Jeremie <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79606	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/35 Rpt: 29/38
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 03/09/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Peterson, Mary Dale <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78404	<b>7</b> Amount of Contribution (\$)  \$84.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillips, Cooper <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79430	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillips, Michael <hr/> Contributor address; City; State; Zip Code  Cleburne, TX 76033	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pivalizza, Evan <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75708	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Plagenhoef, Jeffrey <hr/> Contributor address; City; State; Zip Code  Southlake, TX 76092	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/35 Rpt: 30/38
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 03/11/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rane, Mihir <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dalas, TX 75209	<b>7</b> Amount of Contribution (\$)  \$84.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rebal, Brett <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rebello, Elizabeth <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reed, LoriJean <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Remster, Jeffrey <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75206	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/35 Rpt: 31/38
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 03/20/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richards, Jeffrey	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  League City, TX 77573		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richards, Jeffrey	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code  League City, TX 77573		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rochkind, Jessica	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code  Galveston, TX 77551		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rock, Kerry	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Dallas, TX 75219		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roland, Gavin	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Missouri City, TX 77489		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/35 Rpt: 32/38
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 03/11/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rondeau, Bryan	<b>7</b> Amount of Contribution (\$)  \$83.34
<b>6</b> Contributor address; City; State; Zip Code  Temple, TX 76502		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rutland, Lindsey	Amount of Contribution (\$)  \$84.00
Contributor address; City; State; Zip Code  Austin, TX 78723		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sachse, Kaylyn	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code  Fair Oaks Ranch, TX 78015		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saluja, Vijay	Amount of Contribution (\$)  \$41.67
Contributor address; City; State; Zip Code  Frisco, TX 75035		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Samples, Darren	Amount of Contribution (\$)  \$62.50
Contributor address; City; State; Zip Code  Helotes, TX 78023		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/35 Rpt: 33/38
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sarmiento, Stephen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75093	<b>7</b> Amount of Contribution (\$)  \$85.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schlegel, Levi <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75201	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Selassie, Rahel <hr/> 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 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sen, Sudipta <hr/> 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 03/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sheppard, Shaina <hr/> 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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/35 Rpt: 34/38
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shu, Stephen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$84.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sridhar, Srikanth <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stamatakos, Todd <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75034	Amount of Contribution (\$)  \$85.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Story, Herbert <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75251	Amount of Contribution (\$)  \$21.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Street, Austin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75229	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/35 Rpt: 35/38
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 03/09/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Taneja, Rishi	<b>7</b> Amount of Contribution (\$)  \$84.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75230		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Teegarden, Beth	Amount of Contribution (\$)  \$62.50
Contributor address; City; State; Zip Code  Galveston, TX 77555		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Torres, Laura	Amount of Contribution (\$)  \$259.00
Contributor address; City; State; Zip Code  Missouri City, TX 77459		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tsai, January	Amount of Contribution (\$)  \$84.00
Contributor address; City; State; Zip Code  Houston, TX 77005		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Verheeck, Amanda	Amount of Contribution (\$)  \$84.00
Contributor address; City; State; Zip Code  Beaumont, TX 77702		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/35 Rpt: 36/38
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 03/10/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vidaurri, Lytorre <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78726	<b>7</b> Amount of Contribution (\$)  \$84.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vu-Boyer, Lisa <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wajima, Yutaka <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wegner, Robert <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77584	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weiss, Lisa <hr/> Contributor address; City; State; Zip Code  Houston, TX 77018	Amount of Contribution (\$)  \$83.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/35 Rpt: 37/38
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wells, Kristen	<b>7</b> Amount of Contribution (\$)  \$84.00
<b>6</b> Contributor address; City; State; Zip Code  Addison, TX 75001		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) West, Mary	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Irving, TX 75061		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whitman, Frances	Amount of Contribution (\$)  \$84.00
Contributor address; City; State; Zip Code  Frisco, TX 75034		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wood, Ashley	Amount of Contribution (\$)  \$84.00
Contributor address; City; State; Zip Code  McKinney, TX 75072		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Woods, Amy	Amount of Contribution (\$)  \$84.00
Contributor address; City; State; Zip Code  Dallas, TX 75390		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/35 Rpt: 38/38
<b>2</b> FILER NAME Texas Society Of Anesthesiologists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00024940
<b>4</b> Date 03/10/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yolland, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Galveston, TX 77555	<b>7</b> Amount of Contribution (\$)  \$84.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
<b>Date</b> 03/09/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Youngblood, Jennifer <hr/> <b>Contributor address; City; State; Zip Code</b>  Spring, TX 77389	<b>Amount of Contribution (\$)</b>  \$62.50
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b>