#### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00069305 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Association of Nurse Anesthetists Political Action Committee Date Received **ELECTRONICALLY FILED** 01/05/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 919 Congress Ave., Suite 720 Change of Address Austin, TX 78701 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Andrea N. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Pee CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 919 Congress Ave., Suite 720 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX; APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 919 Congress Ave., Suite 720 MAILING **ADDRESS** Change of Address Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 495-9004 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY X January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 11/26/2023 12/25/2023

**GO TO PAGE 2** 

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME				13 Filer I	ID	(Ethics Commission Filers)
Texas Association of Nur	se Anesthetists Politi	cal Action Commi	ittee	00069		. 7
ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		1		
(Attach lists on plain paper to complete this report if necessary.)		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.)					
5 CONTRIBUTION : TOTALS	1. TOTAL UNITEMIZED PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	OR GUARANTEES MADE ELECTRONIC	CALLY)	:	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI		ONS GUARANTEES OF LOANS)	!	\$	5,097.75
EXPENDITURE ; TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPE	NDITURES	!	\$	0.00
7	4. TOTAL POLITICA	L EXPENDITURI	ES	!	\$	223.00
CONTRIBUTION !	5. TOTAL POLITICAL ( OF THE REPORTING		MAINTAINED AS OF THE LAST	Γ DAY	\$	107,152.47
OUTSTANDING (	6. TOTAL PRINCIPAL A LAST DAY OF THE I		DUTSTANDING LOANS AS OF OD	THE	\$	0.00
6 AFFIDAVIT						
		true a	ear, or affirm, under penalty of p and correct and includes all info er Title 15, Election Code.			
			Ms. And	drea N. Pe	ee	
			Signature of Ca	ampaign T	reasure	er
AFFIX NOTARY S	STAMP / SEAL ABOVE					
Sworn to and subscribed b	efore me, by the said			this the		day
of,	20, to certify v	which, witness my h	nand and seal of office.			
Signature of officer adm	inistering oath	Printed name of off	ficer administering oath	Title	of office	er administering oath

#### **SUBTOTALS - MPAC**

## FORM MPAC COVER SHEET PG 3

					3 of 20
<b>17</b> CC	OMMITTI	EE NAME	18 Filer ID	(Eth	ics Commission Filers)
Te	exas Ass	sociation of Nurse Anesthetists Political Action Committee	00069305		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	4,185.81
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	ıR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$	
6.	Х	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$	511.94
7.	Х	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	400.00
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10	. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	223.00
11	. 🔲	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12	. 🔲	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13	· 🔲	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
15	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	0.51

	MONET	ARY POLITICAL CONTRIBUT	TIONS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 1/13 Rpt: 4/20	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action Com	ımittee	3	Filer ID (Ethics Commission 00069305	n Filers)
4	Date 12/18/2023	<ul> <li>Full name of contributor  out-of-state PAC (II Andersen, Jennifer</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$41.67
_	Delicalization	Midland, TX 79705	D. Faralana (O. alastantian			
8		pation / Job title (See Instructions) pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/10/2023	Full name of contributor out-of-state PAC (II Bishop, Harold  Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$83.34
		Lufkin, TX 75904	1	Ĺ		
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	s)		
	Date 12/12/2023	Full name of contributor out-of-state PAC (II Bourgeois, Robert  Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$83.34
		Sugar Land, TX 77479				
		oation / Job title (See Instructions) istered Nurse Anesthetist	Employer (See Instructions	5)		
	Date 12/07/2023	Full name of contributor out-of-state PAC (II Bullerwell, Megan Contributor address; City; State; Zip Code Bellaire, TX 77401	D#:)		Amount of Contribution (\$)	\$30.00
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	5)		
	Date 12/16/2023	Full name of contributor out-of-state PAC (II Burkhardt, Hillary  Contributor address; City; State; Zip Code  Houston, TX 77004	D#:)		Amount of Contribution (\$)	\$30.00
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	5)		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	)NS		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/13 Rpt: 5/20	
2	FILER NAME Texas Assoc	siation of Nurse Anesthetists	Political Action Commit	ttee	3	Filer ID (Ethics Commission 00069305	ı Filers)
4	Date 12/01/2023	<ul><li>5 Full name of contributor Carter, Tanya</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$83.33
8		Dallas, TX 75235 pation / Job title (See Instruction	s)	9 Employer (See Instructions	<u> </u> ;)		
	Date 12/14/2023	Full name of contributor  Caswell, Abigail  Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$83.33
		Friendswood, TX 77546 pation / Job title (See Instruction gistered Nurse Anesthetist	s)	Employer (See Instructions	<u> </u> 5)		
	Date 11/27/2023	Full name of contributor Collins, Gregory Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$83.33
	Principal occu	Granbury, TX 76049 pation / Job title (See Instruction	s)	Employer (See Instructions	<u> </u>		
		gistered Nurse Anesthetist			,		
	Date 12/22/2023	Full name of contributor Cornelius, Brian Contributor address; City; S Burleson, TX 76028	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$83.33
	•	pation / Job title (See Instruction gistered Nurse Anesthetist	s)	Employer (See Instructions	<u>                                      </u>		
	Date 11/30/2023	Full name of contributor Davis, Rachel Contributor address; City; S Houston, TX 77057	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$83.34
		pation / Job title (See Instruction gistered Nurse Anesthetist	s)	Employer (See Instructions	5)		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/13 Rpt: 6/20	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		iation of Nurse Anesthetists F	Political Action Commit	tee		00069305	
4	Date 12/12/2023	<ul><li>5 Full name of contributor</li><li>Dawson, Charles</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:_ ate; Zip Code		7	Amount of Contribution (\$)	\$83.33
		Sugar Land, TX 77479					
8		pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist					
	Date 12/06/2023	Full name of contributor  Dores, Tina  Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$83.34
		Laredo, TX 78045					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist					
	Date 11/30/2023	Full name of contributor Estes, Sonia	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$30.00
		Contributor address; City; St Dallas, TX 75206	ate; Zip Code				
	Principal occu	pation / Job title (See Instructions	<u>.</u>	Employer (See Instructions	:) [		
		gistered Nurse Anesthetist	,	Employer (eee meadelierie	',		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	11/26/2023	Farmer, Masson  Contributor address; City; St	ate; Zip Code				\$83.33
		Kemp, TX 75143					
	•	pation / Job title (See Instructions gistered Nurse Anesthetist	·)	Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	12/22/2023	Frawley, Steven					\$83.33
		Contributor address; City; St	ate; Zip Code				
	Dringing!	Dallas, TX 75209	<u> </u>	Employer (Coo Instruction	·/		
		pation / Job title (See Instructions gistered Nurse Anesthetist	)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/13 Rpt: 7/20	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action Commit	ee	3	Filer ID (Ethics Commission 00069305	Filers)
4	Date 12/21/2023	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$83.33
_		Benbrook, TX 76126				
8		pation / Job title (See Instructions) histered Nurse Anesthetist	9 Employer (See Instructions	)		
	Date 12/07/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$41.67
	Principal occu	San Antonio, TX 78258  pation / Job title (See Instructions)	Employer (See Instructions	)		
	Certified Reg	istered Nurse Anesthetist				
	Date 12/18/2023	Full name of contributor			Amount of Contribution (\$)	\$83.33
		Arlington, TX 76016				
	•	oation / Job title (See Instructions) istered Nurse Anesthetist	Employer (See Instructions	)		
	Date 11/30/2023	Full name of contributor out-of-state PAC (ID#:_ Green, Jessica Contributor address; City; State; Zip Code Bullard, TX 75757			Amount of Contribution (\$)	\$83.33
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	)		
	Date 12/25/2023	Full name of contributor out-of-state PAC (ID#:_ Hukill, Susan Contributor address; City; State; Zip Code  Kyle, TX 78640			Amount of Contribution (\$)	\$30.00
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	)		
	22.234 1.06					

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/13 Rpt: 8/20	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Po	olitical Action Committe	ee	3	Filer ID (Ethics Commission 00069305	ı Filers)
4	Date 12/07/2023	<ul><li>5 Full name of contributor Johnson, Ryan</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$30.00
_	Delicalization	Houston, TX 77018	1.	2. Farada a a (Carada a tractica a	$\overline{\Gamma}$		
8		pation / Job title (See Instructions) pistered Nurse Anesthetist	,	9 Employer (See Instructions	5)		
	Date 12/20/2023	Full name of contributor  Jones, Timothy  Contributor address; City; Sta				Amount of Contribution (\$)	\$83.33
	Principal occu	Amarillo, TX 79101 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	•	gistered Nurse Anesthetist			,		
	Date 11/26/2023	Full name of contributor Kakenmaster, Kathryn Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$83.33
		Keller, TX 76248					
		pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	<u>(</u>		
	Date 11/28/2023	Full name of contributor Krenek, Debra Contributor address; City; Sta Edinburg, TX 78541				Amount of Contribution (\$)	\$30.00
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	<u>(</u>		
	Date 12/07/2023	Full name of contributor  Martin, DeaAnn  Contributor address; City; Sta  Parker, TX 75002	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$30.00
		pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	5)		
	Seranca rec	notice i turbe i trebuteust					

	MONEI	ARY POLITICAL CO	NTRIBUTIO	INS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/13 Rpt: 9/20	
2	FILER NAME	Total of Alice According to the Politic			3	Filer ID (Ethics Commission	n Filers)
_		iation of Nurse Anesthetists Politi		:ee	L	00069305	
4	Date 11/28/2023	<ul><li>5 Full name of contributor Massey, Douglas</li><li>6 Contributor address; City; State;</li></ul>	out-of-state PAC (ID#:_  Zip Code	)	7	Amount of Contribution (\$)	\$30.00
8	Principal occu	San Antonio, TX 78260 pation / Job title (See Instructions)		Employer (See Instructions	5)		
		jistered Nurse Anesthetist		, , ,	•		
	Date 11/28/2023	Full name of contributor  Mayes, Evan  Contributor address; City; State;  Dallas, TX 75206	out-of-state PAC (ID#:_ Zip Code			Amount of Contribution (\$)	\$20.00
_	Principal occu	pation / Job title (See Instructions)	1	Employer (See Instructions	:) 		
		sistered Nurse Anesthetist		Employer (God mondoner	')		
	Date 12/09/2023	Full name of contributor  Meter, Grant  Contributor address; City; State;	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
		Victoria, TX 77904					
		pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	()		
	Date 12/23/2023	Full name of contributor  Meter, Grant  Contributor address; City; State;  Victoria, TX 77904	out-of-state PAC (ID#:_ Zip Code	)		Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist		Employer (See Instructions	)		
	Date 11/27/2023	Full name of contributor  Michinock, Jessica  Contributor address; City; State;  Round Rock, TX 78664	out-of-state PAC (ID#:_ Zip Code			Amount of Contribution (\$)	\$20.00
		pation / Job title (See Instructions) pistered Nurse Anesthetist		Employer (See Instructions	i)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/13 Rpt: 10/20	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	iation of Nurse Anesthetists Po	olitical Action Commit	tee		00069305	
4	Date 12/14/2023	<ul><li>5 Full name of contributor [ Moore, Tammy</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$83.33
Q	Principal occu	Houston, TX 77080 pation / Job title (See Instructions)		9 Employer (See Instructions	.)		
o		gistered Nurse Anesthetist		5 Employer (See manuchons	)		
	Date 11/28/2023	Full name of contributor  Morales, Timothy  Contributor address; City; Sta  Missouri City, TX 77459	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$83.33
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
		jistered Nurse Anesthetist					
	Date 12/05/2023	Full name of contributor  Mueller, Joseph  Contributor address; City; Sta	out-of-state PAC (ID#:_ te; Zip Code			Amount of Contribution (\$)	\$100.00
		Austin, TX 78736					
		pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	5)		
	Date 11/27/2023	Full name of contributor  Nick, Michael  Contributor address; City; Sta  Abernathy, TX 79311	out-of-state PAC (ID#:_ te; Zip Code	)		Amount of Contribution (\$)	\$83.33
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	5)		
	Date 12/03/2023	Full name of contributor  Northcutt, Leann  Contributor address; City; Sta  Austin, TX 78745	out-of-state PAC (ID#:_ te; Zip Code			Amount of Contribution (\$)	\$20.00
		pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 8/13 Rpt: 11/20	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action Comr	mittee	3	Filer ID (Ethics Commissio 00069305	n Filers)
4	Date 12/22/2023	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$83.33
_	Delicalization	Katy, TX 77494	lo Fuella de Control de la francia			
8	•	pation / Job title (See Instructions) istered Nurse Anesthetist	9 Employer (See Instructions	5)		
	Date 12/14/2023	Full name of contributor out-of-state PAC (ID Pichon, Arianne  Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$41.67
	Principal occu	Buda, TX 78610 pation / Job title (See Instructions)	Employer (See Instructions	?) 		
	•	istered Nurse Anesthetist	Employer (eee meadeans	-,		
	Date 12/22/2023	Full name of contributor out-of-state PAC (ID Rader, Haley  Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$100.00
		Houston, TX 77098				
		pation / Job title (See Instructions) istered Nurse Anesthetist	Employer (See Instructions	s)		
	Date 12/21/2023	Full name of contributor out-of-state PAC (ID Rao, Jacob  Contributor address; City; State; Zip Code  Dallas, TX 75238	#:)		Amount of Contribution (\$)	\$10.00
	•	oation / Job title (See Instructions) istered Nurse Anesthetist	Employer (See Instructions	5)		
	Date 12/11/2023	Full name of contributor out-of-state PAC (ID Reed, Troy  Contributor address; City; State; Zip Code  New Braunfels, TX 78132	#:)	•	Amount of Contribution (\$)	\$30.00
	•	oation / Job title (See Instructions) istered Nurse Anesthetist	Employer (See Instructions	5)		
			•			

	MONET	ARY POLITICAL CONTRIBU	JTIONS			SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete	this form.		1	Total pages Schedule A1: Sch: 9/13 Rpt: 12/20	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action C	ommittee		3	Filer ID (Ethics Commission 00069305	n Filers)
4	Date 12/05/2023	<ul> <li>Full name of contributor  out-of-state PAG</li> <li>Reidy, Catherine</li> <li>Contributor address; City; State; Zip Code</li> </ul>	C (ID#:		7	Amount of Contribution (\$)	\$83.33
_	Delicalization	Granbury, TX 76049	lo Final	(On a landous time	Ĺ		
8		pation / Job title (See Instructions) histered Nurse Anesthetist	9 Emplo	oyer (See Instructions	5)		
	Date 11/30/2023	Full name of contributor  out-of-state PAG Ross, Brittaney  Contributor address; City; State; Zip Code	C (ID#:			Amount of Contribution (\$)	\$62.50
		Dallas, TX 75206					
	•	pation / Job title (See Instructions) histered Nurse Anesthetist	Emplo	oyer (See Instructions	5)		
	Date 12/04/2023	Full name of contributor out-of-state PAG Ross, Robert Contributor address; City; State; Zip Code	C (ID#:	)		Amount of Contribution (\$)	\$83.33
		Texas, TX 76017					
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist	Emplo	yer (See Instructions	5)		
	Date 11/30/2023	Full name of contributor out-of-state PAG Rutherford, Karrie Contributor address; City; State; Zip Code Caldwell, TX 77836	C (ID#:			Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist	Emplo	oyer (See Instructions	()		
	Date 11/26/2023	Full name of contributor out-of-state PAG Sanders, Kay  Contributor address; City; State; Zip Code  Fort Worth, TX 76179	C (ID#:			Amount of Contribution (\$)	\$100.00
	•	oation / Job title (See Instructions) pistered Nurse Anesthetist	Emplo	yer (See Instructions	i)		
			'				

	MONET	ARY POLITICAL CONTRIB	BUTIOI	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complet	e this fo	rm.	1	Total pages Schedule A1: Sch: 10/13 Rpt: 13/20	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action	Committe	ee	3	Filer ID (Ethics Commission 00069305	ı Filers)
4	Date 12/15/2023	<ul> <li>Full name of contributor  out-of-state F Scudieri, Louise</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$62.50
0	Dringing coou	Decatur, TX 76234 pation / Job title (See Instructions)	ا	Employer (See Instructions	·/		
0	•	istered Nurse Anesthetist	8	Employer (See Instructions	·)		
	Date 12/17/2023	Full name of contributor  out-of-state F Shaffer, Scott  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$83.33
		Salida, CO 81201					
	•	pation / Job title (See Instructions) pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/21/2023	Full name of contributor out-of-state F Sharp, William Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$41.67
		amarillo, TX 79124					
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist		Employer (See Instructions	5)		
	Date 12/13/2023	Full name of contributor out-of-state F Sweeney, Breanna  Contributor address; City; State; Zip Code  Austin, TX 78738		)		Amount of Contribution (\$)	\$62.50
	•	oation / Job title (See Instructions) pistered Nurse Anesthetist		Employer (See Instructions	s)		
	Date 11/30/2023	Full name of contributor out-of-state F Talley, Miriam  Contributor address; City; State; Zip Code  San Antinio, TX 78251		)		Amount of Contribution (\$)	\$30.00
	•	oation / Job title (See Instructions) istered Nurse Anesthetist		Employer (See Instructions	s)		
			L				

	MONET	ARY POLITICAL CONTRIBUT	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 11/13 Rpt: 14/20	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action Com	mittee	3	Filer ID (Ethics Commission 00069305	ı Filers)
4	Date 11/30/2023	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$83.34
•	Principal occur	Hoy, TX 77074 pation / Job title (See Instructions)	Employer (See Instructions	<u>''</u>		
0		gistered Nurse Anesthetist	9 Employer (See Instructions	5)		
	Date 11/28/2023	Full name of contributor out-of-state PAC (ID Thompson, Lexi  Contributor address; City; State; Zip Code	)	•	Amount of Contribution (\$)	\$41.67
		Fort Worth, TX 76179	1 - 1 - 6 - 1 - 1	Ĺ		
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	5)		
	Date 12/05/2023	Full name of contributor out-of-state PAC (ID Ulinski, Jessica Contributor address; City; State; Zip Code	#:)	•	Amount of Contribution (\$)	\$83.33
		Georgetown, TX 78626				
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	5)		
	Date 12/07/2023	Full name of contributor out-of-state PAC (IDVera, Martha  Contributor address; City; State; Zip Code  Pearland, TX 77584	#:)	•	Amount of Contribution (\$)	\$30.00
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	5)		
	Date 12/22/2023	Full name of contributor out-of-state PAC (ID Walden, Micah  Contributor address; City; State; Zip Code  Sulphur Springs, TX 75483	)		Amount of Contribution (\$)	\$83.33
		pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBI	TICAL CONTRIBUTIONS						
	The Instruc	ction Guide explains how to complete	this fo	rm.	1	Total pages Schedule A1: Sch: 12/13 Rpt: 15/20			
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action C	e	3	Filer ID (Ethics Commissio 00069305	n Filers)			
4	Date 12/22/2023	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$83.33		
_	Delicalization	Victoria, TX 77904	10	- Faralana (One la densità de	$\overline{\Gamma}$				
8	•	pation / Job title (See Instructions) pistered Nurse Anesthetist	9	Employer (See Instructions	5)				
	Date 12/09/2023	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$41.67		
	Principal occu	Harlingen, TX 78552 pation / Job title (See Instructions)		Employer (See Instructions	i)				
	•	sistered Nurse Anesthetist			,				
	Date 12/02/2023	Full name of contributor out-of-state PA Williams, Megan Contributor address; City; State; Zip Code	AC (ID#:	)		Amount of Contribution (\$)	\$365.00		
		Richmond, TX 77406							
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist		Employer (See Instructions	5)				
	Date 12/07/2023	Full name of contributor out-of-state PA Wilson, Ashley Contributor address; City; State; Zip Code Corpus Christi, TX 78414	`			Amount of Contribution (\$)	\$100.00		
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist		Employer (See Instructions	5)				
	Date 11/26/2023	Full name of contributor out-of-state PA Wilson, Diana Contributor address; City; State; Zip Code Cedar Creek, TX 78612				Amount of Contribution (\$)	\$30.00		
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist		Employer (See Instructions	s)				
			•						

TARY POLITICAL CONTRIBUT	SCHEDULE A1	
uction Guide explains how to complete thi	1 Total pages Schedule A1: Sch: 13/13 Rpt: 16/20	
E ociation of Nurse Anesthetists Political Action Com	3 Filer ID (Ethics Commission Filers) 00069305	
		7 Amount of Contribution (\$) \$83.33
Ft worth, TX 76133 cupation / Job title (See Instructions)	9 Employer (See Instruction	us)
egistered Nurse Anesthetist		
	uction Guide explains how to complete thi  E ociation of Nurse Anesthetists Political Action Com  5 Full name of contributor out-of-state PAC (II olson, David 6 Contributor address; City; State; Zip Code  Ft worth, TX 76133  cupation / Job title (See Instructions)	S Full name of contributor   out-of-state PAC (ID#:)

### MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule C3: Sch: 1/1 Rpt: 17/20				
2 FILER NAME	ciation of Nurse Anesthetists Political Action Committee	3 Filer ID (Ethics Commission Filers) 00069305				
4 Date 12/01/2023	5 Corporation / Labor Organization name Texas Association of Nurse Anesthetists	6 Amount (\$) 416.00				
Date 12/10/2023	Corporation / Labor Organization name Texas Association of Nurse Anesthetists	Amount (\$) 95.94				

# NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

_								
	The Instru	ction Guide explains how to complete this form.	1	1 Total pages Schedule C4: Sch: 1/1 Rpt: 18/20				
2		iation of Nurse Anesthetists Political Action Committee	3	Filer ID 00069305	(Ethics Commission Filers)			
4	Date	5 Corporation / Labor Organization name	6	Amount (\$)				
L	12/08/2023	Texas Association of Nurse Anesthetists			<u> </u>	200.00		
Г	Date	Corporation / Labor Organization name		Amount (\$)				
	12/22/2023	Texas Association of Nurse Anesthetists			:	200.00		

#### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER Capter a cottogen and listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Coi	nmittee L	egal Ser				xpens Wages	e /Contract Labor ete this form.		Travel Out of Di OTHER (enter a		sted above)
1	Total pages Schedule F1:	2	FII FR NAME							3	Filer ID	(Ethics Con	nmission Filers)
	Sch: 1/1 Rpt: 19/20		Texas Assoc	iation	of Nurse	Anesthetis	sts Politio	cal A	Action		00069305	( ) )	,
4	Date	5	Payee name										
	12/04/2023		American Ex										
6	Amount (\$)	7	Payee address		City;	State	; Zip Co	ode					
	\$223.00		PO Box 5385	52									
	Expenditure from corporate funds		Phoenix, AZ	85072	2-3852								
8	PURPOSE	(a)	Category (See	Catego	ries listed at the	e top of this scl	nedule)	(b)	Description				
	OF EXPENDITURE		Accounting/E	Bankir	ng				ш		ide of Texas. Con		Т.
									_		, officeholder living		entributions
									Credit card	proc	essing of Co	impaign cc	mundulons.
Ļ	0 1: 01   1/4    1	<u> </u>	2 11 1 10 11				O.K.	<u> </u>			0111		
9	Complete ONLY if direct expenditure to benefit C/OH	Η (	Candidate/Office	enoiae	er name	,	Office sou	ıgnt			Office h	ela	
l													

#### INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 20/20 2 FILER NAME Filer ID (Ethics Commission Filers) Texas Association of Nurse Anesthetists Political Action Committee 00069305 8 Amount (\$) Date Name of person from whom amount is received 11/30/2023 \$0.02 University Federal Credit Union 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78704 Purpose for which amount is received ☐ Check if political contribution returned to filer Interest. Amount (\$) Name of person from whom amount is received Date 11/30/2023 University Federal Credit Union \$0.49 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78704 Purpose for which amount is received Check if political contribution returned to filer Interest.