FORM GPAC GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00017364 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Nurses Association Political Action Committee Date Received **ELECTRONICALLY FILED** 01/13/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 4807 Spicewood Springs Road Date Hand-delivered or Date Postmarked Bldg 3, Suite 100 Change of Address Austin, TX 78759 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. John W. NAME NICKNAME LAST **SUFFIX** Jack Frazee STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4807 Spicewood Springs Road Bldg 3, Suite 100 STREET **ADDRESS** (Residence or Business) Austin, TX 78759 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 4807 Spicewood Springs Road Bldg 3, Suite 100 MAILING **ADDRESS** Austin, TX 78759 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 452-0645 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Day Month Day Year Month **COVERED THROUGH** 07/01/2023 12/31/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTE	E NAME			13 Filer II	D	(Ethics Commission Filers)
Texas Nurs	ses Association Po	litical Action Com	mittee	00017	7364	
14 COMMITTE ACTIVITY	(Identif	andidates y by name or, if ble, classify by party.)	A. Supported	•		
(Attach lists on p paper to comple report if necessa	e this		B. Opposed			
	(Descr	easures ibe by date and location tion and nature of issue.)	A. Supported B. Opposed			
			Б. Opposed			
	A (Identif	fficeholders ssisted y by name or, if ble, classify by party.)				
15 CONTRIBU [*] TOTALS	P C □ ct	LEDGES, LOANS, ONTRIBUTIONS M Leck here if this report	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	4	\$	0.00
			L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	\$	26,694.78
EXPENDITU TOTALS	IRE 3. T	OTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	\$	0.00
	4. T	OTAL POLITICA	L EXPENDITURES	\$	5	2,044.42
CONTRIBU [*] BALANCE	I	OTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	T DAY	5	88,746.43
OUTSTAND LOAN TOTA	I		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	B	0.00
16 AFFIDAVIT	•			<u> </u>		
			I swear, or affirm, under penalty of potrue and correct and includes all infounder Title 15, Election Code.			
			Mr. John	ı W. Fraz	ee	
			Signature of Ca	ampaign Ti	reasure	er
AF	FIX NOTARY STAM	IP / SEAL ABOVE				
				this the		day
of	, 20	, to certify v	which, witness my hand and seal of office.			
Signatui	e of officer administe	ering oath	Printed name of officer administering oath	Title o	of office	r administering oath
- 5		•				3

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

					3 of 55
17 CO	MMITTE	E NAME	18 Filer ID	(Ethics Commi	ssion Filers)
Tex	kas Nui	ses Association Political Action Committee	00017364	`	,
19 SC	HEDULI	E SUBTOTALS		1	
l		SCHEDULE		SUBTOTA	AL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	5,035.00
2.	П	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
				Ť	
3.	П	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
	<u> </u>			Ψ	
4.		ıR	.		
, ·	Ш	ORGANIZATION		\$	
		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR		
5.	Ш	LABOR ORGANIZATION		\$	
6.	Ш	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR			
7.	Χ	ORGANIZATION		\$	21,659.78
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (DRGANIZATION	\$	
9.	П	SCHEDULE E: LOANS		\$	
				<u> </u>	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	2,044.42
	<u> </u>			Ť	,-
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
	Ш	CONEDULE 12: CIM AND INCOMMED OBLIGATIONS		Ψ	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONE		
12.	Ш	SCHEDULE FS. FORCHASE OF INVESTIMENTS FROM FOLITICAL CONTRIBUTION	JNS	\$	
13.	Ш	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	Ш	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	DETUDNED		
15.		TO FILER	RETORNED	\$	
				l	
ı					

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/42 Rpt: 4/55	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 07/12/2023	 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$10.00
		Ft. Worth, TX 76114-4535				
8	Principal occu Registered N		Employer (See Instructions	5)		
	Date 08/12/2023	Full name of contributor			Amount of Contribution (\$)	\$10.00
	Principal occu	Ft. Worth, TX 76114-4535 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Registered N	lurse				
	Date 09/12/2023	Full name of contributor out-of-state PAC (ID#: Ashford, Lisa Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Ft. Worth, TX 76114-4535				
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions	i)		
	Date 10/12/2023	Full name of contributor out-of-state PAC (ID#: Ashford, Lisa Contributor address; City; State; Zip Code Ft. Worth, TX 76114-4535			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions	i)		
	Date 11/12/2023	Full name of contributor out-of-state PAC (ID#: Ashford, Lisa Contributor address; City; State; Zip Code Ft. Worth, TX 76114-4535			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions)		
		· · · · · · · · · · · · · · · · · · ·				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 2/42 Rpt: 5/55	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 12/12/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
	Dringing age	Ft. Worth, TX 76114-4535	2. Employer (See Instructions			
8	Registered N		9 Employer (See Instructions)		
	Date 07/24/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	Lewisville, TX 75056 pation / Job title (See Instructions)	Employer (See Instructions)		
	Registered N	·	, , , , , , , , , , , , , , , , , , ,	,		
	Date 07/12/2023	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Dallas, TX 75229-2473				
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/12/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions)		
	Date 09/12/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
	. registered iv					

	MONET	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/42 Rpt: 6/55	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 10/12/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
Ω	Principal occu	Dallas, TX 75229-2473 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Registered N	· · · · · · · · · · · · · · · · · · ·	5 Employer (See instructions	')		
	Date 11/12/2023	Full name of contributor out-of-state PAC (ID#:_ Baird, Becky Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Dallas, TX 75229-2473				
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions	5)		
	Date 12/12/2023	Full name of contributor			Amount of Contribution (\$)	\$10.00
		Dallas, TX 75229-2473				
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions	i)		
	Date 07/12/2023	Full name of contributor out-of-state PAC (ID#:_Barker, Connie Contributor address; City; State; Zip Code San Antonio, TX 78247			Amount of Contribution (\$)	\$40.00
	Principal occu Registered N	oation / Job title (See Instructions) lurse	Employer (See Instructions)		
	Date 08/12/2023	Full name of contributor out-of-state PAC (ID#:_Barker, Connie Contributor address; City; State; Zip Code San Antonio, TX 78247			Amount of Contribution (\$)	\$40.00
	Principal occu Registered N	oation / Job title (See Instructions) lurse	Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/42 Rpt: 7/55	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	ı Filers)
4	Date 09/12/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$40.00
8	Principal occur	San Antonio, TX 78247 pation / Job title (See Instructions)	Employer (See Instructions			
Ü	Registered N		2 Employer (See Instructions	')		
	Date 10/12/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00
	Principal occu	San Antonio, TX 78247 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Registered N	urse				
	Date 11/12/2023	Full name of contributor uut-of-state PAC (ID#:_ Barker, Connie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$40.00
		San Antonio, TX 78247				
	Principal occu Registered N	oation / Job title (See Instructions) urse	Employer (See Instructions)		
	Date 12/12/2023	Full name of contributor out-of-state PAC (ID#:_Barker, Connie Contributor address; City; State; Zip Code San Antonio, TX 78247			Amount of Contribution (\$)	\$40.00
	Principal occu Registered N	oation / Job title (See Instructions) urse	Employer (See Instructions)		
	Date 07/12/2023	Full name of contributor out-of-state PAC (ID#:_ Bender, Melinda Contributor address; City; State; Zip Code New Braunfels, TX 78132-4538			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	oation / Job title (See Instructions) urse	Employer (See Instructions	5)		
	129.000.00					

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	etion Guide explains how to complete this for	rm.	1	Total pages Schedule A1: Sch: 5/42 Rpt: 8/55	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission Filers) 00017364	
4	Date 08/12/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
8	Principal occur	New Braunfels, TX 78132-4538 pation / Job title (See Instructions)	Employer (See Instructions			
0	Registered N	·	Employer (See instructions)		
	Date 09/12/2023	Full name of contributor out-of-state PAC (ID#: Bender, Melinda Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Dringing! aggr	New Braunfels, TX 78132-4538	Employer (Coo Instructions			
	Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions)		
	Date 10/12/2023	Full name of contributor			Amount of Contribution (\$)	\$10.00
		New Braunfels, TX 78132-4538				
	Principal occup	pation / Job title (See Instructions) urse	Employer (See Instructions)		
	Date 11/12/2023	Full name of contributor out-of-state PAC (ID#: Bender, Melinda Contributor address; City; State; Zip Code New Braunfels, TX 78132-4538)		Amount of Contribution (\$)	\$10.00
	Principal occup Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions)		
	Date 12/12/2023	Full name of contributor out-of-state PAC (ID#: Bender, Melinda Contributor address; City; State; Zip Code New Braunfels, TX 78132-4538			Amount of Contribution (\$)	\$10.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)		
	registered iv					

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how t	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 6/42 Rpt: 9/55	
2	FILER NAME Texas Nurse	s Association Political Action C	ommittee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 07/12/2023	5 Full name of contributor Casburn, Sue Sharon6 Contributor address; City; State			7	Amount of Contribution (\$)	\$10.00
		Yantis, TX 75497-5482					
8	Principal occu Registered N	pation / Job title (See Instructions) lurse	9	Employer (See Instructions	5)		
	Date 08/12/2023	Full name of contributor Casburn, Sue Sharon Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code		•	Amount of Contribution (\$)	\$10.00
	Principal occu	Yantis, TX 75497-5482 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Registered N	lurse					
	Date 09/12/2023	Full name of contributor [Casburn, Sue Sharon Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code)	•	Amount of Contribution (\$)	\$10.00
		Yantis, TX 75497-5482					
	Principal occu Registered N	pation / Job title (See Instructions) lurse		Employer (See Instructions	5)		
	Date 10/12/2023	Full name of contributor Casburn, Sue Sharon Contributor address; City; Stat Yantis, TX 75497-5482	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse		Employer (See Instructions	5)		
	Date 11/12/2023	Full name of contributor Casburn, Sue Sharon Contributor address; City; Stat Yantis, TX 75497-5482	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse		Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	etion Guide explains how to complete this for	rm.	1	Total pages Schedule A1: Sch: 7/42 Rpt: 10/55	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 12/12/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
_	Distribution	Yantis, TX 75497-5482	Fundamental Control Institution			
8	Registered N	·	Employer (See Instructions)		
	Date 07/12/2023	Full name of contributor out-of-state PAC (ID#: Chavez, Margie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Dringing Lagor	Brownsville, TX 78520-9229	Franklavay (Caa kastuvatiana			
	Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions)		
	Date 08/12/2023	Full name of contributor out-of-state PAC (ID#: Chavez, Margie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Brownsville, TX 78520-9229				
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions)		
	Date 09/12/2023	Full name of contributor out-of-state PAC (ID#: Chavez, Margie Contributor address; City; State; Zip Code Brownsville, TX 78520-9229			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions)		
	Date 10/12/2023	Full name of contributor out-of-state PAC (ID#: Chavez, Margie Contributor address; City; State; Zip Code Brownsville, TX 78520-9229)		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	oation / Job title (See Instructions) urse	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this for	m.	1	Total pages Schedule A1: Sch: 8/42 Rpt: 11/55	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 11/12/2023	 Full name of contributor out-of-state PAC (ID#: Chavez, Margie Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$10.00
_		Brownsville, TX 78520-9229				
8	Registered N		Employer (See Instructions)		
	Date 12/12/2023	Full name of contributor out-of-state PAC (ID#: Chavez, Margie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Dringing aggr	Brownsville, TX 78520-9229	Employer (See Instructions			
	Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions)		
	Date 07/12/2023	Full name of contributor out-of-state PAC (ID#: Daniels, Nancy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		San Antonio, TX 78217-4025				
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions)		
	Date 08/12/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occup	pation / Job title (See Instructions) urse	Employer (See Instructions)		
	Date 09/12/2023	Full name of contributor out-of-state PAC (ID#: Daniels, Nancy Contributor address; City; State; Zip Code San Antonio, TX 78217-4025			Amount of Contribution (\$)	\$10.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)		
	. registered iv					

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this for	rm.	1	Total pages Schedule A1: Sch: 9/42 Rpt: 12/55	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 10/12/2023	 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
_	District	San Antonio, TX 78217-4025	Frankrije (Ozakastija			
8	Registered N		Employer (See Instructions)		
	Date 11/12/2023	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Registered N	lurse				
	Date 12/12/2023	Full name of contributor out-of-state PAC (ID#: Daniels, Nancy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		San Antonio, TX 78217-4025				
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/12/2023	Full name of contributor out-of-state PAC (ID#: Decker, Sharon Contributor address; City; State; Zip Code Lubbock, TX 79416-3311)		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/12/2023	Full name of contributor out-of-state PAC (ID#: Decker, Sharon Contributor address; City; State; Zip Code Lubbock, TX 79416-3311			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
	-					

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 10/42 Rpt: 13/55	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 07/12/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Nacogdoches, TX 75964-7180 pation / Job title (See Instructions)	Employer (See Instructions)		
	Registered N	lurse				
	Date 08/12/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Dringing	Nacogdoches, TX 75964-7180	Franksian (Cook batusations			
	Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
			,		Amount of Contribution (\$)	
	09/12/2023	Full name of contributor out-of-state PAC (ID#: Gaudette, Lauren Contributor address; City; State; Zip Code			Amount of Contribution (4)	\$10.00
		Nacogdoches, TX 75964-7180				
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/12/2023	Full name of contributor out-of-state PAC (ID#: Gaudette, Lauren Contributor address; City; State; Zip Code Nacogdoches, TX 75964-7180			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/12/2023	Full name of contributor out-of-state PAC (ID#: Gaudette, Lauren Contributor address; City; State; Zip Code Nacogdoches, TX 75964-7180			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions)		
		'				

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 11/42 Rpt: 14/55	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 12/12/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
8	Dringinal acqu	Nacogdoches, TX 75964-7180 pation / Job title (See Instructions)	Employer (See Instructions			
0	Registered N		Employer (See instructions	,		
	Date 07/12/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Corpus Christi, TX 78413-3007 pation / Job title (See Instructions)	Employer (See Instructions)		
	Registered Nurse		F - 7 - (,		
	Date 08/12/2023	Full name of contributor out-of-state PAC (ID#: Goodman, Nancy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Corpus Christi, TX 78413-3007				
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/12/2023	Full name of contributor out-of-state PAC (ID#: Goodman, Nancy Contributor address; City; State; Zip Code Corpus Christi, TX 78413-3007)		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/12/2023	Full name of contributor out-of-state PAC (ID#: Goodman, Nancy Contributor address; City; State; Zip Code Corpus Christi, TX 78413-3007			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
	registered iv					

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	etion Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 12/42 Rpt: 15/55	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 11/12/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Corpus Christi, TX 78413-3007 pation / Job title (See Instructions)	Employer (See Instructions)		
	Registered N			,		
	Date 12/12/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occur	Corpus Christi, TX 78413-3007 pation / Job title (See Instructions)	Employer (See Instructions)		
	Registered N		Employer (ede mondocione	,		
	Date 07/17/2023	Full name of contributor out-of-state PAC (ID#: Greene, Pamela Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Corpus Christi, TX 78412				
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions)		
	Date 08/17/2023	Full name of contributor out-of-state PAC (ID#: Greene, Pamela Contributor address; City; State; Zip Code Corpus Christi, TX 78412)		Amount of Contribution (\$)	\$25.00
	Principal occu Registered N	oation / Job title (See Instructions) urse	Employer (See Instructions)		
	Date 09/18/2023	Full name of contributor out-of-state PAC (ID#: Greene, Pamela Contributor address; City; State; Zip Code Corpus Christi, TX 78412			Amount of Contribution (\$)	\$25.00
	Principal occu Registered N	oation / Job title (See Instructions) urse	Employer (See Instructions)		

	MONET	ARY POLITICAL CON	ITRIBUTION	S 		SCHEDULE	A1
	The Instru	ction Guide explains how to c	omplete this forn	n.	1	Total pages Schedule A1: Sch: 13/42 Rpt: 16/55	
2	FILER NAME Texas Nurse	s Association Political Action Comn	nittee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 10/17/2023	 Full name of contributor ou ou Greene, Pamela Contributor address; City; State; Zi)	7	Amount of Contribution (\$)	\$25.00
		Corpus Christi, TX 78412	1-				
8	Principal occu Registered N	pation / Job title (See Instructions) lurse	9	Employer (See Instructions	5)		
	Date 11/17/2023	Full name of contributor ou Greene, Pamela Contributor address; City; State; Zi	ut-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Corpus Christi, TX 78412 pation / Job title (See Instructions)		Employer (See Instructions) 		
	Registered N			Zimployor (Coo mondonono	,		
	Date 12/18/2023	Greene, Pamela	p Code)		Amount of Contribution (\$)	\$25.00
		Corpus Christi, TX 78412					
	Principal occu Registered N	pation / Job title (See Instructions) lurse		Employer (See Instructions	5)		
	Date 07/12/2023	Full name of contributor ou Herman, Candice Contributor address; City; State; Zi Dallas, TX 75231	ut-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse		Employer (See Instructions	5)		
	Date 08/12/2023	Herman, Candice	p Code)		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse		Employer (See Instructions	5)		
			I				

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 14/42 Rpt: 17/55	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	ı Filers)
4	Date 09/12/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
_	Dringing! aggr	Dallas, TX 75231	0 Employer (See Instructions	<u></u>		
8	Registered N	pation / Job title (See Instructions) urse	9 Employer (See Instructions	5)		
	Date 10/12/2023	Full name of contributor out-of-state PAC (IE Herman, Candice Contributor address; City; State; Zip Code) :	•	Amount of Contribution (\$)	\$10.00
	Delicalization	Dallas, TX 75231	Fundament (Constructions	Ţ		
	Registered N	oation / Job title (See Instructions) urse	Employer (See Instructions	5)		
	Date 11/12/2023	Full name of contributor out-of-state PAC (IE Herman, Candice Contributor address; City; State; Zip Code) #:)		Amount of Contribution (\$)	\$10.00
		Dallas, TX 75231				
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions	5)		
	Date 12/12/2023	Full name of contributor out-of-state PAC (IE Herman, Candice Contributor address; City; State; Zip Code Dallas, TX 75231)		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	oation / Job title (See Instructions) urse	Employer (See Instructions	5)		
	Date 07/12/2023	Full name of contributor out-of-state PAC (IE Inglis, Toni Contributor address; City; State; Zip Code Austin, TX 78703-5402) #:)		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	oation / Job title (See Instructions) urse	Employer (See Instructions	s)		
	<u> </u>					

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 15/42 Rpt: 18/55	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	r Filers)
4	Date 08/12/2023	 Full name of contributor out-of-state PAC (II Inglis, Toni Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$10.00
		Austin, TX 78703-5402				
8	Principal occu Registered N	pation / Job title (See Instructions) lurse	9 Employer (See Instructions	s)		
	Date 09/12/2023	Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78703-5402 Dation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Registered Nurse					
	Date 10/12/2023	Full name of contributor out-of-state PAC (II Inglis, Toni Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$10.00
		Austin, TX 78703-5402				
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions	s)		
	Date 11/12/2023	Full name of contributor out-of-state PAC (II Inglis, Toni Contributor address; City; State; Zip Code Austin, TX 78703-5402	D#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions	s)		
	Date 12/12/2023	Full name of contributor out-of-state PAC (II Inglis, Toni Contributor address; City; State; Zip Code Austin, TX 78703-5402	D#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			- 1			

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to con	nplete this forr	n.	1	Total pages Schedule A1: Sch: 16/42 Rpt: 19/55	
2	FILER NAME Texas Nurse	s Association Political Action Committ	ee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 07/12/2023	 Full name of contributor out-of Johnson, Celeste Contributor address; City; State; Zip C 			7	Amount of Contribution (\$)	\$10.00
		Garland, TX 75043-1431					
8	Principal occu Registered N	pation / Job title (See Instructions) urse	9	Employer (See Instructions	5)		
	Date 08/12/2023	Full name of contributor out-of Johnson, Celeste Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	Garland, TX 75043-1431 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Registered N				,		
	Date 09/12/2023	Full name of contributor out-of Johnson, Celeste Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Garland, TX 75043-1431					
	Principal occu Registered N	oation / Job title (See Instructions) urse		Employer (See Instructions	5)		
	Date 10/12/2023	Johnson, Celeste	-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	oation / Job title (See Instructions) urse		Employer (See Instructions	5)		
	Date 11/12/2023	Johnson, Celeste	-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions) urse		Employer (See Instructions	s)		
			I				

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	etion Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 17/42 Rpt: 20/55	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 12/12/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
_		Garland, TX 75043-1431				
8	Principal occup Registered N		Employer (See Instructions)		
	Date 08/31/2023	Full name of contributor out-of-state PAC (ID#: Knobloch, Judith Hoffman Contributor address; City; State; Zip Code Austin, TX 78725			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Registered Nurse					
	Date 07/11/2023	Full name of contributor out-of-state PAC (ID#: Loera, Gloria Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		El Paso, TX 79938				
	Principal occu Registered N	oation / Job title (See Instructions) urse	Employer (See Instructions)		
	Date 08/11/2023	Full name of contributor out-of-state PAC (ID#: Loera, Gloria Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions)		
	Date 09/11/2023	Full name of contributor out-of-state PAC (ID#: Loera, Gloria Contributor address; City; State; Zip Code El Paso, TX 79938			Amount of Contribution (\$)	\$50.00
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions)		
	- 3 0					

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	etion Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 18/42 Rpt: 21/55	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 10/11/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
_	Deinainal assu	El Paso, TX 79938	. Familia de l'Oca la structiona			
8	Registered N		Employer (See Instructions)		
	Date 11/11/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	El Paso, TX 79938 pation / Job title (See Instructions)	Employer (See Instructions)		
	Registered N		. , ,			
	Date 12/11/2023	Full name of contributor out-of-state PAC (ID#: Loera, Gloria Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		El Paso, TX 79938				
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions)		
	Date 08/28/2023	Full name of contributor out-of-state PAC (ID#: Manns, Rhonda Contributor address; City; State; Zip Code Pearland, TX 77584-5255)		Amount of Contribution (\$)	\$5.00
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions)		
	Date 08/31/2023	Full name of contributor out-of-state PAC (ID#: Mcalester, Candace Contributor address; City; State; Zip Code Spring, TX 77389-1425)		Amount of Contribution (\$)	\$5.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
	. registered iv					

	MONET	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruc	ction Guide explains how to complete t	his foi	m.	1	Total pages Schedule A1: Sch: 19/42 Rpt: 22/55			
2	FILER NAME Texas Nurse	s Association Political Action Committee			3	Filer ID (Ethics Commission 00017364	n Filers)		
4	Date 08/28/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00		
8	Drincinal occu	Sugar Land, TX 77479 pation / Job title (See Instructions)	ا	Employer (See Instructions	·/-				
0	Registered N		ا	Employer (See instructions)				
	Date 07/10/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00		
	Principal occu	Goliad, TX 77963 Dation / Job title (See Instructions)		Employer (See Instructions	<u> </u>				
	Registered Nurse								
	Date 08/10/2023	Full name of contributor	: (ID#:)		Amount of Contribution (\$)	\$100.00		
		Goliad, TX 77963							
	Principal occu Registered N	pation / Job title (See Instructions) urse		Employer (See Instructions	5)				
	Date 09/11/2023	Full name of contributor out-of-state PAC Mcgarity, Tammy Contributor address; City; State; Zip Code Goliad, TX 77963)		Amount of Contribution (\$)	\$100.00		
	Principal occu Registered N	oation / Job title (See Instructions) urse		Employer (See Instructions	5)				
	Date 10/10/2023	Full name of contributor out-of-state PAC Mcgarity, Tammy Contributor address; City; State; Zip Code Goliad, TX 77963				Amount of Contribution (\$)	\$100.00		
	Principal occu Registered N	oation / Job title (See Instructions) urse		Employer (See Instructions	s)				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 20/42 Rpt: 23/55	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	n Filers)
4	Date 11/10/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
_	Dringing! aggs	Goliad, TX 77963) Employer (Coo Instructions			
8	Registered N		Employer (See Instructions)		
	Date 12/11/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	Goliad, TX 77963 pation / Job title (See Instructions)	Employer (See Instructions)		
	Registered Nurse					
	Date 07/12/2023	Full name of contributor out-of-state PAC (ID#: Merian, Merry Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
		Wimberly, TX 78676-3027				
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions)		
	Date 08/12/2023	Full name of contributor out-of-state PAC (ID#: Merian, Merry Contributor address; City; State; Zip Code Wimberly, TX 78676-3027)		Amount of Contribution (\$)	\$20.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions)		
	Date 09/12/2023	Full name of contributor out-of-state PAC (ID#: Merian, Merry Contributor address; City; State; Zip Code Wimberly, TX 78676-3027)		Amount of Contribution (\$)	\$20.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 21/42 Rpt: 24/55	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 10/12/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$20.00
0	Dringing Loon	Wimberly, TX 78676-3027	Francour (Con Instructions			
8	Registered N		Employer (See Instructions)		
	Date 11/12/2023	Full name of contributor out-of-state PAC (ID#: Merian, Merry Contributor address; City; State; Zip Code Wimberly, TX 78676-3027			Amount of Contribution (\$)	\$20.00
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Registered N	urse				
	Date 12/12/2023	Full name of contributor out-of-state PAC (ID#: Merian, Merry Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
		Wimberly, TX 78676-3027				
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions)		
	Date 07/12/2023	Full name of contributor out-of-state PAC (ID#: Miller, Joyce Contributor address; City; State; Zip Code Odessa, TX 79765			Amount of Contribution (\$)	\$30.00
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions)		
	Date 08/12/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$30.00
	Principal occu Registered N	oation / Job title (See Instructions) urse	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 22/42 Rpt: 25/55	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 09/12/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$30.00
_		Odessa, TX 79765				
8	Principal occup Registered N		Employer (See Instructions)		
	Date 10/12/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00
	Principal occu	Odessa, TX 79765 pation / Job title (See Instructions)	Employer (See Instructions)		
	Registered Nurse		. , ,			
	Date 11/12/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$30.00
		Odessa, TX 79765				
	Principal occu Registered N	oation / Job title (See Instructions) urse	Employer (See Instructions)		
	Date 12/12/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$30.00
	Principal occu Registered N	oation / Job title (See Instructions) urse	Employer (See Instructions)		
	Date 07/12/2023	Full name of contributor out-of-state PAC (ID#: Moon, Michael Contributor address; City; State; Zip Code San Antonio, TX 78232-4137			Amount of Contribution (\$)	\$6.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
	registereu iv	u100				

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this for	rm.	1	Total pages Schedule A1: Sch: 23/42 Rpt: 26/55	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission I 00017364	Filers)
4	Date 08/12/2023	 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$6.00
_	Deignaignal	San Antonio, TX 78232-4137	- Franksian (Cooksational			
8	Registered N		Employer (See Instructions)		
	Date 09/12/2023	Full name of contributor out-of-state PAC (ID#: Moon, Michael Contributor address; City; State; Zip Code San Antonio, TX 78232-4137)		Amount of Contribution (\$)	\$6.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Registered N	urse				
	Date 10/12/2023	Full name of contributor out-of-state PAC (ID#: Moon, Michael Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$6.00
		San Antonio, TX 78232-4137				
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions)		
	Date 11/12/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$6.00
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions)		
	Date 12/12/2023	Full name of contributor out-of-state PAC (ID#: Moon, Michael Contributor address; City; State; Zip Code San Antonio, TX 78232-4137			Amount of Contribution (\$)	\$6.00
	Principal occu Registered N	oation / Job title (See Instructions) urse	Employer (See Instructions)		
	-					

	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to com	plete this for	n.	1	Total pages Schedule A1: Sch: 24/42 Rpt: 27/55	
2	FILER NAME Texas Nurse	s Association Political Action Committe	ee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 07/12/2023	 Full name of contributor out-of-s Morrell, Patricia Contributor address; City; State; Zip Co 			7	Amount of Contribution (\$)	\$20.00
8	Principal occur	Winnie, TX 77665 pation / Job title (See Instructions)	ام	Employer (See Instructions			
0	Registered N		9	Employer (See instructions	')		
	Date 08/12/2023	Morrell, Patricia Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$20.00
	Principal occu	Winnie, TX 77665 Dation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Registered N	urse					
	Date 09/12/2023	Full name of contributor out-of-s Morrell, Patricia Contributor address; City; State; Zip Co	state PAC (ID#: ode)		Amount of Contribution (\$)	\$20.00
		Winnie, TX 77665					
	Principal occu Registered N	oation / Job title (See Instructions) urse		Employer (See Instructions	5)		
	Date 10/12/2023	Morrell, Patricia				Amount of Contribution (\$)	\$20.00
	Principal occu Registered N	oation / Job title (See Instructions) urse		Employer (See Instructions	()		
	Date 11/12/2023	Morrell, Patricia	state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu Registered N	oation / Job title (See Instructions) urse		Employer (See Instructions)		
			I_				

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to com	nplete this form	n.	1	Total pages Schedule A1: Sch: 25/42 Rpt: 28/55	
2	FILER NAME Texas Nurse	s Association Political Action Committe	ee		3	Filer ID (Ethics Commission 00017364	n Filers)
4	Date 12/12/2023	 Full name of contributor out-of-Morrell, Patricia Contributor address; City; State; Zip C)	7	Amount of Contribution (\$)	\$20.00
		Winnie, TX 77665	į				
8	Principal occu Registered N	pation / Job title (See Instructions) lurse	9	Employer (See Instructions	5)		
	Date 07/11/2023	Moss, Edtrina Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu	Missouri City, TX 77459 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Registered N	lurse					
	Date 07/05/2023	Full name of contributor out-of- Papa, Lorraine Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78704					
	Principal occu Registered N	pation / Job title (See Instructions) lurse		Employer (See Instructions	5)		
	Date 07/10/2023	Parker, Cheryl	-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/10/2023	Parker, Cheryl	-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse		Employer (See Instructions	5)		
			1				

	MONET	ARY POLITICAL CONTRIBUT	TIONS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete thi	is form.	1	Total pages Schedule A1: Sch: 26/42 Rpt: 29/55	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	n Filers)
4	Date 09/11/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
_	5	Tyler, TX 75701	10 5 1 70 1 1 1	<u> </u>		
8	Registered N	pation / Job title (See Instructions) lurse	9 Employer (See Instruction:	S)		
	Date 10/10/2023	Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	Tyler, TX 75701 pation / Job title (See Instructions)	Employer (See Instruction	<u> </u> s)		
	Registered N	lurse				
	Date 11/10/2023	Full name of contributor out-of-state PAC (I Parker, Cheryl Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$10.00
		Tyler, TX 75701				
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instruction	s)		
	Date 12/11/2023	Full name of contributor out-of-state PAC (I Parker, Cheryl Contributor address; City; State; Zip Code Tyler, TX 75701	D#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instruction	s)		
	Date 07/27/2023	Full name of contributor out-of-state PAC (I Pearson, Anthony Contributor address; City; State; Zip Code Dallas, TX 75219	D#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instruction:	s)		
			1			

	MONEI	ARY POLITICAL (CONTRIBUTIO)NS		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 27/42 Rpt: 30/55	
2	FILER NAME Texas Nurse	es Association Political Action	Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 08/28/2023	Full name of contributor Pearson, Anthony Contributor address; City; St	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$10.00
		Dallas, TX 75219					
8	Principal occu Registered N	pation / Job title (See Instructions lurse	s)	9 Employer (See Instructions	s)		
	Date 09/27/2023	Full name of contributor Pearson, Anthony Contributor address; City; Si	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$10.00
	Principal occu	Dallas, TX 75219	.)	Employer (See Instructions	<u>''</u>		
	Registered N	pation / Job title (See Instructions Iurse)	Employer (See Instructions	>)		
	Date 10/27/2023	Full name of contributor Pearson, Anthony Contributor address; City; Si	out-of-state PAC (ID#:_ ate; Zip Code		•	Amount of Contribution (\$)	\$10.00
		Dallas, TX 75219					
	Principal occu Registered N	pation / Job title (See Instructions Jurse	s)	Employer (See Instructions	5)		
	Date 11/27/2023	Full name of contributor Pearson, Anthony Contributor address; City; Si				Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	nation / Job title (See Instructions	s)	Employer (See Instructions	<u>I</u> S)		
	Date 12/27/2023	Full name of contributor Pearson, Anthony Contributor address; City; Si Dallas, TX 75219	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions Jurse	s)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 28/42 Rpt: 31/55	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 07/12/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Midland, TX 79703 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Registered N		S Employer (See Instructions)		
	Date 08/12/2023	Full name of contributor out-of-state PAC (ID#:_ Powers, Rebekah Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Deinsinal assu	Midland, TX 79703	Franks var (Cas katrustiana			
	Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions)		
	Date 09/12/2023	Full name of contributor out-of-state PAC (ID#:_ Powers, Rebekah Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
		Midland, TX 79703				
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions)		
	Date 10/12/2023	Full name of contributor out-of-state PAC (ID#:_ Powers, Rebekah Contributor address; City; State; Zip Code Midland, TX 79703			Amount of Contribution (\$)	\$20.00
	Principal occu Registered N	oation / Job title (See Instructions) urse	Employer (See Instructions)		
	Date 11/12/2023	Full name of contributor out-of-state PAC (ID#:_Powers, Rebekah Contributor address; City; State; Zip Code Midland, TX 79703			Amount of Contribution (\$)	\$20.00
	Principal occu Registered N	oation / Job title (See Instructions) urse	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 29/42 Rpt: 32/55	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 12/12/2023	 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$20.00
8	Principal occur	Midland, TX 79703 pation / Job title (See Instructions)	Employer (See Instructions	<u>)</u>		
•	Registered N		Zimpioyer (eee meadeann	,		
	Date 07/12/2023	Full name of contributor out-of-state PAC (ID#: Sanders, Kay Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00
	Principal occur	Ft. Worth, TX 76179-4004 pation / Job title (See Instructions)	Employer (See Instructions	_		
	Registered N		Employer (See Instructions	')		
	Date 08/12/2023	Full name of contributor out-of-state PAC (ID#: Sanders, Kay Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00
		Ft. Worth, TX 76179-4004				
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 09/12/2023	Full name of contributor out-of-state PAC (ID#:Sanders, Kay Contributor address; City; State; Zip Code Ft. Worth, TX 76179-4004)		Amount of Contribution (\$)	\$40.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions	()		
	Date 10/12/2023	Full name of contributor out-of-state PAC (ID#:Sanders, Kay Contributor address; City; State; Zip Code Ft. Worth, TX 76179-4004			Amount of Contribution (\$)	\$40.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions	i)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	etion Guide explains how to complete this for	rm.	1	Total pages Schedule A1: Sch: 30/42 Rpt: 33/55	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 11/12/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$40.00
8	Principal occur	Ft. Worth, TX 76179-4004 pation / Job title (See Instructions)	Employer (See Instructions			
0	Registered N	·	Employer (See instructions	,		
	Date 12/12/2023	Full name of contributor out-of-state PAC (ID#: Sanders, Kay Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$40.00
	Principal occur	Ft. Worth, TX 76179-4004 pation / Job title (See Instructions)	Employer (See Instructions)		
	Registered N		Employer (eee meadeane	,		
	Date 07/11/2023	Full name of contributor out-of-state PAC (ID#: Stewart, Ruth Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00
		San Antonio, TX 78249-3132				
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions)		
	Date 08/11/2023	Full name of contributor out-of-state PAC (ID#: Stewart, Ruth Contributor address; City; State; Zip Code San Antonio, TX 78249-3132)		Amount of Contribution (\$)	\$30.00
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions)		
	Date 09/11/2023	Full name of contributor out-of-state PAC (ID#: Stewart, Ruth Contributor address; City; State; Zip Code San Antonio, TX 78249-3132			Amount of Contribution (\$)	\$30.00
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions)		
	- 3 0					

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 31/42 Rpt: 34/55	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 10/11/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$30.00
Ω	Principal occur	San Antonio, TX 78249-3132 pation / Job title (See Instructions)	Employer (See Instructions			
0	Registered N		Employer (See instructions	,		
	Date 11/11/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$30.00
	Principal occu	San Antonio, TX 78249-3132 Dation / Job title (See Instructions)	Employer (See Instructions)		
	Registered N	urse				
	Date 12/11/2023	Full name of contributor out-of-state PAC (ID#: Stewart, Ruth Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00
		San Antonio, TX 78249-3132				
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/27/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/28/2023	Full name of contributor out-of-state PAC (ID#: Tietze, Mari Contributor address; City; State; Zip Code Irving, TX 75029)		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
	-					

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/42 Rpt: 35/55	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	ı Filers)
4	Date 09/27/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
_		Irving, TX 75029	la = 1			
8	Principal occup Registered N	pation / Job title (See Instructions) urse	9 Employer (See Instructions	5)		
	Date 10/27/2023	Full name of contributor out-of-state PAC (ID#:_ Tietze, Mari Contributor address; City; State; Zip Code Irving, TX 75029			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Registered N	urse				
	Date 11/27/2023	Full name of contributor out-of-state PAC (ID#:_ Tietze, Mari Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Irving, TX 75029				
	Principal occu Registered N	oation / Job title (See Instructions) urse	Employer (See Instructions	5)		
	Date 12/27/2023	Full name of contributor out-of-state PAC (ID#:_ Tietze, Mari Contributor address; City; State; Zip Code Irving, TX 75029)		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	oation / Job title (See Instructions) urse	Employer (See Instructions	5)		
	Date 07/12/2023	Full name of contributor out-of-state PAC (ID#:_Tschirch, Poldi Contributor address; City; State; Zip Code Houston, TX 77018-2013			Amount of Contribution (\$)	\$15.00
	Principal occu Registered N	oation / Job title (See Instructions)	Employer (See Instructions	5)		
	. registered iv					

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 33/42 Rpt: 36/55	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 08/12/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$15.00
_	Deireitade	Houston, TX 77018-2013	- Faralassa (Ossalastas tinas			
8	Registered N		Employer (See Instructions)		
	Date 09/12/2023	Full name of contributor out-of-state PAC (ID#: Tschirch, Poldi Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00
	Principal occur	Houston, TX 77018-2013 pation / Job title (See Instructions)	Employer (See Instructions) 		
	Registered N			,		
	Date 10/12/2023	Full name of contributor			Amount of Contribution (\$)	\$15.00
		Houston, TX 77018-2013				
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions	()		
	Date 11/12/2023	Full name of contributor out-of-state PAC (ID#: Tschirch, Poldi Contributor address; City; State; Zip Code Houston, TX 77018-2013)		Amount of Contribution (\$)	\$15.00
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions)		
	Date 12/12/2023	Full name of contributor out-of-state PAC (ID#: Tschirch, Poldi Contributor address; City; State; Zip Code Houston, TX 77018-2013			Amount of Contribution (\$)	\$15.00
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions	5)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	etion Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 34/42 Rpt: 37/55	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 07/12/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
0	Principal occur	Houston, TX 77036-4001 pation / Job title (See Instructions)	Employer (See Instructions			
0	Registered N		Employer (See instructions	,		
	Date 08/12/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Houston, TX 77036-4001 pation / Job title (See Instructions)	Employer (See Instructions)		
Registered Nurse						
	Date 09/12/2023	Full name of contributor out-of-state PAC (ID#: Vitek, Laura Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Houston, TX 77036-4001				
	Principal occu Registered N	oation / Job title (See Instructions) urse	Employer (See Instructions)		
	Date 10/12/2023	Full name of contributor out-of-state PAC (ID#: Vitek, Laura Contributor address; City; State; Zip Code Houston, TX 77036-4001)		Amount of Contribution (\$)	\$25.00
	Principal occu Registered N	oation / Job title (See Instructions) urse	Employer (See Instructions)		
	Date 11/12/2023	Full name of contributor out-of-state PAC (ID#: Vitek, Laura Contributor address; City; State; Zip Code Houston, TX 77036-4001			Amount of Contribution (\$)	\$25.00
	Principal occu Registered N	oation / Job title (See Instructions) urse	Employer (See Instructions)		
		,				

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 35/42 Rpt: 38/55	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 12/12/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
8	Dringing occur	Houston, TX 77036-4001	D Employer (See Instructions			
0	Registered N	· · · · · · · · · · · · · · · · · · ·	9 Employer (See Instructions	')		
	Date 07/11/2023	Full name of contributor uut-of-state PAC (ID#:_ Watson, James Jeffrey Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Lubbock, TX 79413-4805 pation / Job title (See Instructions)	Employer (See Instructions	<u></u>		
Registered Nurse				,		
	Date 08/11/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		Lubbock, TX 79413-4805				
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/11/2023	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/11/2023	Full name of contributor out-of-state PAC (ID#: Watson, James Jeffrey Contributor address; City; State; Zip Code Lubbock, TX 79413-4805			Amount of Contribution (\$)	\$50.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions	()		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE	DULE A1	
	The Instru	ction Guide explains how to	o complete this for	m.	1	Total pages Schedule A1: Sch: 36/42 Rpt: 39/55	
2	FILER NAME Texas Nurse	s Association Political Action Co	ommittee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 11/11/2023	5 Full name of contributor Watson, James Jeffrey6 Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)	7	Amount of Contribution (\$)	\$50.00
		Lubbock, TX 79413-4805					
8	Principal occu Registered N	pation / Job title (See Instructions) Iurse	9	Employer (See Instructions	5)		
	Date 12/11/2023	Full name of contributor Watson, James Jeffrey Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu Registered N	Lubbock, TX 79413-4805 pation / Job title (See Instructions) lurse		Employer (See Instructions	<u> </u> ;)		
	Date 07/12/2023	Full name of contributor Willmann, James Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$30.00
	Principal occu	Austin, TX 78759-4930 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 08/12/2023	Full name of contributor Willmann, James Contributor address; City; State Austin, TX 78759-4930	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$30.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> s)		
	Date 09/12/2023	Full name of contributor Willmann, James Contributor address; City; State Austin, TX 78759-4930	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$30.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			<u>'</u>				

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A	ULE A1	
	The Instru	ction Guide explains how to complete t	this form.	1 Total pages Schedule A1: Sch: 37/42 Rpt: 40/55		
2	FILER NAME Texas Nurse	s Association Political Action Committee		3 Filer ID (Ethics Commission Filers 00017364	s)	
4	Date 10/12/2023			7 Amount of Contribution (\$) \$3	0.00	
		Austin, TX 78759-4930				
8	Principal occu Attorney	pation / Job title (See Instructions)	9 Employer (See Instructions	ons)		
	Date 11/12/2023	Full name of contributor out-of-state PAG Willmann, James Contributor address; City; State; Zip Code	C (ID#:)	Amount of Contribution (\$) \$3	0.00	
	Principal occu	Austin, TX 78759-4930 pation / Job title (See Instructions)	Employer (See Instructions	ons)		
	Date 12/12/2023	Full name of contributor out-of-state PAG Willmann, James Contributor address; City; State; Zip Code	C (ID#:)	Amount of Contribution (\$) \$3	0.00	
	Delinainal annu	Austin, TX 78759-4930	Freeless (Oss Instruction			
	Attorney	pation / Job title (See Instructions)	Employer (See Instructions	ons)		
	Date 07/12/2023	Full name of contributor out-of-state PAG Woolbert, Lynda Contributor address; City; State; Zip Code West Columbia, TX 77486-9640	C (ID#:)	Amount of Contribution (\$) \$1	0.00	
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions	ons)		
	Date 08/12/2023	Full name of contributor out-of-state PAC Woolbert, Lynda Contributor address; City; State; Zip Code West Columbia, TX 77486-9640	C (ID#:)	Amount of Contribution (\$) \$1	0.00	
	Principal occu Registered N	oation / Job title (See Instructions) lurse	Employer (See Instructions	ons)		
			,			

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 38/42 Rpt: 41/55	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 09/12/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
_	Dringing Lagour	West Columbia, TX 77486-9640) Faralauay (Cas Instructions			
8	Registered N		Employer (See Instructions)		
	Date 10/12/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occup	West Columbia, TX 77486-9640 Dation / Job title (See Instructions)	Employer (See Instructions)		
Registered Nurse						
	Date 11/12/2023	Full name of contributor out-of-state PAC (ID#: Woolbert, Lynda Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		West Columbia, TX 77486-9640				
	Principal occup Registered N	oation / Job title (See Instructions) urse	Employer (See Instructions)		
	Date 12/12/2023	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occup Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions)		
	Date 07/12/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$6.00
	Principal occup Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 39/42 Rpt: 42/55	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 08/12/2023	 Full name of contributor out-of-state PAC (ID#:_Yauk, Sheryl Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$6.00
_	Daine in a language	Temple, TX 76502-2113				
8	Registered N	·	9 Employer (See Instructions)		
	Date 09/12/2023	Full name of contributor out-of-state PAC (ID#: Yauk, Sheryl Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$6.00
	Principal occu	Temple, TX 76502-2113 pation / Job title (See Instructions)	Employer (See Instructions)		
Registered Nurse				,		
	Date 10/12/2023	Full name of contributor out-of-state PAC (ID#:) Yauk, Sheryl Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$6.00
		Temple, TX 76502-2113				
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions)		
	Date 09/05/2023	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/11/2023	Full name of contributor out-of-state PAC (ID#:_Zelanko, Jeanie Contributor address; City; State; Zip Code Mesquite, TX 75150-6012			Amount of Contribution (\$)	\$25.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions)		
		1				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE	E A1	
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 40/42 Rpt: 43/55		
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)	
4	Date 08/11/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00	
0	Dringing aggr	Mesquite, TX 75150-6012	Employer (See Instructions				
8	Registered N		Employer (See Instructions)			
	Date 09/11/2023	Full name of contributor out-of-state PAC (ID#: Zelanko, Jeanie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00	
	Dringing! aggs	Mesquite, TX 75150-6012	Employer (Coo Instructions	_			
Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instruction)			
	Date 10/11/2023	Full name of contributor out-of-state PAC (ID#: Zelanko, Jeanie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00	
		Mesquite, TX 75150-6012					
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions	()			
	Date 11/11/2023	Full name of contributor out-of-state PAC (ID#: Zelanko, Jeanie Contributor address; City; State; Zip Code Mesquite, TX 75150-6012)		Amount of Contribution (\$)	\$25.00	
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions)			
	Date 12/11/2023	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00	
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions	i)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE	ULE A1	
	The Instru	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 41/42 Rpt: 44/55	
2	FILER NAME Texas Nurse	s Association Political Action Comr	mittee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 07/11/2023	 Full name of contributor	ut-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$15.00
		Georgetown, TX 78628	1-				
8	Principal occu Registered N	pation / Job title (See Instructions) lurse	9	Employer (See Instructions	5)		
	Date 08/11/2023	Full name of contributor on the contributor on the contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00
	Principal occu	Georgetown, TX 78628		Employer (See Instructions) 		
	Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instructions)			Employer (See manuchons	')		
	Date 09/11/2023	Full name of contributor on Zolnierek, Cynthia Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00
		Georgetown, TX 78628					
	Principal occu Registered N	pation / Job title (See Instructions) lurse		Employer (See Instructions	i)		
	Date 10/11/2023	Full name of contributor on Zolnierek, Cynthia Contributor address; City; State; Z Georgetown, TX 78628	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse		Employer (See Instructions	()		
	Date 11/11/2023	Zolnierek, Cynthia	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$15.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse		Employer (See Instructions	()		
			I				

TARY POLITICAL CONTRIBUTI	ONS	SCHEDULE A1
ruction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 42/42 Rpt: 45/55
IE ses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
5 Full name of contributor out-of-state PAC (ID: Zolnierek, Cynthia 6 Contributor address; City; State; Zip Code	#:)	7 Amount of Contribution (\$) \$15.00
Georgetown, TX 78628 cupation / Job title (See Instructions)	9 Employer (See Instructions	s)
l Nurse		
	ruction Guide explains how to complete this Eses Association Political Action Committee 5 Full name of contributor out-of-state PAC (ID: Zolnierek, Cynthia 6 Contributor address; City; State; Zip Code Georgetown, TX 78628 cupation / Job title (See Instructions)	Ses Association Political Action Committee 5 Full name of contributor out-of-state PAC (ID#:) Zolnierek, Cynthia 6 Contributor address; City; State; Zip Code Georgetown, TX 78628 cupation / Job title (See Instructions) 9 Employer (See Instructions)

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

\vdash					
	The Instru	ction Guide explains how to complete this form.	1	Total pages S Sch: 1/1 Rp	Schedule C4: ot: 46/55
2	FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Texas Nurse	es Association Political Action Committee		00017364	
4	Date	5 Corporation / Labor Organization name	6	Amount (\$)	
	07/31/2023	Texas Nurses Association			3,106.20
	Date	Corporation / Labor Organization name		Amount (\$)	
	08/31/2023	Texas Nurses Association			3,938.53
	Date	Corporation / Labor Organization name		Amount (\$)	
	09/30/2023	Texas Nurses Association			3,759.32
r	Date	Corporation / Labor Organization name		Amount (\$)	
	10/31/2023	Texas Nurses Association			3,682.42
F	Date	Corporation / Labor Organization name		Amount (\$)	
	11/30/2023	Texas Nurses Association			3,759.91
	Date	Corporation / Labor Organization name		Amount (\$)	
	12/31/2023	Texas Nurses Association			3,413.40

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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 (outer a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/9 Rpt: 47/55	Texas Nurses Association Political Action Committee 00017364
4 Date	5 Payee name
07/11/2023	Baylor Scott & White Health
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 3500 Gaston Ave
Expenditure from corporate funds	Dallas, TX 75246
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Returned Contribution
	Check if Austin, TX, officeholder living expense
	Returned Contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/12/2023	Baylor Scott & White
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	301 N Washington Ave
Expenditure from corporate funds	Dallas, TX 75246
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Returned Contribution
	Check if Austin, TX, officeholder living expense Returned Contribution
	Returned Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/12/2023	Baylor Scott & White
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	301 N Washington Ave
Expenditure from corporate funds	Dallas, TX 75246
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Returned Contribution
-	Check if Austin, TX, officeholder living expense
	Returned Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

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
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/9 Rpt: 48/55	Texas Nurses Association Political Action Committee 00017364
4 Date	5 Payee name
07/12/2023	Baylor Scott & White
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	301 N Washington Ave
Expenditure from corporate funds	Dallas, TX 75246
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Returned Contribution
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Returned Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/11/2023	Irving Healthcare Foundation
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	3500 Gaston Avenue
Expenditure from corporate funds	Dallas, TX 75246
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Returned Contribution Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Returned Contribution
	Tetaried Continuation
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
07/31/2023	PAYA
Amount (\$)	Payee address; City; State; Zip Code
\$45.01	12120 Sunset Hills Road Suite 500
·	
Expenditure from corporate funds	Reston, VA 20190
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Bank Draft Fee
	Daily Diail Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

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
Gift/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 (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memori Legal Services The Instruction			/ages	/Contract Labor		Travel Out o OTHER (ent		ict ategory not listed above)
1	Total pages Schedule F1:	2	EII ED NIAME				• •		2	Filer ID		(Ethics Commission Filers)
_	Sch: 3/9 Rpt: 49/55	_		es Associatio	n Political Ac	tion Com	mitt	ee		0001736		(
4	Date	5	Payee name									
L	07/31/2023		PAYA									
6	Amount (\$) \$77.07	7	Payee addre	ss; City; set Hills Road		e; Zip Co	de					
	Expenditure from corporate funds		Reston, VA	20190								
8	PURPOSE OF	(a)	Category (So	ee Categories listed	at the top of this sc	:hedule)	(b)	Description Check if travel	outsi	ide of Texas. (Comple	ete Schedule T.
	EXPENDITURE		recounting	Danking				Check if Austin			iving e	expense
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name		Office sou	ght			Office	e held	d
	Date		Payee name									
L	08/31/2023		PAYA									
	Amount (\$)		Payee addre	ss; City;	State	e; Zip Co	de					
	\$45.01		12120 Suns	et Hills Road	Suite 500							
	Expenditure from corporate funds		Reston, VA	20190								
	PURPOSE OF	(a)	Category (S	ee Categories listed	at the top of this sc	chedule)	(b)	Description				
	EXPENDITURE		Fees					Check if travel Check if Austin				ete Schedule T. expense
								Bank Draft F		, omcenduel I	y c	
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Offi	ceholder name		Office sou	ght			Office	e held	d
	Date		Payee name									
	08/31/2023		PAYA									
	Amount (\$)		Payee addre	ss; City;	State	e; Zip Co	de					
	\$76.83		12120 Suns	et Hills Road	Suite 500							
	Expenditure from corporate funds		Reston, VA	20190								
	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this sc	chedule)	(b)	Description				
	OF EXPENDITURE		Accounting	'Banking				=				ete Schedule T.
								Credit Card F			iviiig e	лиренов
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name		Office sou	ght			Office	e held	d
	<u></u>	41- :				-1-1-1					_	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Optionations Made Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 4/9 Rpt: 50/55	Texas Nurses Association Political Action Committee 00017364
4 Date	5 Payee name
09/30/2023	PAYA
6 Amount (\$) \$45.01	7 Payee address; City; State; Zip Code 12120 Sunset Hills Road Suite 500
Expenditure from corporate funds	Reston, VA 20190
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE	Check if Austin, TX, officeholder living expense
	Bank Draft Fee
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/30/2023	PAYA
Amount (\$)	Payee address; City; State; Zip Code
\$76.61	12120 Sunset Hills Road Suite 500
Expenditure from corporate funds	Reston, VA 20190
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
_/	Check if Austin, TX, officeholder living expense
	Credit Card Fees
2 1 2 2 2 2 2 2 2	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/31/2023	PAYA
Amount (\$)	Payee address; City; State; Zip Code
\$45.01	12120 Sunset Hills Road Suite 500
Expenditure from corporate funds	Reston, VA 20190
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Bank Draft Fee
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		S	/Wage	ges/Contract Labor OTHER (enter a category not listed above)		
	,		The Instruction Guide explains how to c	omp	plete this form.		
1	Total pages Schedule F1:	2			3 Filer ID (Ethics Commission Filers)		
	Sch: 5/9 Rpt: 51/55		Texas Nurses Association Political Action Co	mmi	nittee 00017364		
4	Date	5	Payee name				
	10/31/2023		PAYA				
6	Amount (\$)	7	Payee address; City; State; Zip C	Code	e		
	\$76.61		12120 Sunset Hills Road Suite 500				
	- Evnanditura from						
L	Expenditure from corporate funds		Reston, VA 20190				
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	b) Description		
	OF EXPENDITURE		Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.		
	LXI ENDITORE						
					Credit Card Fees		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office so	ought	ht Office held		
	experience to some or ex-	_					
	Date		Payee name				
	11/30/2023		PAYA				
	Amount (\$)		Payee address; City; State; Zip C	Code	е		
	\$45.00		12120 Sunset Hills Road Suite 500				
	Expenditure from corporate funds		Reston, VA 20190				
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	b) Description		
	OF EXPENDITURE		Fees		Check if travel outside of Texas. Complete Schedule T.		
					Check if Austin, TX, officeholder living expense Bank Draft Fee		
					Bank Diait Fee		
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	l	ht Office held		
	expenditure to benefit C/O		and date of the choice in the control of the contro	, agin	Office field		
	Data		Para a sana				
	Date 11/30/2023		Payee name PAYA				
	Amount (\$)		Payee address; City; State; Zip C	code	е		
	\$176.16		12120 Sunset Hills Road Suite 500				
_	Expenditure from						
L	corporate funds		Reston, VA 20190				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	b) Description		
	EXPENDITURE		Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.		
					Check if Austin, TX, officeholder living expense Credit Card Fees		
					Strait Out a 1 000		
	Complete ONLY if direct		Candidate/Officeholder name Office so	l	ht Office held		
	expenditure to benefit C/O			. agiii	office field		

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
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 6/9 Rpt: 52/55	2 FILER NAME Texas Nurses Association Political Action Committee 3 Filer ID (Ethics Commission Filers) 00017364
4 Date	5 Payee name
12/31/2023	PAYA
6 Amount (\$) \$45.00	7 Payee address; City; State; Zip Code 12120 Sunset Hills Road Suite 500
Ψ10.00	TETE Garlost Fillio Road Garlo GGG
Expenditure from corporate funds	Reston, VA 20190
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Bank Draft Fee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/31/2023	PAYA
Amount (\$)	Payee address; City; State; Zip Code
\$76.12	12120 Sunset Hills Road Suite 500
Expenditure from corporate funds	Reston, VA 20190
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Credit Card Fees
	Credit Card Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiantife to benefit 6/6	'
Date	Payee name
07/31/2023	Texas Nurses Association
Amount (\$)	Payee address; City; State; Zip Code
\$1.20	4807 Spicewood Springs Road Bldg 3 Suite 100
X Expenditure from corporate funds	Austin, TX 78759
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense Postage
	r usiay c
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 7/9 Rpt: 53/55	Texas Nurses Association Political Action Committee 00017364
4 Date	5 Payee name
11/30/2023	Texas Nurses Association
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.63	4807 Spicewood Springs Road Bldg 3 Suite 100
Expenditure from corporate funds	Austin, TX 78759
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Postage
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
07/01/2023	Texas Nurses Association
Amount (\$)	Payee address; City; State; Zip Code
\$7.00	4807 Spicewood Springs Road Bldg 3 Suite 100
Expenditure from corporate funds	Austin, TX 78759
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Equipment lease
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/01/2023	Texas Nurses Association
Amount (\$)	Payee address; City; State; Zip Code
\$7.00	4807 Spicewood Springs Road Bldg 3 Suite 100
Expenditure from corporate funds	Austin, TX 78759
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Equipment lease
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica		
Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 8/9 Rpt: 54/55	Texas Nurses Association Political Action Committee 00017364	
4 Date	5 Payee name	
09/01/2023	Texas Nurses Association	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$7.00	4807 Spicewood Springs Road Bldg 3 Suite 100	
X Expenditure from corporate funds	Austin, TX 78759	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Equipment lease	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experience to serious eye.		
Date	Payee name	
09/30/2023	Texas Nurses Association	
Amount (\$)	Payee address; City; State; Zip Code	
\$671.15	4807 Spicewood Springs Road Bldg 3 Suite 100	
Evnanditura from		
X Expenditure from corporate funds	Austin, TX 78759	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Gift/Awards/Memorials Expense	
	Check if Austin, TX, officeholder living expense	
	Awards for contributors	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Dete		_
Date 10/01/2023	Payee name	
	Texas Nurses Association	
Amount (\$)	Payee address; City; State; Zip Code	
\$7.00	4807 Spicewood Springs Road Bldg 3 Suite 100	
Expenditure from		
x corporate funds	Austin, TX 78759	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Equipment lease	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O	y	
		-

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	mmittee	Gift/Awards/Memorials E Legal Services The Instruction Gui			ages/	Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed	above)
1	Total pages Schedule F1:	2	EII ER NAME					Ī	3	Filer ID	(Ethics Commis	ssion Filers)
-	Sch: 9/9 Rpt: 55/55	-		es Association P	olitical Act	ion Com	mitte			00017364	(201103 001111110	55.611 1 116.15)
4	Date	5	Payee name									
	11/01/2023		Texas Nurse	es Association								
6	Amount (\$)	7	Payee address	ss; City;	State:	; Zip Co	de					
	\$7.00		4807 Spicev	vood Springs Ro	ad Bldg 3	Suite 10	0					
Х	Expenditure from corporate funds		Austin, TX 7	8759								
8	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this sch	edule)	(b)	Description				
	OF EXPENDITURE			nead/Rental Exp		<i>'</i>		Check if travel of	outsic	de of Texas. Com	nplete Schedule T.	
	EXPENDITORE							ш		officeholder living	g expense	
								Equipment lea	ase			
9	Complete ONLY if direct	Ļ	andidate/Offic	ceholder name		Office soug	thr			Office h	ald	
9	expenditure to benefit C/Ol		zandidate/Onic	centiquei mame		Jilice sou(Jiii			Office III	eiu	
	Date		Payee name									
	12/01/2023		Texas Nurse	es Association								
	Amount (\$)		Payee addres	ss; City;	State;	; Zip Co	de					
	\$7.00		4807 Spicev	vood Springs Ro	ad Bldg 3	Suite 10	0					
_	T Evpanditura from											
Х	Expenditure from corporate funds		Austin, TX 7	8759								
	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Office Overl	nead/Rental Exp	ense			—			nplete Schedule T.	
										officeholder living	g expense	
								Equipment lea	ase			
	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name		Office sou	aht			Office h	eld	
	expenditure to benefit C/O						, -					