

**GENERAL-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM GPAC
COVER SHEET PG 1**

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00017364	2 Total pages filed: 55
3 COMMITTEE NAME Texas Nurses Association Political Action Committee		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/13/2024 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4807 Spicewood Springs Road Bldg 3, Suite 100 Austin, TX 78759		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST John W.	MI MI
	NICKNAME Jack	LAST Frazee	SUFFIX
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4807 Spicewood Springs Road Bldg 3, Suite 100 Austin, TX 78759		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4807 Spicewood Springs Road Bldg 3, Suite 100 Austin, TX 78759		
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 452-0645	EXTENSION
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15	<input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff	<input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination
10 PERIOD COVERED	Month Day Year 07/01/2023	THROUGH	Month Day Year 12/31/2023
11 ELECTION	ELECTION DATE Month Day Year 03/05/2024	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	ELECTION TYPE <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Texas Nurses Association Political Action Committee	13 Filer ID (Ethics Commission Filers) 00017364
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 26,694.78
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,044.42
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 88,746.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Mr. John W. Frazee

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - GPAC

17 COMMITTEE NAME Texas Nurses Association Political Action Committee		18 Filer ID (Ethics Commission Filers) 00017364
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,035.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 21,659.78
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,044.42
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/42 Rpt: 4/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 07/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashford, Lisa <hr/> 6 Contributor address; City; State; Zip Code Ft. Worth, TX 76114-4535	7 Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 08/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashford, Lisa <hr/> Contributor address; City; State; Zip Code Ft. Worth, TX 76114-4535	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashford, Lisa <hr/> Contributor address; City; State; Zip Code Ft. Worth, TX 76114-4535	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashford, Lisa <hr/> Contributor address; City; State; Zip Code Ft. Worth, TX 76114-4535	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 11/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashford, Lisa <hr/> Contributor address; City; State; Zip Code Ft. Worth, TX 76114-4535	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/42 Rpt: 5/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 12/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashford, Lisa	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Ft. Worth, TX 76114-4535	
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Todd	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Lewisville, TX 75056	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 07/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baird, Becky	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75229-2473	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 08/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baird, Becky	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75229-2473	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baird, Becky	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75229-2473	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/42 Rpt: 6/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 10/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baird, Becky	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75229-2473	
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 11/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baird, Becky	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75229-2473	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baird, Becky	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75229-2473	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 07/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Connie	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code San Antonio, TX 78247	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 08/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Connie	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code San Antonio, TX 78247	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/42 Rpt: 7/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 09/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Connie	7 Amount of Contribution (\$) \$40.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78247	
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Connie	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code San Antonio, TX 78247	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 11/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Connie	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code San Antonio, TX 78247	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Connie	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code San Antonio, TX 78247	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 07/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bender, Melinda	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code New Braunfels, TX 78132-4538	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/42 Rpt: 8/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 08/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bender, Melinda	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code New Braunfels, TX 78132-4538	
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bender, Melinda	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code New Braunfels, TX 78132-4538	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bender, Melinda	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code New Braunfels, TX 78132-4538	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 11/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bender, Melinda	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code New Braunfels, TX 78132-4538	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bender, Melinda	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code New Braunfels, TX 78132-4538	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/42 Rpt: 9/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 07/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casburn, Sue Sharon <hr/> 6 Contributor address; City; State; Zip Code Yantis, TX 75497-5482	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 08/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casburn, Sue Sharon <hr/> Contributor address; City; State; Zip Code Yantis, TX 75497-5482	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casburn, Sue Sharon <hr/> Contributor address; City; State; Zip Code Yantis, TX 75497-5482	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casburn, Sue Sharon <hr/> Contributor address; City; State; Zip Code Yantis, TX 75497-5482	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 11/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casburn, Sue Sharon <hr/> Contributor address; City; State; Zip Code Yantis, TX 75497-5482	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/42 Rpt: 10/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 12/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casburn, Sue Sharon <hr/> 6 Contributor address; City; State; Zip Code Yantis, TX 75497-5482	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 07/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Margie <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78520-9229	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 08/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Margie <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78520-9229	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Margie <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78520-9229	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Margie <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78520-9229	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/42 Rpt: 11/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 11/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Margie	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Brownsville, TX 78520-9229	
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Margie	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Brownsville, TX 78520-9229	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 07/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Antonio, TX 78217-4025	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 08/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Antonio, TX 78217-4025	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Antonio, TX 78217-4025	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/42 Rpt: 12/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 10/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78217-4025	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 11/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78217-4025	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78217-4025	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 07/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decker, Sharon <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79416-3311	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 08/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decker, Sharon <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79416-3311	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/42 Rpt: 13/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 07/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaudette, Lauren <hr/> 6 Contributor address; City; State; Zip Code Nacogdoches, TX 75964-7180	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 08/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaudette, Lauren <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75964-7180	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaudette, Lauren <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75964-7180	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaudette, Lauren <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75964-7180	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 11/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaudette, Lauren <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75964-7180	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/42 Rpt: 14/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 12/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaudette, Lauren <hr/> 6 Contributor address; City; State; Zip Code Nacogdoches, TX 75964-7180	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 07/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Nancy <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413-3007	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 08/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Nancy <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413-3007	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Nancy <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413-3007	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Nancy <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413-3007	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/42 Rpt: 15/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 11/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Nancy <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413-3007	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Nancy <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413-3007	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Pamela <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Pamela <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Pamela <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/42 Rpt: 16/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 10/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Pamela	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78412	
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Pamela	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78412	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Pamela	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78412	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 07/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herman, Candice	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75231	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 08/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herman, Candice	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75231	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/42 Rpt: 17/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 09/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herman, Candice	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75231	
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herman, Candice	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75231	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 11/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herman, Candice	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75231	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herman, Candice	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75231	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 07/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inglis, Toni	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78703-5402	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/42 Rpt: 18/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 08/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inglis, Toni 6 Contributor address; City; State; Zip Code Austin, TX 78703-5402	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inglis, Toni Contributor address; City; State; Zip Code Austin, TX 78703-5402	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inglis, Toni Contributor address; City; State; Zip Code Austin, TX 78703-5402	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 11/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inglis, Toni Contributor address; City; State; Zip Code Austin, TX 78703-5402	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inglis, Toni Contributor address; City; State; Zip Code Austin, TX 78703-5402	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/42 Rpt: 19/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 07/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Celeste 6 Contributor address; City; State; Zip Code Garland, TX 75043-1431	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 08/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Celeste Contributor address; City; State; Zip Code Garland, TX 75043-1431	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Celeste Contributor address; City; State; Zip Code Garland, TX 75043-1431	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Celeste Contributor address; City; State; Zip Code Garland, TX 75043-1431	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 11/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Celeste Contributor address; City; State; Zip Code Garland, TX 75043-1431	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/42 Rpt: 20/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 12/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Celeste <hr/> 6 Contributor address; City; State; Zip Code Garland, TX 75043-1431	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knobloch, Judith Hoffman <hr/> Contributor address; City; State; Zip Code Austin, TX 78725	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loera, Gloria <hr/> Contributor address; City; State; Zip Code El Paso, TX 79938	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 08/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loera, Gloria <hr/> Contributor address; City; State; Zip Code El Paso, TX 79938	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loera, Gloria <hr/> Contributor address; City; State; Zip Code El Paso, TX 79938	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/42 Rpt: 21/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 10/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loera, Gloria <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79938	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 11/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loera, Gloria <hr/> Contributor address; City; State; Zip Code El Paso, TX 79938	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loera, Gloria <hr/> Contributor address; City; State; Zip Code El Paso, TX 79938	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manns, Rhonda <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584-5255	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcalester, Candace <hr/> Contributor address; City; State; Zip Code Spring, TX 77389-1425	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/42 Rpt: 22/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCauley, Cynthia <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcgarity, Tammy <hr/> Contributor address; City; State; Zip Code Goliad, TX 77963	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcgarity, Tammy <hr/> Contributor address; City; State; Zip Code Goliad, TX 77963	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcgarity, Tammy <hr/> Contributor address; City; State; Zip Code Goliad, TX 77963	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcgarity, Tammy <hr/> Contributor address; City; State; Zip Code Goliad, TX 77963	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/42 Rpt: 23/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 11/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcgarity, Tammy	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Goliad, TX 77963	
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcgarity, Tammy	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Goliad, TX 77963	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 07/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merian, Merry	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Wimberly, TX 78676-3027	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 08/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merian, Merry	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Wimberly, TX 78676-3027	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merian, Merry	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Wimberly, TX 78676-3027	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/42 Rpt: 24/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 10/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merian, Merry <hr/> 6 Contributor address; City; State; Zip Code Wimberly, TX 78676-3027	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 11/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merian, Merry <hr/> Contributor address; City; State; Zip Code Wimberly, TX 78676-3027	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merian, Merry <hr/> Contributor address; City; State; Zip Code Wimberly, TX 78676-3027	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 07/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Joyce <hr/> Contributor address; City; State; Zip Code Odessa, TX 79765	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 08/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Joyce <hr/> Contributor address; City; State; Zip Code Odessa, TX 79765	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/42 Rpt: 25/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 09/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Joyce <hr/> 6 Contributor address; City; State; Zip Code Odessa, TX 79765	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Joyce <hr/> Contributor address; City; State; Zip Code Odessa, TX 79765	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 11/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Joyce <hr/> Contributor address; City; State; Zip Code Odessa, TX 79765	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Joyce <hr/> Contributor address; City; State; Zip Code Odessa, TX 79765	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 07/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moon, Michael <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232-4137	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/42 Rpt: 26/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 08/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moon, Michael <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78232-4137	7 Amount of Contribution (\$) \$6.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moon, Michael <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232-4137	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moon, Michael <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232-4137	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 11/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moon, Michael <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232-4137	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moon, Michael <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232-4137	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/42 Rpt: 27/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 07/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrell, Patricia <hr/> 6 Contributor address; City; State; Zip Code Winnie, TX 77665	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 08/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrell, Patricia <hr/> Contributor address; City; State; Zip Code Winnie, TX 77665	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrell, Patricia <hr/> Contributor address; City; State; Zip Code Winnie, TX 77665	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrell, Patricia <hr/> Contributor address; City; State; Zip Code Winnie, TX 77665	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 11/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrell, Patricia <hr/> Contributor address; City; State; Zip Code Winnie, TX 77665	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/42 Rpt: 28/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 12/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrell, Patricia <hr/> 6 Contributor address; City; State; Zip Code Winnie, TX 77665	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moss, Edtrina <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 07/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Papa, Lorraine <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Cheryl <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Cheryl <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/42 Rpt: 29/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Cheryl <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75701	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Cheryl <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Cheryl <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Cheryl <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 07/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Anthony <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/42 Rpt: 30/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Anthony <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 09/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Anthony <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Anthony <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Anthony <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Anthony <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/42 Rpt: 31/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 07/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Rebekah <hr/> 6 Contributor address; City; State; Zip Code Midland, TX 79703	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 08/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Rebekah <hr/> Contributor address; City; State; Zip Code Midland, TX 79703	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Rebekah <hr/> Contributor address; City; State; Zip Code Midland, TX 79703	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Rebekah <hr/> Contributor address; City; State; Zip Code Midland, TX 79703	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 11/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Rebekah <hr/> Contributor address; City; State; Zip Code Midland, TX 79703	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/42 Rpt: 32/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 12/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Rebekah <hr/> 6 Contributor address; City; State; Zip Code Midland, TX 79703	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 07/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Kay <hr/> Contributor address; City; State; Zip Code Ft. Worth, TX 76179-4004	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 08/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Kay <hr/> Contributor address; City; State; Zip Code Ft. Worth, TX 76179-4004	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Kay <hr/> Contributor address; City; State; Zip Code Ft. Worth, TX 76179-4004	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Kay <hr/> Contributor address; City; State; Zip Code Ft. Worth, TX 76179-4004	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/42 Rpt: 33/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 11/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Kay 6 Contributor address; City; State; Zip Code Ft. Worth, TX 76179-4004	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Kay Contributor address; City; State; Zip Code Ft. Worth, TX 76179-4004	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Ruth Contributor address; City; State; Zip Code San Antonio, TX 78249-3132	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 08/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Ruth Contributor address; City; State; Zip Code San Antonio, TX 78249-3132	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Ruth Contributor address; City; State; Zip Code San Antonio, TX 78249-3132	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/42 Rpt: 34/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 10/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Ruth	7 Amount of Contribution (\$) \$30.00
6 Contributor address; City; State; Zip Code San Antonio, TX 78249-3132		
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 11/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Ruth	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code San Antonio, TX 78249-3132		
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Ruth	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code San Antonio, TX 78249-3132		
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 07/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tietze, Mari	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Irving, TX 75029		
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tietze, Mari	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Irving, TX 75029		
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/42 Rpt: 35/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 09/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tietze, Mari	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Irving, TX 75029	
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tietze, Mari	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Irving, TX 75029	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tietze, Mari	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Irving, TX 75029	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tietze, Mari	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Irving, TX 75029	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 07/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tschirch, Poldi	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Houston, TX 77018-2013	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/42 Rpt: 36/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 08/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tschirch, Poldi <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77018-2013	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tschirch, Poldi <hr/> Contributor address; City; State; Zip Code Houston, TX 77018-2013	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tschirch, Poldi <hr/> Contributor address; City; State; Zip Code Houston, TX 77018-2013	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 11/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tschirch, Poldi <hr/> Contributor address; City; State; Zip Code Houston, TX 77018-2013	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tschirch, Poldi <hr/> Contributor address; City; State; Zip Code Houston, TX 77018-2013	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/42 Rpt: 37/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 07/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vitek, Laura 6 Contributor address; City; State; Zip Code Houston, TX 77036-4001	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 08/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vitek, Laura Contributor address; City; State; Zip Code Houston, TX 77036-4001	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vitek, Laura Contributor address; City; State; Zip Code Houston, TX 77036-4001	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vitek, Laura Contributor address; City; State; Zip Code Houston, TX 77036-4001	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 11/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vitek, Laura Contributor address; City; State; Zip Code Houston, TX 77036-4001	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/42 Rpt: 38/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 12/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vitek, Laura	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Houston, TX 77036-4001		
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, James Jeffrey	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Lubbock, TX 79413-4805		
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 08/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, James Jeffrey	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Lubbock, TX 79413-4805		
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, James Jeffrey	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Lubbock, TX 79413-4805		
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 10/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, James Jeffrey	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Lubbock, TX 79413-4805		
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/42 Rpt: 39/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 11/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, James Jeffrey	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Lubbock, TX 79413-4805	
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, James Jeffrey	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Lubbock, TX 79413-4805	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 07/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willmann, James	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Austin, TX 78759-4930	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 08/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willmann, James	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Austin, TX 78759-4930	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willmann, James	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Austin, TX 78759-4930	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/42 Rpt: 40/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 10/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willmann, James <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78759-4930	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 11/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willmann, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-4930	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willmann, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-4930	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 07/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woolbert, Lynda <hr/> Contributor address; City; State; Zip Code West Columbia, TX 77486-9640	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 08/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woolbert, Lynda <hr/> Contributor address; City; State; Zip Code West Columbia, TX 77486-9640	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

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 Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 09/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woolbert, Lynda <hr/> 6 Contributor address; City; State; Zip Code West Columbia, TX 77486-9640	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woolbert, Lynda <hr/> Contributor address; City; State; Zip Code West Columbia, TX 77486-9640	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 11/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woolbert, Lynda <hr/> Contributor address; City; State; Zip Code West Columbia, TX 77486-9640	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woolbert, Lynda <hr/> Contributor address; City; State; Zip Code West Columbia, TX 77486-9640	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 07/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yauk, Sheryl <hr/> Contributor address; City; State; Zip Code Temple, TX 76502-2113	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Registered Nurse		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 Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 08/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yauk, Sheryl	7 Amount of Contribution (\$) \$6.00
6 Contributor address; City; State; Zip Code Temple, TX 76502-2113		
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yauk, Sheryl	Amount of Contribution (\$) \$6.00
Contributor address; City; State; Zip Code Temple, TX 76502-2113		
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yauk, Sheryl	Amount of Contribution (\$) \$6.00
Contributor address; City; State; Zip Code Temple, TX 76502-2113		
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yoder-Wise, Patricia	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Lubbock, TX 79423		
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zelanko, Jeanie	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Mesquite, TX 75150-6012		
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE 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 Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 08/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zelanko, Jeanie <hr/> 6 Contributor address; City; State; Zip Code Mesquite, TX 75150-6012	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zelanko, Jeanie <hr/> Contributor address; City; State; Zip Code Mesquite, TX 75150-6012	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 10/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zelanko, Jeanie <hr/> Contributor address; City; State; Zip Code Mesquite, TX 75150-6012	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 11/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zelanko, Jeanie <hr/> Contributor address; City; State; Zip Code Mesquite, TX 75150-6012	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zelanko, Jeanie <hr/> Contributor address; City; State; Zip Code Mesquite, TX 75150-6012	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/42 Rpt: 44/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 07/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zolnierek, Cynthia 6 Contributor address; City; State; Zip Code Georgetown, TX 78628	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 08/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zolnierek, Cynthia Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zolnierek, Cynthia Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 10/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zolnierek, Cynthia Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 11/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zolnierek, Cynthia Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/42 Rpt: 45/55
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zolnierek, Cynthia <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78628	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/9 Rpt: 49/55	2 FILER NAME Texas Nurses Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00017364
4 Date 07/31/2023	5 Payee name PAYA	
6 Amount (\$) \$77.07 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 12120 Sunset Hills Road Suite 500 Reston, VA 20190	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/31/2023	Payee name PAYA	
Amount (\$) \$45.01 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12120 Sunset Hills Road Suite 500 Reston, VA 20190	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Draft Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/31/2023	Payee name PAYA	
Amount (\$) \$76.83 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12120 Sunset Hills Road Suite 500 Reston, VA 20190	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/9 Rpt: 50/55	2 FILER NAME Texas Nurses Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00017364
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4 Date 09/30/2023	5 Payee name PAYA
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6 Amount (\$) \$45.01 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 12120 Sunset Hills Road Suite 500 Reston, VA 20190
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Draft Fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/30/2023	Payee name PAYA
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Amount (\$) \$76.61 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12120 Sunset Hills Road Suite 500 Reston, VA 20190
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/31/2023	Payee name PAYA
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Amount (\$) \$45.01 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12120 Sunset Hills Road Suite 500 Reston, VA 20190
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Draft Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/9 Rpt: 51/55	2 FILER NAME Texas Nurses Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00017364
4 Date 10/31/2023	5 Payee name PAYA	
6 Amount (\$) \$76.61 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 12120 Sunset Hills Road Suite 500 Reston, VA 20190	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/30/2023	Payee name PAYA	
Amount (\$) \$45.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12120 Sunset Hills Road Suite 500 Reston, VA 20190	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Draft Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/30/2023	Payee name PAYA	
Amount (\$) \$176.16 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12120 Sunset Hills Road Suite 500 Reston, VA 20190	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/9 Rpt: 52/55	2 FILER NAME Texas Nurses Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00017364
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4 Date 12/31/2023	5 Payee name PAYA
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6 Amount (\$) \$45.00	7 Payee address; City; State; Zip Code 12120 Sunset Hills Road Suite 500 Reston, VA 20190
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Expenditure from corporate funds

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Draft Fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/31/2023	Payee name PAYA
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Amount (\$) \$76.12	Payee address; City; State; Zip Code 12120 Sunset Hills Road Suite 500 Reston, VA 20190
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/31/2023	Payee name Texas Nurses Association
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Amount (\$) \$1.20	Payee address; City; State; Zip Code 4807 Spicewood Springs Road Bldg 3 Suite 100 Austin, TX 78759
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/9 Rpt: 53/55	2 FILER NAME Texas Nurses Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00017364
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4 Date 11/30/2023	5 Payee name Texas Nurses Association
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6 Amount (\$) \$0.63	7 Payee address; City; State; Zip Code 4807 Spicewood Springs Road Bldg 3 Suite 100 Austin, TX 78759
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Expenditure from corporate funds

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/01/2023	Payee name Texas Nurses Association
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Amount (\$) \$7.00	Payee address; City; State; Zip Code 4807 Spicewood Springs Road Bldg 3 Suite 100 Austin, TX 78759
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Equipment lease
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/01/2023	Payee name Texas Nurses Association
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Amount (\$) \$7.00	Payee address; City; State; Zip Code 4807 Spicewood Springs Road Bldg 3 Suite 100 Austin, TX 78759
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Equipment lease
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/9 Rpt: 54/55	2 FILER NAME Texas Nurses Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00017364
4 Date 09/01/2023	5 Payee name Texas Nurses Association	
6 Amount (\$) \$7.00	7 Payee address; City; State; Zip Code 4807 Spicewood Springs Road Bldg 3 Suite 100 Austin, TX 78759	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Equipment lease
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 09/30/2023	Payee name Texas Nurses Association	
Amount (\$) \$671.15	Payee address; City; State; Zip Code 4807 Spicewood Springs Road Bldg 3 Suite 100 Austin, TX 78759	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Awards for contributors
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 10/01/2023	Payee name Texas Nurses Association	
Amount (\$) \$7.00	Payee address; City; State; Zip Code 4807 Spicewood Springs Road Bldg 3 Suite 100 Austin, TX 78759	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Equipment lease
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/9 Rpt: 55/55	2 FILER NAME Texas Nurses Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00017364
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4 Date 11/01/2023	5 Payee name Texas Nurses Association
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6 Amount (\$) \$7.00	7 Payee address; City; State; Zip Code 4807 Spicewood Springs Road Bldg 3 Suite 100 Austin, TX 78759
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Expenditure from corporate funds

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Equipment lease
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/01/2023	Payee name Texas Nurses Association
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Amount (\$) \$7.00	Payee address; City; State; Zip Code 4807 Spicewood Springs Road Bldg 3 Suite 100 Austin, TX 78759
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Equipment lease
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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