

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

**FORM MPAC
COVER SHEET PG 1**

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00069305	2 Total pages filed: 20
3 COMMITTEE NAME Texas Association of Nurse Anesthetists Political Action Committee		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 05/06/2024	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 919 Congress Ave., Suite 720 Austin, TX 78701		Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Ms.	Andrea N.	
	NICKNAME	LAST	SUFFIX
		Pee	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 919 Congress Ave., Suite 720 Austin, TX 78701		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 919 Congress Ave., Suite 720 Austin, TX 78701		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	495-9004	
9 REPORT TYPE	<input checked="checked" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)		
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5	<input type="checkbox"/> April 5	<input type="checkbox"/> July 5
	<input type="checkbox"/> February 5	<input checked="checked" type="checkbox"/> May 5	<input type="checkbox"/> August 5
	<input type="checkbox"/> March 5	<input type="checkbox"/> June 5	<input type="checkbox"/> September 5
11 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	03/26/2024		04/25/2024

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Texas Association of Nurse Anesthetists Political Action Committee	13 Filer ID (Ethics Commission Filers) 00069305
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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 Brent Hagenbuch State Senator
		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)	\$ 5,418.56
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,212.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 92,817.94
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.

Ms. Andrea N. Pee

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

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

Page 3 of 20

12 COMMITTEE NAME Texas Association of Nurse Anesthetists Political Action Committee		13 Filer ID (Ethics Commission Filers) 00069305
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 Dr. Donna Campbell State Senator
		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.)	

SUBTOTALS - MPAC

17 COMMITTEE NAME Texas Association of Nurse Anesthetists Political Action Committee		18 Filer ID (Ethics Commission Filers) 00069305
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,106.62
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 checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 511.94
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 800.00
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	\$ 8,212.20
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.52

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/11 Rpt: 5/20
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albrecht, Kelsey <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77009-7252	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andersen, Jennifer <hr/> Contributor address; City; State; Zip Code Midland, TX 79705	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apodaca, Rylee <hr/> Contributor address; City; State; Zip Code Houston, TX 77004	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bullerwell, Megan <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, T'anya <hr/> Contributor address; City; State; Zip Code Dallas, TX 75235	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/11 Rpt: 6/20
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caswell, Abigail <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 03/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Gregory <hr/> Contributor address; City; State; Zip Code Granbury, TX 76049	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornelius, Brian <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Stephanie <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77382	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 03/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Rachel <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/11 Rpt: 7/20
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Charles <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 03/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estes, Sonia <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farmer, Masson <hr/> Contributor address; City; State; Zip Code Kemp, TX 75143	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frawley, Steven <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvin, Vaughna <hr/> Contributor address; City; State; Zip Code Benbrook, TX 76126-4451	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/11 Rpt: 8/20
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gegel, Brian <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78258	7 Amount of Contribution (\$) \$41.67
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Cindy <hr/> Contributor address; City; State; Zip Code Arlington, TX 76016-2528	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 03/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Jessica <hr/> Contributor address; City; State; Zip Code Bullard, TX 75757	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 03/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson-Thomas, Deborah <hr/> Contributor address; City; State; Zip Code Hoy, TX 77074	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Ryan <hr/> Contributor address; City; State; Zip Code Houston, TX 77018	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/11 Rpt: 9/20
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 03/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kakenmaster, Kathryn <hr/> 6 Contributor address; City; State; Zip Code Keller, TX 76248	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krenek, Debra <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78541	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, DeaAnn <hr/> Contributor address; City; State; Zip Code Parker, TX 75002	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massey, Douglas <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 03/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michinock, Jessica <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/11 Rpt: 10/20
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Tammy <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77080	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Timothy <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mueller, Joseph <hr/> Contributor address; City; State; Zip Code Austin, TX 78736	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 03/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nick, Michael <hr/> Contributor address; City; State; Zip Code Abernathy, TX 79311	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Northcutt, Leann <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/11 Rpt: 11/20
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 03/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, David <hr/> 6 Contributor address; City; State; Zip Code Ft worth, TX 76133	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Omoni, Peter <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pichon, Arianne <hr/> Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rader, Haley <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rao, Jacob <hr/> Contributor address; City; State; Zip Code Dallas, TX 75238	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/11 Rpt: 12/20
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Troy <hr/> 6 Contributor address; City; State; Zip Code New Braunfels, TX 78132	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 03/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Brittany <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Robert <hr/> Contributor address; City; State; Zip Code Texas, TX 76017	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 03/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutherford, Karrie <hr/> Contributor address; City; State; Zip Code Caldwell, TX 77836	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Kay <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76179	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/11 Rpt: 13/20
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scudieri, Louise <hr/> 6 Contributor address; City; State; Zip Code Decatur, TX 76234	7 Amount of Contribution (\$) \$62.50
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaffer, Scott <hr/> Contributor address; City; State; Zip Code Salida, CO 81201	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharp, William <hr/> Contributor address; City; State; Zip Code amarillo, TX 79124	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheneman, Megan <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 03/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talley, Miriam <hr/> Contributor address; City; State; Zip Code San Antinio, TX 78251	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/11 Rpt: 14/20
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ulinski, Jessica <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78626	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valverde, Edwin <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vera, Martha <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walden, Micah <hr/> Contributor address; City; State; Zip Code Sulphur Springs, TX 75483	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walford, Brian <hr/> Contributor address; City; State; Zip Code Victoria, TX 77904	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/11 Rpt: 15/20
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Brian <hr/> 6 Contributor address; City; State; Zip Code Harlingen, TX 78552	7 Amount of Contribution (\$) \$41.67
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Megan <hr/> Contributor address; City; State; Zip Code Richmond, TX 77406	Amount of Contribution (\$) \$365.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Ashley <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Diana <hr/> Contributor address; City; State; Zip Code Cedar Creek, TX 78612	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 1/1 Rpt: 16/20
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/01/2024	5 Corporation / Labor Organization name Texas Association of Nurse Anesthetists	6 Amount (\$) 416.00
Date 03/26/2024	Corporation / Labor Organization name Texas Association of Nurse Anesthetists	Amount (\$) 95.94

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: 17/20
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 03/29/2024	5 Corporation / Labor Organization name Texas Association of Nurse Anesthetists	6 Amount (\$) 400.00
Date 04/12/2024	Corporation / Labor Organization name Texas Association of Nurse Anesthetists	Amount (\$) 400.00

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
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: 1/2 Rpt: 18/20	2 FILER NAME Texas Association of Nurse Anesthetists Political Action	3 Filer ID (Ethics Commission Filers) 00069305
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4 Date 04/01/2024	5 Payee name American Express Merchant Services
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6 Amount (\$) \$212.20 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 53852 Phoenix, AZ 85072-3852
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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 processing of campaign contributions.
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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 04/12/2024	Payee name Brent Hagenbuch Campaign
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Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2800 Shoreline Dr #310 Denton, TX 76210
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign 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 04/19/2024	Payee name Friends of Donna Campbell
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Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 171002 San Antonio, TX 78217
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign 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: 2/2 Rpt: 19/20	2 FILER NAME Texas Association of Nurse Anesthetists Political Action	3 Filer ID (Ethics Commission Filers) 00069305
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4 Date 04/16/2024	5 Payee name Texas Ethics Commission
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6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 201 East 14th St., 10th Floor Austin, TX 78701
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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 Filing 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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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 20/20
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 03/31/2024	5 Name of person from whom amount is received University Federal Credit Union	8 Amount (\$) \$0.02
	6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78704	
	7 Purpose for which amount is received Interest. <input type="checkbox"/> Check if political contribution returned to filer	
Date 03/31/2024	Name of person from whom amount is received University Federal Credit Union	Amount (\$) \$0.50
	Address of person from whom amount is received; City; State; Zip Code Austin, TX 78704	
	Purpose for which amount is received Interest. <input type="checkbox"/> Check if political contribution returned to filer	