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

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME Texas Association of	f Nurse Anesthetists Politi	ical Action Committee	13 Filer ID 0006930	(Ethics Commission Filers)
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Brent Hagenbuch State Sena	tor	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location)	A. Supported		
	of election and nature of issue.)			
		B. Opposed		
	3. Officeholders			
	Assisted (Identify by name or, if applicable, classify by party.)			
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA			
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)	\$	5,418.56
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	AL EXPENDITURES	\$	8,212.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	92,817.94
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
6 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of pertrue and correct and includes all information under Title 15, Election Code.	erjury, that the rmation requir	e accompanying report is red to be reported by me
		Ms. And	Irea N. Pee	
		Signature of Ca	ampaign Trea	surer
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ped before me. by the said		this the	day
		which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of of	fficer administering oath

FORM MPAC MONTHLY FILING GPAC REPORT: PURPOSE **ADDENDUM** Page 3 of 20 **12** COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) Texas Association of Nurse Anesthetists Political Action Committee 00069305 14 COMMITTEE 1. Candidates A. Supported Dr. Donna Campbell State Senator **ACTIVITY** (Identify by name or, if applicable, classify by party.) (Attach lists on plain B. Opposed paper to complete this report if necessary.) 2. Measures A. Supported (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders

Assisted
(Identify by name or, if applicable, classify by party.

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

		4 of 20
17 COMMITTEE NAME	18 Filer ID	(Ethics Commission Filers)
Texas Association of Nurse Anesthetists Political Action Committee	e 00069305	5
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4,106.62
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CO	\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM COF	RPORATION OR LABOR	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTION	ONS FROM CORPORATION OR	\$
6. X SCHEDULE C3: MONETARY SUPPORT FROM CORPORAT	TION OR LABOR ORGANIZATION	\$ 511.94
7. X SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORGANIZATION	PORATION OR LABOR	\$ 800.00
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPO	DRATION OR LABOR ORGANIZATIO	N \$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITI	ICAL CONTRIBUTIONS	\$ 8,212.20
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POI	LITICAL CONTRIBUTIONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POL	LITICAL CONTRIBUTIONS	\$
15. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AN	ND CONTRIBUTIONS RETURNED	\$ 0.52

	MONEI	ARY POLITICAL (CONTRIBUTIO)NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/11 Rpt: 5/20	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation of Nurse Anesthetists	Political Action Commit	ttee	L	00069305	
4	Date 04/20/2024 5 Full name of contributor out-of-state PAC (ID#:) Albrecht, Kelsey 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$83.33		
		Houston, TX 77009-7252					
8		pation / Job title (See Instruction	s)	9 Employer (See Instructions	s)		
	Certified Req	gistered Nurse Anesthetist					
	Date 04/18/2024	Full name of contributor Andersen, Jennifer Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$41.67
		Midland, TX 79705					
	Principal occu	nation / Job title (See Instruction	s)	Employer (See Instructions	<u>. </u>		
	Certified Reg	gistered Nurse Anesthetist					
Date		Full name of contributor	out-of-state PAC (ID#:_)	Г	Amount of Contribution (\$)	
	04/21/2024	Apodaca, Rylee		,			\$83.33
		Contributor address; City; S	State; Zip Code				
		Houston, TX 77004					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist					
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/07/2024	Bullerwell, Megan Contributor address; City; S	State; Zip Code				\$30.00
		Bellaire, TX 77401					
	•	pation / Job title (See Instruction gistered Nurse Anesthetist	s)	Employer (See Instructions	5)		
		Full name of contributor				Amount of Contribution (4)	
	Date 04/01/2024	Carter, T'anya	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$83.33
	04/01/2024	Contributor address; City; S	Ctato: Zin Codo		ł		Ψ00.00
		Contributor address, City, S	state, Zip Code				
		Dallas, TX 75235					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist					

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/11 Rpt: 6/20	
2	FILER NAME Texas Assoc	ciation of Nurse Anesthetists Political Action Commi	ttee	3	Filer ID (Ethics Commission 00069305	ı Filers)
4	Date 04/14/2024	 Full name of contributor out-of-state PAC (ID#:_Caswell, Abigail Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$83.33
		Friendswood, TX 77546				
8		pation / Job title (See Instructions) gistered Nurse Anesthetist	9 Employer (See Instructions)		
	Date 03/27/2024	Full name of contributor out-of-state PAC (ID#:_ Collins, Gregory Contributor address; City; State; Zip Code Granbury, TX 76049)		Amount of Contribution (\$)	\$83.33
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions)		
	Date 04/22/2024	Full name of contributor out-of-state PAC (ID#:_ Cornelius, Brian Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$83.33
	Principal occu	Burleson, TX 76028 pation / Job title (See Instructions)	Employer (See Instructions)		
	•	gistered Nurse Anesthetist		,		
	Date 04/16/2024	Full name of contributor out-of-state PAC (ID#:_ Davenport, Stephanie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00
	Deinsinal	The Woodlands, TX 77382	Fundamen (One hadron frame			
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions)		
	Date 03/31/2024	Full name of contributor out-of-state PAC (ID#:_ Davis, Rachel Contributor address; City; State; Zip Code Houston, TX 77057			Amount of Contribution (\$)	\$83.34
		pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions)		

	MONEI	ARY POLITICAL CO	NTRIBUTIO	INS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/11 Rpt: 7/20	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	iation of Nurse Anesthetists Politic	cal Action Commit	tee		00069305	
4	Date 04/12/2024	5 Full name of contributor	out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$83.33
		6 Contributor address; City; State; Z Sugar Land, TX 77479	Zip Code				
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions)		
	Certified Reg	istered Nurse Anesthetist					
_	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	03/31/2024	Estes, Sonia		/		(4)	\$30.00
	00,02,202	Contributor address; City; State; 2	Zin Codo				400.00
		Communical address, City, State, 2	zip Code				
		Dallas, TX 75206					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Certified Reg	istered Nurse Anesthetist					
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	03/26/2024	Farmer, Masson					\$83.33
		Contributor address; City; State; 2	Zip Code				
		-	•				
		Kemp, TX 75143					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Certified Reg	istered Nurse Anesthetist					
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/22/2024	Frawley, Steven					\$83.33
		Contributor address; City; State; 2	Zip Code				
		Dallas, TX 75209					
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	Certified Reg	jistered Nurse Anesthetist					
	Date	Full name of contributor	out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	04/21/2024	Galvin, Vaughna					\$83.33
		Contributor address; City; State; 2	Zip Code				
		Benbrook, TX 76126-4451					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Certified Rec	istered Nurse Anesthetist					

	MONEI	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 4/11 Rpt: 8/20	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	iation of Nurse Anesthetists Political Action Commi	ttee		00069305	
4	Date 04/07/2024	 Full name of contributor out-of-state PAC (ID#:_Gegel, Brian Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$41.67
Ω	Principal occu	San Antonio, TX 78258 pation / Job title (See Instructions)	9 Employer (See Instructions			
0		gistered Nurse Anesthetist	3 Employer (See Instructions)		
	Date 04/18/2024	Full name of contributor out-of-state PAC (ID#:_Golden, Cindy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$83.33
		Arlington, TX 76016-2528				
		pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions)		
	Date 03/31/2024	Full name of contributor out-of-state PAC (ID#:_ Green, Jessica Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$83.33
		Bullard, TX 75757				
		pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions)		
	Date 03/31/2024	Full name of contributor out-of-state PAC (ID#:_ Jackson-Thomas, Deborah Contributor address; City; State; Zip Code Hoy, TX 77074			Amount of Contribution (\$)	\$83.34
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions)		
	Date 04/07/2024	Full name of contributor out-of-state PAC (ID#:_Johnson, Ryan Contributor address; City; State; Zip Code Houston, TX 77018			Amount of Contribution (\$)	\$30.00
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 5/11 Rpt: 9/20	
2	FILER NAME Texas Assoc	ciation of Nurse Anesthetists Political Action Com	mittee	3	Filer ID (Ethics Commission 00069305	r Filers)
4	Date 03/26/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$83.33
_	Dringing Loon	Keller, TX 76248	Employer (See Instructions	<u></u>		
8		pation / Job title (See Instructions) gistered Nurse Anesthetist	9 Employer (See Instructions	5)		
	Date 03/28/2024	Full name of contributor out-of-state PAC (ID Krenek, Debra Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$30.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	z)		
	•	gistered Nurse Anesthetist	Employer (See Instructions	۶)		
	Date 04/07/2024	Full name of contributor out-of-state PAC (ID Martin, DeaAnn Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$30.00
		Parker, TX 75002				
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	s)		
	Date 03/28/2024	Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$30.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> -		
	•	gistered Nurse Anesthetist		-,		
	Date 03/27/2024	Full name of contributor out-of-state PAC (ID Michinock, Jessica Contributor address; City; State; Zip Code Round Rock, TX 78664	#:)		Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Сепінеа Ке(gistered Nurse Anesthetist				

	MONEI	ARY POLITICAL CONT	RIBUTIO	INS		SCHEDUL	E A1
	The Instru	ction Guide explains how to com	nplete this fo	orm.	1	Total pages Schedule A1: Sch: 6/11 Rpt: 10/20	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	iation of Nurse Anesthetists Political A	ction Committ	tee		00069305	
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 04/14/2024 Moore, Tammy 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$83.33		
8	Principal occu	Houston, TX 77080 pation / Job title (See Instructions)		9 Employer (See Instructions	<u> </u>		
	Certified Reg	istered Nurse Anesthetist					
	Date 03/28/2024	Full name of contributor out-of- Morales, Timothy Contributor address; City; State; Zip C	-state PAC (ID#:_			Amount of Contribution (\$)	\$83.33
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
		istered Nurse Anesthetist		Employer (See manuchons	')		
	Date		DAG (ID)	\		Amount of Contribution (\$)	
	04/05/2024	Mueller, Joseph Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (4)	\$100.00
		Austin, TX 78736					
		pation / Job title (See Instructions) histered Nurse Anesthetist		Employer (See Instructions	5)		
	Date 03/27/2024	Full name of contributor out-of- Nick, Michael Contributor address; City; State; Zip C Abernathy, TX 79311	-state PAC (ID#:_			Amount of Contribution (\$)	\$83.33
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist		Employer (See Instructions	5)		
	Date 04/03/2024	Full name of contributor out-of- Northcutt, Leann Contributor address; City; State; Zip C	-state PAC (ID#:_			Amount of Contribution (\$)	\$20.00
		pation / Job title (See Instructions) pistered Nurse Anesthetist		Employer (See Instructions	5)		

	MONEI	ARY POLITICAL CONTRIBU	JIIONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	this form.	1	otal pages Schedule A1: Sch: 7/11 Rpt: 11/20	
2	FILER NAME	iation of Nurse Anesthetists Political Action C	rommittee	1	Filer ID (Ethics Commission 00069305	n Filers)
_	Date	5 Full name of contributor ut-of-state PAG		+		
4	O3/31/2024 Olson, David 6 Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$83.33	
8	Principal occu	Ft worth, TX 76133 pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
•		istered Nurse Anesthetist	2 - Impleyer (God inical collection)	٥,		
	Date 04/22/2024	Full name of contributor out-of-state PAG Omoni, Peter Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$83.33
		Katy, TX 77494	1	<u> </u>		
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	s)		
	Date 04/14/2024	Full name of contributor out-of-state PAG Pichon, Arianne Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$41.67
		Buda, TX 78610				
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	s)		
	Date 04/22/2024	Full name of contributor out-of-state PAG Rader, Haley Contributor address; City; State; Zip Code Houston, TX 77098	C (ID#:)		Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	s)		
	Date 04/21/2024	Full name of contributor out-of-state PAG Rao, Jacob Contributor address; City; State; Zip Code Dallas, TX 75238	C (ID#:)		Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	s)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	JNS		SCHEDULI	E A1
	The Instruc	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/11 Rpt: 12/20	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	iation of Nurse Anesthetists F	Political Action Commit	tee	L	00069305	
4	Date 04/11/2024	5 Full name of contributor Reed, Troy6 Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code)	7	Amount of Contribution (\$)	\$30.00
		New Braunfels, TX 78132	2				
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	<u></u>		
	Certified Reg	jistered Nurse Anesthetist					
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	03/31/2024	Ross, Brittaney		,		(+)	\$62.50
		Contributor address; City; S	tate; Zip Code				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Dallas, TX 75206					
	Principal occur	pation / Job title (See Instructions	3)	Employer (See Instructions	;) 		
		gistered Nurse Anesthetist	,	Employer (See mondenons	"		
_	Date	Full name of contributor	out-of-state PAC (ID#:	1	Г	Amount of Contribution (\$)	
	04/04/2024	Ross, Robert	out of state 1710 (IBM	/		7 mileant of Continuation (4)	\$83.33
		Contributor address; City; S	tate; Zip Code				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		T TV 70047					
		Texas, TX 76017	,		Ĺ		
		pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Certified Reg	jistered Nurse Anesthetist					
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	03/31/2024	Rutherford, Karrie					\$20.00
		Contributor address; City; S	tate; Zip Code				
		Caldwell, TX 77836					
	Principal occur	pation / Job title (See Instructions	2)	Employer (See Instructions	;) 		
	•	gistered Nurse Anesthetist	-)	Employer (Goo meadoache	-,		
	Date	Full name of contributor	out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	03/26/2024	Sanders, Kay					\$100.00
		Contributor address; City; S	tate; Zip Code				
		Fort World TV 70470					
	Bulanci I	Fort Worth, TX 76179		Eleve (O. 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	<u></u>		
		pation / Job title (See Instructions gistered Nurse Anesthetist	5)	Employer (See Instructions	5)		
	Ceruneu Reg	gisteren ivnise Aliestiietist					

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/11 Rpt: 13/20	
2	FILER NAME Texas Assoc	ciation of Nurse Anesthetists Political Action Commit	tee	3	Filer ID (Ethics Commission 00069305	Filers)
4	Date 04/15/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$62.50
_	Deinning Langu	Decatur, TX 76234	O Franks var (Cas katrustiana	_		
8	•	pation / Job title (See Instructions) gistered Nurse Anesthetist	9 Employer (See Instructions	5)		
	Date 04/17/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$83.33
	Principal occu	Salida, CO 81201 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Certified Reg	gistered Nurse Anesthetist				
	Date 04/21/2024	Full name of contributor out-of-state PAC (ID#:_Sharp, William Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$41.67
		amarillo, TX 79124				
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	i)		
	Date 04/11/2024	Full name of contributor out-of-state PAC (ID#:_ Sheneman, Megan Contributor address; City; State; Zip Code Houston, TX 77008			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Certified Req	gistered Nurse Anesthetist				
	Date 03/31/2024	Full name of contributor out-of-state PAC (ID#:_ Talley, Miriam Contributor address; City; State; Zip Code San Antinio, TX 78251			Amount of Contribution (\$)	\$30.00
	•	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Ceranied Rea	yistered Nurse Anesthetist				

	MONET	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/11 Rpt: 14/20		
2	FILER NAME Texas Assoc	ciation of Nurse Anesthetists Political Action Commit	tee	3	Filer ID (Ethics Commission 00069305	n Filers)	
4	Date 04/05/2024	5 Full name of contributor out-of-state PAC (ID#:_ Ulinski, Jessica 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$83.33	
_	Discipal	Georgetown, TX 78626					
8		pation / Job title (See Instructions) gistered Nurse Anesthetist	9 Employer (See Instructions)			
	Date 04/05/2024	Full name of contributor)		Amount of Contribution (\$)	\$500.00	
	Principal occu	Friendswood, TX 77546 pation / Job title (See Instructions)	Employer (See Instructions)			
	Certified Registered Nurse Anesthetist						
	Date 04/07/2024	Full name of contributor out-of-state PAC (ID#: Vera, Martha Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$30.00	
		Pearland, TX 77584					
		pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions)			
	Date 04/22/2024	Full name of contributor out-of-state PAC (ID#:_ Walden, Micah Contributor address; City; State; Zip Code Sulphur Springs, TX 75483			Amount of Contribution (\$)	\$83.33	
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions)			
	Date 04/22/2024	Full name of contributor out-of-state PAC (ID#:_ Walford, Brian Contributor address; City; State; Zip Code Victoria, TX 77904			Amount of Contribution (\$)	\$83.33	
		pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			l	Total pages Schedule A1: Sch: 11/11 Rpt: 15/20		
2	FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		tee	l	3 Filer ID (Ethics Commission Filers) 00069305		
4	Date 04/09/2024	5 Full name of contributor out-of-state PAC (ID#:_ Walker, Brian 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$41.67	
8	Principal occu	Harlingen, TX 78552 spation / Job title (See Instructions)	Employer (See Instructions	;) 			
Ü		gistered Nurse Anesthetist	2 Employer (See moundations	,,			
	Date 04/11/2024	Full name of contributor out-of-state PAC (ID#:_ Williams, Megan Contributor address; City; State; Zip Code Richmond, TX 77406			Amount of Contribution (\$)	\$365.00	
	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)			
	Certified Reg	gistered Nurse Anesthetist					
	Date 04/07/2024	Full name of contributor out-of-state PAC (ID#: Wilson, Ashley Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00	
		Corpus Christi, TX 78414					
		ipation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	5)			
	Date 03/26/2024	Full name of contributor out-of-state PAC (ID#:_ Wilson, Diana Contributor address; City; State; Zip Code Cedar Creek, TX 78612			Amount of Contribution (\$)	\$30.00	
		Ipation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	<u>(</u>			

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		
	Priler Name Texas Association of Nurse Anesthetists Political Action Committee		3	Filer ID 00069305	(Ethics Commission Filers)
1	oate 04/01/2024	5 Corporation / Labor Organization name Texas Association of Nurse Anesthetists	6	Amount (\$)	416.00
I -	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	1 Total pages Schedule C4: Sch: 1/1 Rpt: 17/20		
2	PILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3	Filer ID 00069305	(Ethics Commission Filers)	
4	Date	5 Corporation / Labor Organization name	6	Amount (\$)		
L	03/29/2024	Texas Association of Nurse Anesthetists			4	400.00
Г	Date	Corporation / Labor Organization name		Amount (\$)		
	04/12/2024	Texas Association of Nurse Anesthetists			4	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 C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total magas Cabadula F1:				
1 Total pages Schedule F1: Sch: 1/2 Rpt: 18/20	2 FILER NAME3 Filer ID(Ethics Commission Filers)Texas Association of Nurse Anesthetists Political Action00069305			
4 Date	5 Payee name			
04/01/2024	American Express Merchant Services			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$212.20	PO Box 53852			
Expenditure from corporate funds	Phoenix, AZ 85072-3852			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
EXI ENDITORE	Check if Austin, TX, officeholder living expense			
	Credit card processing of campaign contributions.			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
experiulture to beliefit C/O				
Date	Payee name			
04/12/2024	Brent Hagenbuch Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$5,000.00	2800 Shoreline Dr			
	#310			
Expenditure from				
corporate funds	Denton, TX 76210			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	Campaign contribution.			
	Gampaign commission.			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/O	· ·			
Date	Payee name			
04/19/2024	Friends of Donna Campbell			
Amount (\$)	Payee address; City; State; Zip Code			
\$2,500.00	PO Box 171002			
Expenditure from corporate funds	San Antonio, TX 78217			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
	Candidate/Officeholder/Political Committee			
	Campaign contribution.			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
experialities to beliefit C/O	•			
L				

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/2 Rpt: 19/20	Texas Association of Nurse Anesthetists Political Action 00069305
4 Date	5 Payee name
04/16/2024	Texas Ethics Commission
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	201 East 14th St., 10th Floor
Expenditure from corporate funds	Austin, TX 78701
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Filing fee.
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 20/20 2 FILER NAME Filer ID (Ethics Commission Filers) Texas Association of Nurse Anesthetists Political Action Committee 00069305 8 Amount (\$) Date Name of person from whom amount is received 03/31/2024 \$0.02 University Federal Credit Union 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78704 Purpose for which amount is received Check if political contribution returned to filer Interest. Amount (\$) Name of person from whom amount is received Date 03/31/2024 University Federal Credit Union \$0.50 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78704 Purpose for which amount is received Check if political contribution returned to filer Interest.