FORM GPAC GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00017364 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Nurses Association Political Action Committee Date Received **ELECTRONICALLY FILED** 07/12/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 4807 Spicewood Springs Road Date Hand-delivered or Date Postmarked Bldg 3, Suite 100 Change of Address Austin, TX 78759 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. John W. NAME NICKNAME LAST **SUFFIX** Jack Frazee STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4807 Spicewood Springs Road Bldg 3, Suite 100 STREET **ADDRESS** (Residence or Business) Austin, TX 78759 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 4807 Spicewood Springs Road Bldg 3, Suite 100 MAILING **ADDRESS** Austin, TX 78759 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 452-0645 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Day Month Year Day Month **COVERED THROUGH** 01/01/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Nurses Associa	ation Political Action Con	nmittee	00017364	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Sen. Donna Campbell State S	enator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 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	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	30,052.48
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	7,061.31
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	88,516.12
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		<u>'</u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Mr. John \	W. Frazee	
		Signature of Car	mpaign Treasur	er
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said _	, th	nis the	day
		which, witness my hand and seal of office.		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of office	er administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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						rage 3 01 37
COMMITTEE NAME	Delitical Astica O	:			13 Filer ID	(Ethics Commission Filers)
Texas Nurses Associati	on Political Action C	ommittee			00017364	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Support	ted	Molly Cook State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	d			
	2. Measures	A. Support	ed			
	(Describe by date and location of election and nature of issue.)					
		B. Oppose	d			
	3. Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates	A. Support	ed	Rep. Stephanie Klick State Rep	resentative	
	(Identify by name or, if applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	ed			
	2. Measures (Describe by date and location of election and	A. Support	ted			
	nature of issue.)	B. Oppose	d			
	Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ted	Rep. Donna Howard State Repr	resentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	d			
	2. Measures	A. Support	ed			
	(Describe by date and location of election and nature of issue.)					
		B. Oppose	ed			
	Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

				4 of 57
l		EE NAME rses Association Political Action Committee	18 Filer ID 00017364	(Ethics Commission Filers)
		E SUBTOTALS		
NA	ME OF	SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6,831.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		\$		
4.		\$		
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6.	X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$ 297.59
7.	Х	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$ 22,923.89
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 7,061.31
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS ITO FILER	RETURNED	\$

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/41 Rpt: 5/57	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 01/11/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
_		El Paso, TX 79938				
8	Principal occu Registered N		9 Employer (See Instructions	5)		
	Date 02/11/2024	Full name of contributor)		Amount of Contribution (\$)	\$50.00
	Dringing aggr	El Paso, TX 79938	Employer (See Instructions	_		
	Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions	')		
	Date 03/11/2024	Full name of contributor out-of-state PAC (ID#: Loera, Gloria Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		El Paso, TX 79938				
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 04/11/2024	Full name of contributor out-of-state PAC (ID#: Loera, Gloria Contributor address; City; State; Zip Code El Paso, TX 79938)		Amount of Contribution (\$)	\$50.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 05/11/2024	Full name of contributor out-of-state PAC (ID#: Loera, Gloria Contributor address; City; State; Zip Code El Paso, TX 79938			Amount of Contribution (\$)	\$50.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 2/41 Rpt: 6/57	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	n Filers)
4	Date 06/11/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
		El Paso, TX 79938				
8	Principal occu Registered N		Employer (See Instructions)		
	Date 06/17/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	Dallas, TX 75219-4136 Dation / Job title (See Instructions)	Employer (See Instructions)		
	Registered N	lurse				
	Date 01/12/2024	Full name of contributor out-of-state PAC (ID#: Ashford, Lisa Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Ft. Worth, TX 76114-4535				
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/12/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/41 Rpt: 7/57	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 04/12/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
0	Dringing coou	Ft. Worth, TX 76114-4535	Employer (See Instructions	_		
0	Registered N		Employer (See Instructions)		
	Date 05/12/2024	Full name of contributor out-of-state PAC (ID#: Ashford, Lisa Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occur	Ft. Worth, TX 76114-4535 pation / Job title (See Instructions)	Employer (See Instructions			
	Registered N		Employer (See Instructions	')		
	Date 06/12/2024	Full name of contributor out-of-state PAC (ID#: Ashford, Lisa Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Ft. Worth, TX 76114-4535				
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions	()		
	Date 01/12/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions	5)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Baird, Becky Contributor address; City; State; Zip Code Dallas, TX 75229-2473			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/41 Rpt: 8/57	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 03/12/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
0	Dringing coou	Dallas, TX 75229-2473	• Employer (See Instructions			
8	Registered N		9 Employer (See Instructions)		
	Date 04/12/2024	Full name of contributor out-of-state PAC (ID#: Baird, Becky Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	<u> </u>	Dallas, TX 75229-2473	5 1 (0 1 1 1			
	Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions)		
	Date 05/12/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Dallas, TX 75229-2473				
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions)		
	Date 06/12/2024	Full name of contributor out-of-state PAC (ID#:_Baird, Becky Contributor address; City; State; Zip Code Dallas, TX 75229-2473			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions)		
	Date 01/12/2024	Full name of contributor out-of-state PAC (ID#:_Barker, Connie Contributor address; City; State; Zip Code San Antonio, TX 78247			Amount of Contribution (\$)	\$40.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
	-					

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/41 Rpt: 9/57	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 02/12/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$40.00
8	Principal occu	San Antonio, TX 78247 pation / Job title (See Instructions)	9 Employer (See Instructions	()		
	Registered N		2 Improyor (Goo mondonorio	,		
	Date 03/12/2024	Full name of contributor out-of-state PAC (ID#:_Barker, Connie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$40.00
	Principal occu	San Antonio, TX 78247 pation / Job title (See Instructions)	Employer (See Instructions	.)		
	Registered N		Employer (See instructions	')		
	Date 04/12/2024	Full name of contributor out-of-state PAC (ID#:_Barker, Connie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$40.00
		San Antonio, TX 78247				
	Principal occu Registered N	oation / Job title (See Instructions) lurse	Employer (See Instructions	()		
	Date 05/12/2024	Full name of contributor out-of-state PAC (ID#:_Barker, Connie Contributor address; City; State; Zip Code San Antonio, TX 78247)		Amount of Contribution (\$)	\$40.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions	()		
	Date 06/12/2024	Full name of contributor out-of-state PAC (ID#:_Barker, Connie Contributor address; City; State; Zip Code San Antonio, TX 78247			Amount of Contribution (\$)	\$40.00
	Principal occu Registered N	oation / Job title (See Instructions) lurse	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/41 Rpt: 10/57	
2	FILER NAME Texas Nurse	es Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	n Filers)
4	Date 01/19/2024	5 Full name of contributor out-of-state PAC (ID#:_ Batcheller, Joyce 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00
_	Dringing Lagor	Austin, TX 78759	O Franks or (Cas Instructions			
8	Registered N	pation / Job title (See Instructions) Nurse	9 Employer (See Instructions)		
	Date 01/12/2024	Full name of contributor			Amount of Contribution (\$)	\$10.00
	Principal occu	New Braunfels, TX 78132-4538 pation / Job title (See Instructions)	Employer (See Instructions)		
	Registered Nurse					
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_ Bender, Melinda Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		New Braunfels, TX 78132-4538				
	Principal occu Registered N	pation / Job title (See Instructions) Nurse	Employer (See Instructions)		
	Date 03/12/2024	Full name of contributor out-of-state PAC (ID#:_ Bender, Melinda Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	New Braunfels, TX 78132-4538 pation / Job title (See Instructions)	Employer (See Instructions) 		
	Registered N		Employer (See mandellons	,		
	Date 04/12/2024	Full name of contributor out-of-state PAC (ID#:_Bender, Melinda Contributor address; City; State; Zip Code New Braunfels, TX 78132-4538)		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions) Nurse	Employer (See Instructions)		

	MONEI	ARY POLITICAL (CONTRIBUTIO)NS		SCHEDUL	E A1
	The Instruc	ction Guide explains hov	w to complete this t	form.	1	Total pages Schedule A1: Sch: 7/41 Rpt: 11/57	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Nurse	s Association Political Action	ı Committee			00017364	
4	Date 05/12/2024	5 Full name of contributor Bender, Melinda6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	New Braunfels, TX 7813: pation / Job title (See Instruction		9 Employer (See Instructions	s)		
	Registered N		-,	, ,,, (,		
	Date 06/12/2024	Full name of contributor Bender, Melinda Contributor address; City; S				Amount of Contribution (\$)	\$10.00
		New Braunfels, TX 7813		1	Ĺ		
	Registered N	pation / Job title (See Instruction Iurse	S)	Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:		_	Amount of Contribution (\$)	
	02/20/2024	Bredimus, Brandon Contributor address; City; S	_			Amount of Contribution (4)	\$500.00
		Midland, TX 79707-1429					
	Principal occu Registered N	pation / Job title (See Instruction lurse	s)	Employer (See Instructions	s)		
	Date 01/12/2024	Full name of contributor Casburn, Sue Sharon Contributor address; City; S Yantis, TX 75497-5482	out-of-state PAC (ID#:_State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instruction lurse	s)	Employer (See Instructions	5)		
	Date 02/12/2024	Full name of contributor Casburn, Sue Sharon Contributor address; City; S Yantis, TX 75497-5482	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instruction lurse	s)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUT	TIONS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 8/41 Rpt: 12/57	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	n Filers)
4	Date 03/12/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
_	Deignaignal	Yantis, TX 75497-5482	O Familia var (Can Instruction			
8	Registered N	pation / Job title (See Instructions) lurse	9 Employer (See Instructions	S)		
	Date 04/12/2024	Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	Yantis, TX 75497-5482 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Registered N			-,		
	Date 05/12/2024	Full name of contributor out-of-state PAC (II Casburn, Sue Sharon Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$10.00
		Yantis, TX 75497-5482				
	Principal occu Registered N	oation / Job title (See Instructions) lurse	Employer (See Instructions	s)		
	Date 06/12/2024	Full name of contributor out-of-state PAC (II Casburn, Sue Sharon Contributor address; City; State; Zip Code Yantis, TX 75497-5482	D#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	oation / Job title (See Instructions) lurse	Employer (See Instructions	s)		
	Date 01/12/2024	Full name of contributor out-of-state PAC (II Chavez, Margie Contributor address; City; State; Zip Code Brownsville, TX 78520-9229	D#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 9/41 Rpt: 13/57	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 02/12/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
_		Brownsville, TX 78520-9229				
8	Principal occur Registered N	·	Employer (See Instructions)		
	Date 03/12/2024	Full name of contributor out-of-state PAC (ID#: Chavez, Margie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Brownsville, TX 78520-9229				
	Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/12/2024	Full name of contributor out-of-state PAC (ID#: Chavez, Margie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Brownsville, TX 78520-9229				
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions)		
	Date 05/12/2024	Full name of contributor out-of-state PAC (ID#: Chavez, Margie Contributor address; City; State; Zip Code Brownsville, TX 78520-9229			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/12/2024	Full name of contributor out-of-state PAC (ID#: Chavez, Margie Contributor address; City; State; Zip Code Brownsville, TX 78520-9229)		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/41 Rpt: 14/57	
2	FILER NAME	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
_				_		
4	Date 01/12/2024	5 Full name of contributor out-of-state PAC (ID#:_ Daniels, Nancy)	′	Amount of Contribution (\$)	\$10.00
		6 Contributor address; City; State; Zip Code San Antonio, TX 79217 4025				
8	Dringing coou	San Antonio, TX 78217-4025	Employer (See Instructions			
_	Registered N		9 Employer (See Instructions	<i>,</i>		
	Date	Full name of contributor ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/12/2024	Daniels, Nancy				\$10.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78217-4025				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Registered N	lurse				
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	03/12/2024	Daniels, Nancy	,		()	\$10.00
		Contributor address; City; State; Zip Code				
		. , , , ,				
		San Antonio, TX 78217-4025				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Registered N	lurse				
	Date	Full name of contributor ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/12/2024	Daniels, Nancy				\$10.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78217-4025				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Registered N	,	Employer (See mandenons	,		
	Date	Full name of contributor out-of-state PAC (ID#:_	,		Amount of Contribution (\$)	
	05/12/2024	Daniels, Nancy)		Amount of Contribution (4)	\$10.00
	00/12/2021					Ψ10.00
		Contributor address, City, State, 21p Code				
		San Antonio, TX 78217-4025				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Registered N	lurse				
_		-				

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 11/41 Rpt: 15/57	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 06/12/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
0	Dringing con	San Antonio, TX 78217-4025	Employer (See Instructions			
8	Registered N		Employer (See Instructions)		
	Date 01/12/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Nacogdoches, TX 75964-7180 pation / Job title (See Instructions)	Employer (See Instructions)		
	Registered N		, ,, , (,		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Gaudette, Lauren Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Nacogdoches, TX 75964-7180				
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/12/2024	Full name of contributor out-of-state PAC (ID#: Gaudette, Lauren Contributor address; City; State; Zip Code Nacogdoches, TX 75964-7180)		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/12/2024	Full name of contributor out-of-state PAC (ID#: Gaudette, Lauren Contributor address; City; State; Zip Code Nacogdoches, TX 75964-7180)		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 12/41 Rpt: 16/57	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 05/12/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Nacogdoches, TX 75964-7180 pation / Job title (See Instructions)	Employer (See Instructions)		
•	Registered N		Employer (eee meadeane	,		
	Date 06/12/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Nacogdoches, TX 75964-7180 pation / Job title (See Instructions)	Employer (See Instructions)		
	Registered N			•		
	Date 01/12/2024	Full name of contributor out-of-state PAC (ID#: Goodman, Nancy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Corpus Christi, TX 78413-3007				
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Goodman, Nancy Contributor address; City; State; Zip Code Corpus Christi, TX 78413-3007)		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/12/2024	Full name of contributor out-of-state PAC (ID#: Goodman, Nancy Contributor address; City; State; Zip Code Corpus Christi, TX 78413-3007			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
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	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 13/41 Rpt: 17/57	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 04/12/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Corpus Christi, TX 78413-3007 pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Registered N		. , ,	•		
	Date 01/17/2024	Full name of contributor out-of-state PAC (ID#: Greene, Pamela Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Corpus Christi, TX 78412				
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions)		
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#: Greene, Pamela Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Corpus Christi, TX 78412				
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions)		
	Date 03/18/2024	Full name of contributor out-of-state PAC (ID#: Greene, Pamela Contributor address; City; State; Zip Code Corpus Christi, TX 78412			Amount of Contribution (\$)	\$25.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions)		
	Date 04/16/2024	Full name of contributor out-of-state PAC (ID#: Greene, Pamela Contributor address; City; State; Zip Code Corpus Christi, TX 78412			Amount of Contribution (\$)	\$25.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions)		
		1				

	MONEI	ARY POLITICAL (CONTRIBUTIO)NS		SCHEDULE	A1
	The Instru	ction Guide explains hov	to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/41 Rpt: 18/57	
2	FILER NAME	- A i - ai D - liai l A - ai	Oitt		3	Filer ID (Ethics Commission	Filers)
_		s Association Political Action			L	00017364	
4	Date 05/17/2024	5 Full name of contributor Greene, Pamela6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Corpus Christi, TX 78412 pation / Job title (See Instructions		9 Employer (See Instructions) ;)		
	Registered N	lurse					
	Date 06/17/2024	Full name of contributor Greene, Pamela Contributor address; City; S				Amount of Contribution (\$)	\$25.00
		Corpus Christi, TX 78412		T =	<u> </u>		
	Registered N	pation / Job title (See Instructions Iurse	5)	Employer (See Instructions	5)		
	Date 01/12/2024	Full name of contributor Herman, Candice Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$10.00
		Dallas, TX 75231					
	Principal occu Registered N	pation / Job title (See Instructions Jurse	5)	Employer (See Instructions	5)		
	Date 02/12/2024	Full name of contributor Herman, Candice Contributor address; City; S Dallas, TX 75231	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions	s)	Employer (See Instructions	<u>(</u>		
	Date 03/12/2024	Full name of contributor Herman, Candice Contributor address; City; S Dallas, TX 75231	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions Jurse	5)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 15/41 Rpt: 19/57	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	n Filers)
4	Date 04/12/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
_		Dallas, TX 75231		<u></u>		
8	Registered N	pation / Job title (See Instructions) urse	9 Employer (See Instructions	5)		
	Date 05/12/2024	Full name of contributor out-of-state PAC (ID# Herman, Candice Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Dringinal occur	Dallas, TX 75231 pation / Job title (See Instructions)	Employer (See Instructions	·/_		
	Registered N		Employer (See Instructions	,		
	Date 06/12/2024	Full name of contributor out-of-state PAC (ID# Herman, Candice Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Dallas, TX 75231				
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions	5)		
	Date 05/31/2024	Full name of contributor out-of-state PAC (ID# Hulzing, Anne Contributor address; City; State; Zip Code Austin, TX 78753)		Amount of Contribution (\$)	\$200.00
	Principal occu Registered N	oation / Job title (See Instructions) urse	Employer (See Instructions	5)		
	Date 01/12/2024	Full name of contributor out-of-state PAC (ID# Inglis, Toni Contributor address; City; State; Zip Code Austin, TX 78703-5402	:)		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions	5)		
	<u> </u>		1			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 16/41 Rpt: 20/57	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 02/12/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
_	Deinainal assu	Austin, TX 78703-5402	O Frankrija (Caa kastrustia ra			
8	Registered N		9 Employer (See Instructions)		
	Date 03/12/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78703-5402 Dation / Job title (See Instructions)	Employer (See Instructions)		
	Registered N	urse				
	Date 04/12/2024	Full name of contributor out-of-state PAC (ID#:_ Inglis, Toni Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Austin, TX 78703-5402				
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions)		
	Date 05/12/2024	Full name of contributor out-of-state PAC (ID#:_ Inglis, Toni Contributor address; City; State; Zip Code Austin, TX 78703-5402)		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions)		
	Date 06/12/2024	Full name of contributor out-of-state PAC (ID#:_ Inglis, Toni Contributor address; City; State; Zip Code Austin, TX 78703-5402			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
	- 3 0					

	MONEI	ARY POLITICAL C	ONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/41 Rpt: 21/57	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		s Association Political Action	Committee			00017364	
4	Date 05/31/2024	5 Full name of contributor Jennings, Debbie6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code		7	Amount of Contribution (\$)	\$100.00
8	Principal occu	San Antonio, TX 78231 pation / Job title (See Instructions)	9 Employer (See Instructions	 		
	Registered N		,	, , , , (, , , , , , , , , , , , , , ,	,		
	Date 01/12/2024	Full name of contributor Johnson, Celeste Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$10.00
		Garland, TX 75043-1431					
	Principal occu Registered N	pation / Job title (See Instructions lurse)	Employer (See Instructions	5)		
	Date 02/12/2024	Full name of contributor Johnson, Celeste Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$10.00
		Garland, TX 75043-1431					
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 03/12/2024	Full name of contributor Johnson, Celeste Contributor address; City; St Garland, TX 75043-1431	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions lurse)	Employer (See Instructions	5)		
	Date 04/12/2024	Full name of contributor Johnson, Celeste Contributor address; City; St Garland, TX 75043-1431	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions lurse)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUT	TIONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete thi	is form.	1	Total pages Schedule A1: Sch: 18/41 Rpt: 22/57	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commissio 00017364	n Filers)
4	Date 05/12/2024	 Full name of contributor out-of-state PAC (I Johnson, Celeste Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$10.00
8	Dringinal occu	Garland, TX 75043-1431 pation / Job title (See Instructions)	9 Employer (See Instructions	c)		
0	Registered N		employer (See instructions	5)		
	Date 06/12/2024	Full name of contributor out-of-state PAC (I Johnson, Celeste Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$10.00
	Dringinal occu	Garland, TX 75043-1431	Employor (Soo Instruction	c)		
	Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions	5)		
	Date 04/16/2024	Full name of contributor out-of-state PAC (I Mccarthy, Amy Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$500.00
		Dallas, TX 75248				
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions	s)		
	Date 01/10/2024	Full name of contributor out-of-state PAC (I Mcgarity, Tammy Contributor address; City; State; Zip Code Goliad, TX 77963	D#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions	s)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (I Mcgarity, Tammy Contributor address; City; State; Zip Code Goliad, TX 77963	D#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions	s)		
			•			

	MONET	ARY POLITICAL CONTRIB	BUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	e this for	m.	1	Total pages Schedule A1: Sch: 19/41 Rpt: 23/57	
2	FILER NAME Texas Nurse	s Association Political Action Committee			3	Filer ID (Ethics Commission 00017364	n Filers)
4	Date 03/11/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$100.00
8	Principal occur	Goliad, TX 77963 pation / Job title (See Instructions)	l _o	Employer (See Instructions	_		
0	Registered N		g	Employer (See Instructions	')		
	Date 04/10/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
	Principal occu	Goliad, TX 77963 pation / Job title (See Instructions)		Employer (See Instructions) 		
	Registered N			p.cyc. (666c. 464.6	,		
	Date 05/10/2024	Full name of contributor out-of-state F Mcgarity, Tammy Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Goliad, TX 77963					
	Principal occu Registered N	pation / Job title (See Instructions) lurse		Employer (See Instructions	<u>;</u>)		
	Date 06/10/2024	Full name of contributor out-of-state F Mcgarity, Tammy Contributor address; City; State; Zip Code Goliad, TX 77963	,			Amount of Contribution (\$)	\$100.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse		Employer (See Instructions	()		
	Date 06/03/2024	Full name of contributor out-of-state F Mercer, Lakishua Contributor address; City; State; Zip Code San Antonio, TX 78254				Amount of Contribution (\$)	\$25.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse		Employer (See Instructions)		

	MONET	NETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 20/41 Rpt: 24/57			
2	FILER NAME Texas Nurse	es Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	n Filers)		
4	Date 05/31/2024	5 Full name of contributor out-of-state PAC (ID#:_ Merchant, Missam 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$200.00		
•	Dringing occu	San Antonio, TX 78240	Employer /See Instructions					
8	Registered N	pation / Job title (See Instructions) Nurse	9 Employer (See Instructions)				
	Date 01/12/2024	Full name of contributor out-of-state PAC (ID#: Merian, Merry Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00		
	Principal occu	Wimberly, TX 78676-3027 pation / Job title (See Instructions)	Employer (See Instructions					
	Registered Nurse			,				
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Merian, Merry Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00		
		Wimberly, TX 78676-3027						
	Principal occu Registered N	pation / Job title (See Instructions) Nurse	Employer (See Instructions)				
	Date 03/12/2024	Full name of contributor out-of-state PAC (ID#:_ Merian, Merry Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00		
	Principal occu	Wimberly, TX 78676-3027 pation / Job title (See Instructions) Nurse	Employer (See Instructions)				
	Date 04/12/2024	Full name of contributor out-of-state PAC (ID#: Merian, Merry			Amount of Contribution (\$)	\$20.00		
	Principal occu Registered N	pation / Job title (See Instructions) Nurse	Employer (See Instructions)				

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 21/41 Rpt: 25/57	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 05/12/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Wimberly, TX 78676-3027 pation / Job title (See Instructions)	Employer (See Instructions			
0	Registered N		Employer (See instructions)		
	Date 06/12/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	Wimberly, TX 78676-3027 Dation / Job title (See Instructions)	Employer (See Instructions)		
	Registered N	lurse				
	Date 01/12/2024	Full name of contributor out-of-state PAC (ID#: Miller, Joyce Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00
		Odessa, TX 79765				
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$30.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/12/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$30.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
		I.				

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 22/41 Rpt: 26/57	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 04/12/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$30.00
_	Dringing Lagor	Odessa, TX 79765) Faralauar (Cas Instructions	$\overline{\Gamma}$		
8	Registered N		Employer (See Instructions	5)		
	Date 05/12/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00
	Principal occu	Odessa, TX 79765 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Registered N		. , ,	,		
	Date 06/12/2024	Full name of contributor out-of-state PAC (ID#: Miller, Joyce Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$30.00
		Odessa, TX 79765				
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 01/12/2024	Full name of contributor out-of-state PAC (ID#: Moon, Michael Contributor address; City; State; Zip Code San Antonio, TX 78232-4137)		Amount of Contribution (\$)	\$6.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Moon, Michael Contributor address; City; State; Zip Code San Antonio, TX 78232-4137			Amount of Contribution (\$)	\$6.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	- 3 0	I.				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 23/41 Rpt: 27/57	
2	FILER NAME Texas Nurse	es Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 03/12/2024	5 Full name of contributor out-of-state PAC (ID#:_ Moon, Michael 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$6.00
8	Principal occu	San Antonio, TX 78232-4137 pation / Job title (See Instructions)	9 Employer (See Instructions			
	Registered N		3 Employer (See Instructions	,		
	Date 04/12/2024	Full name of contributor out-of-state PAC (ID#:_ Moon, Michael Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$6.00
	Principal occu	San Antonio, TX 78232-4137 pation / Job title (See Instructions)	Employer (See Instructions)		
	Registered N			,		
	Date 05/12/2024	Full name of contributor out-of-state PAC (ID#:_ Moon, Michael Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$6.00
		San Antonio, TX 78232-4137				
	Principal occu Registered N	pation / Job title (See Instructions) Nurse	Employer (See Instructions)		
	Date 06/12/2024	Full name of contributor out-of-state PAC (ID#:_ Moon, Michael Contributor address; City; State; Zip Code San Antonio, TX 78232-4137)		Amount of Contribution (\$)	\$6.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/12/2024	Full name of contributor out-of-state PAC (ID#:_ Morrell, Patricia Contributor address; City; State; Zip Code Winnie, TX 77665			Amount of Contribution (\$)	\$20.00
	Principal occu Registered N	upation / Job title (See Instructions) Nurse	Employer (See Instructions)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	o complete this for	m.	1	Total pages Schedule A1: Sch: 24/41 Rpt: 28/57	
2	FILER NAME Texas Nurse	s Association Political Action Co	ommittee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 02/12/2024	5 Full name of contributor Morrell, Patricia6 Contributor address; City; State			7	Amount of Contribution (\$)	\$20.00
8	Dringing aggr	Winnie, TX 77665	اما	Employer (See Instructions	_		
0	Registered N	pation / Job title (See Instructions) lurse	3	Employer (See Instructions	')		
	Date 03/12/2024	Full name of contributor Morrell, Patricia Contributor address; City; State)		Amount of Contribution (\$)	\$20.00
	Principal occu	Winnie, TX 77665 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Registered N						
	Date 04/12/2024	Full name of contributor Morrell, Patricia Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$20.00
		Winnie, TX 77665					
	Principal occu Registered N	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Date 05/12/2024	Full name of contributor Morrell, Patricia Contributor address; City; State Winnie, TX 77665)		Amount of Contribution (\$)	\$20.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse		Employer (See Instructions	()		
	Date 06/12/2024	Full name of contributor Morrell, Patricia Contributor address; City; State Winnie, TX 77665	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse		Employer (See Instructions)		
			L				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 25/41 Rpt: 29/57	
2	FILER NAME Texas Nurse	es Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	ı Filers)
4	Date 02/11/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$20.00
_	Dringing age	Missouri City, TX 77459	D. Employer (Co.) Instructions			
8	Registered N	pation / Job title (See Instructions) Nurse	9 Employer (See Instructions)		
	Date 03/11/2024	Full name of contributor out-of-state PAC (ID#:_ Moss, Edtrina Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
	Principal occu	Missouri City, TX 77459 pation / Job title (See Instructions)	Employer (See Instructions)		
	Registered N		. , .			
	Date 04/11/2024	Full name of contributor out-of-state PAC (ID#: Moss, Edtrina Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
		Missouri City, TX 77459				
	Principal occu Registered N	pation / Job title (See Instructions) Nurse	Employer (See Instructions)		
	Date 06/11/2024	Full name of contributor out-of-state PAC (ID#:_ Moss, Edtrina Contributor address; City; State; Zip Code Missouri City, TX 77459			Amount of Contribution (\$)	\$20.00
	Principal occu Registered N	pation / Job title (See Instructions) Nurse	Employer (See Instructions)		
	Date 06/03/2024	Full name of contributor out-of-state PAC (ID#:_Napoli, Maria Contributor address; City; State; Zip Code San Antonio, TX 78258			Amount of Contribution (\$)	\$50.00
	Principal occu Registered N	pation / Job title (See Instructions) Nurse	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 26/41 Rpt: 30/57	
2	FILER NAME Texas Nurse	es Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	ı Filers)
4	Date 01/10/2024	5 Full name of contributor out-of-state PAC (ID#:_ Parker, Cheryl 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00
_	<u> </u>	Tyler, TX 75701				
8	Registered N	pation / Job title (See Instructions) Nurse	9 Employer (See Instructions)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_Parker, Cheryl Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Tyler, TX 75701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Registered N	Nurse				
	Date 03/11/2024	Full name of contributor out-of-state PAC (ID#:_ Parker, Cheryl Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Tyler, TX 75701				
	Principal occu Registered N	pation / Job title (See Instructions) Nurse	Employer (See Instructions)		
	Date 04/10/2024	Full name of contributor out-of-state PAC (ID#:_Parker, Cheryl Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Tyler, TX 75701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Registered N		,p.0)0. (0000000.0.0	,		
	Date 05/10/2024	Full name of contributor out-of-state PAC (ID#:_ Parker, Cheryl Contributor address; City; State; Zip Code Tyler, TX 75701)		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions) Nurse	Employer (See Instructions)		

	MONET	ARY POLITICAL CON	TRIBUTION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	omplete this for	n.	1	Total pages Schedule A1: Sch: 27/41 Rpt: 31/57	
2	FILER NAME Texas Nurse	s Association Political Action Comm	ittee		3	Filer ID (Ethics Commission 00017364	ı Filers)
4	Date 06/10/2024	Parker, Cheryl	-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
_		Tyler, TX 75701					
8	Principal occu Registered N	pation / Job title (See Instructions) lurse	9	Employer (See Instructions	5)		
	Date 01/29/2024	Full name of contributor out- Pearson, Anthony Contributor address; City; State; Zip)		Amount of Contribution (\$)	\$10.00
	Principal occu	Dallas, TX 75219 pation / Job title (See Instructions)		Employer (See Instructions			
	Registered N			Employer (See instructions	')		
	Date 02/27/2024	Full name of contributor out- Pearson, Anthony Contributor address; City; State; Zip	of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Dallas, TX 75219					
	Principal occu Registered N	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Date 03/27/2024	Pearson, Anthony)		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 04/29/2024	Pearson, Anthony)		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions)		Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 28/41 Rpt: 32/57	
2	FILER NAME Texas Nurse	es Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	ı Filers)
4	Date 05/28/2024	 Full name of contributor out-of-state PAC (ID#:_ Pearson, Anthony Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$10.00
_	Deinsinal	Dallas, TX 75219				
8	Registered N	pation / Job title (See Instructions) Nurse	9 Employer (See Instructions)		
	Date 06/27/2024	Full name of contributor			Amount of Contribution (\$)	\$10.00
	Principal occu	Dallas, TX 75219 pation / Job title (See Instructions)	Employer (See Instructions			
	Registered N		Employer (See Instructions)		
	Date 01/12/2024	Full name of contributor out-of-state PAC (ID#:_ Powers, Rebekah Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
		Midland, TX 79703				
	Principal occu Registered N	pation / Job title (See Instructions) Nurse	Employer (See Instructions)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_ Powers, Rebekah Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
	Principal occu Registered N	Midland, TX 79703 pation / Job title (See Instructions) Nurse	Employer (See Instructions)		
	Date 03/12/2024	Full name of contributor out-of-state PAC (ID#:_ Powers, Rebekah Contributor address; City; State; Zip Code Midland, TX 79703			Amount of Contribution (\$)	\$20.00
	Principal occu Registered N	pation / Job title (See Instructions) Nurse	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 29/41 Rpt: 33/57	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 04/12/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$20.00
_	Dringing! aggr	Midland, TX 79703) Employer (Coo Instructions	_		
8	Registered N		Employer (See Instructions)		
	Date 05/12/2024	Full name of contributor out-of-state PAC (ID#: Powers, Rebekah Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occur	Midland, TX 79703 pation / Job title (See Instructions)	Employer (See Instructions			
	Registered N		Employer (See instructions	')		
	Date 06/12/2024	Full name of contributor out-of-state PAC (ID#: Powers, Rebekah Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
		Midland, TX 79703				
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 01/12/2024	Full name of contributor out-of-state PAC (ID#:Sanders, Kay Contributor address; City; State; Zip Code Ft. Worth, TX 76179-4004			Amount of Contribution (\$)	\$40.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Sanders, Kay Contributor address; City; State; Zip Code Ft. Worth, TX 76179-4004)		Amount of Contribution (\$)	\$40.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions	()		
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	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 30/41 Rpt: 34/57	
2	FILER NAME Texas Nurse	es Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	ı Filers)
4	Date 03/12/2024	5 Full name of contributor out-of-state PAC (ID#:_ Sanders, Kay 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$40.00
_	Dringing Logg	Ft. Worth, TX 76179-4004	D. Employer (See Instructions			
8	Registered N	pation / Job title (See Instructions) Nurse	9 Employer (See Instructions)		
	Date 04/12/2024	Full name of contributor out-of-state PAC (ID#:_Sanders, Kay Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00
		Ft. Worth, TX 76179-4004 pation / Job title (See Instructions)	Employer (See Instructions)		
	Registered N	Nurse				
	Date 05/12/2024	Full name of contributor out-of-state PAC (ID#:_ Sanders, Kay Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$40.00
		Ft. Worth, TX 76179-4004				
	Principal occu Registered N	pation / Job title (See Instructions) Nurse	Employer (See Instructions)		
	Date 06/12/2024	Full name of contributor out-of-state PAC (ID#:_ Sanders, Kay Contributor address; City; State; Zip Code Ft. Worth, TX 76179-4004)		Amount of Contribution (\$)	\$40.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/11/2024	Full name of contributor out-of-state PAC (ID#:_ Stewart, Ruth Contributor address; City; State; Zip Code San Antonio, TX 78249-3132			Amount of Contribution (\$)	\$30.00
	Principal occu Registered N	upation / Job title (See Instructions) Nurse	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 31/41 Rpt: 35/57	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 03/11/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$30.00
_	5	San Antonio, TX 78249-3132				
8	Registered N		9 Employer (See Instructions)		
	Date 05/11/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$30.00
	Principal occu	San Antonio, TX 78249-3132 Dation / Job title (See Instructions)	Employer (See Instructions)		
	Registered N	lurse				
	Date 06/11/2024	Full name of contributor out-of-state PAC (ID#: Stewart, Ruth Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00
		San Antonio, TX 78249-3132				
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/29/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/27/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
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	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 32/41 Rpt: 36/57	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	n Filers)
4	Date 03/27/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
0	Dringing aggr	Irving, TX 75029	Employer (See Instructional)	<u></u>		
0	Registered N	pation / Job title (See Instructions) urse	9 Employer (See Instructions	5)		
	Date 04/29/2024	Full name of contributor out-of-state PAC (ID# Tietze, Mari Contributor address; City; State; Zip Code Irving, TX 75029	*:)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Registered N	urse				
	Date 05/28/2024	Full name of contributor out-of-state PAC (ID# Tietze, Mari Contributor address; City; State; Zip Code	<u>*:)</u>		Amount of Contribution (\$)	\$10.00
		Irving, TX 75029				
	Principal occu Registered N	oation / Job title (See Instructions) urse	Employer (See Instructions	5)		
	Date 06/27/2024	Full name of contributor out-of-state PAC (ID# Tietze, Mari Contributor address; City; State; Zip Code Irving, TX 75029	<u>*</u> :)		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	oation / Job title (See Instructions) urse	Employer (See Instructions	5)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID# Tovar, Sandra Contributor address; City; State; Zip Code Mcallen, TX 78504-1750	' :)		Amount of Contribution (\$)	\$100.00
	Principal occu Registered N	oation / Job title (See Instructions) urse	Employer (See Instructions	5)		
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	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 33/41 Rpt: 37/57			
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	ı Filers)		
4	Date 01/12/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$15.00		
_	Deireitad	Houston, TX 77018-2013						
8	Registered N		9 Employer (See Instructions	5)				
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00		
	Principal occu	Houston, TX 77018-2013 pation / Job title (See Instructions)	Employer (See Instructions					
	Registered N		Employer (See instructions	')				
	Date 03/12/2024	Full name of contributor out-of-state PAC (ID#: Tschirch, Poldi Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$15.00		
		Houston, TX 77018-2013						
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions	()				
	Date 04/12/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00		
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions	5)				
	Date 05/12/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00		
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions	i)				
	<u> </u>							

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULI	E A1	
	The Instru	ction Guide explains how to comple	ete this f	orm.	1	Total pages Schedule A1: Sch: 34/41 Rpt: 38/57	
2	FILER NAME Texas Nurse	s Association Political Action Committee			3	Filer ID (Ethics Commission 00017364	ı Filers)
4	Date 06/12/2024	Tschirch, Poldi	e PAC (ID#:_		7	Amount of Contribution (\$)	\$15.00
8	Principal occu Registered N	Houston, TX 77018-2013 pation / Job title (See Instructions) lurse		9 Employer (See Instructions	5)		
	Date 06/03/2024	Full name of contributor out-of-state Turner, Jennifer Contributor address; City; State; Zip Code Liberty, TX 77575	e PAC (ID#:_			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 01/12/2024	Vitek, Laura Contributor address; City; State; Zip Code	e PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
	Principal occu Registered N	Houston, TX 77036-4001 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Date 02/12/2024	Full name of contributor out-of-state				Amount of Contribution (\$)	\$25.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse		Employer (See Instructions	5)		
	Date 03/12/2024	Full name of contributor out-of-state Vitek, Laura Contributor address; City; State; Zip Code Houston, TX 77036-4001				Amount of Contribution (\$)	\$25.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse		Employer (See Instructions	5)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 35/41 Rpt: 39/57	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 04/12/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
_	Deinsinal assu	Houston, TX 77036-4001	2. Evanlavar (Caa laatuvatiana			
8	Registered N	·	9 Employer (See Instructions)		
	Date 05/12/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Houston, TX 77036-4001 Dation / Job title (See Instructions)	Employer (See Instructions)		
	Registered N	lurse				
	Date 06/12/2024	Full name of contributor out-of-state PAC (ID#: Vitek, Laura Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Houston, TX 77036-4001				
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/11/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions)		
	Date 02/11/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
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	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 36/41 Rpt: 40/57			
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	ı Filers)		
4	Date 03/11/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00		
_		Lubbock, TX 79413-4805						
8	Principal occu Registered N	pation / Job title (See Instructions) lurse	9 Employer (See Instructions)				
	Date 04/11/2024	Full name of contributor out-of-state PAC (ID#:_ Watson, James Jeffrey Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00		
	Principal occur	Lubbock, TX 79413-4805 pation / Job title (See Instructions)	Employer (See Instructions)				
	Registered N		,p.6) 6. (6.606060	,				
	Date 05/11/2024	Full name of contributor out-of-state PAC (ID#:_ Watson, James Jeffrey Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00		
		Lubbock, TX 79413-4805						
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions)				
	Date 06/11/2024	Full name of contributor out-of-state PAC (ID#:_Watson, James Jeffrey Contributor address; City; State; Zip Code Lubbock, TX 79413-4805)		Amount of Contribution (\$)	\$50.00		
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions)				
	Date 01/12/2024	Full name of contributor out-of-state PAC (ID#:_Willmann, James Contributor address; City; State; Zip Code Austin, TX 78759-4930)		Amount of Contribution (\$)	\$30.00		
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions)				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULI	E A1
	The Instruc	etion Guide explains how to complet	te this for	m.	1	Total pages Schedule A1: Sch: 37/41 Rpt: 41/57	
2	FILER NAME Texas Nurse	s Association Political Action Committee			3	Filer ID (Ethics Commission 00017364	ı Filers)
4	Date 02/12/2024	 Full name of contributor	-)	7	Amount of Contribution (\$)	\$30.00
_	Deireitade	Austin, TX 78759-4930	la.	Faralassa (Osas kastasatisas	<u></u>		
8	Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 03/12/2024	Full name of contributor out-of-state Willmann, James Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$30.00
	Principal occur	Austin, TX 78759-4930 pation / Job title (See Instructions)	1	Employer (See Instructions	·/-		
	Attorney	valion / Job title (See Instructions)		Employer (See instructions)		
	Date 04/12/2024	Full name of contributor out-of-state Willmann, James Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$30.00
		Austin, TX 78759-4930					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 05/12/2024	Full name of contributor out-of-state Willmann, James Contributor address; City; State; Zip Code Austin, TX 78759-4930	-			Amount of Contribution (\$)	\$30.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/12/2024	Full name of contributor out-of-state Willmann, James Contributor address; City; State; Zip Code Austin, TX 78759-4930	PAC (ID#:)		Amount of Contribution (\$)	\$30.00
	Principal occu Attorney	oation / Job title (See Instructions)		Employer (See Instructions	5)		
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	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 38/41 Rpt: 42/57		
2	FILER NAME Texas Nurse	es Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	ı Filers)	
4	Date 01/12/2024	5 Full name of contributor out-of-state PAC (ID#:_ Woolbert, Lynda 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$10.00	
_	Dringing Logg	West Columbia, TX 77486-9640	D. Employer (See Instructions				
8	Registered N	pation / Job title (See Instructions) Nurse	9 Employer (See Instructions)			
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_ Woolbert, Lynda Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00	
	Principal occu	West Columbia, TX 77486-9640 pation / Job title (See Instructions)	Employer (See Instructions				
	Registered N		Employer (See Instructions	,			
	Date 03/12/2024	Full name of contributor out-of-state PAC (ID#:_ Woolbert, Lynda Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00	
		West Columbia, TX 77486-9640					
	Principal occu Registered N	pation / Job title (See Instructions) Nurse	Employer (See Instructions)			
	Date 04/12/2024	Full name of contributor out-of-state PAC (ID#:_ Woolbert, Lynda Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00	
	Principal occu	West Columbia, TX 77486-9640 pation / Job title (See Instructions)	Employer (See Instructions)			
	Registered N	· · · · · · · · · · · · · · · · · · ·		,			
	Date 05/12/2024	Full name of contributor out-of-state PAC (ID#:_ Woolbert, Lynda Contributor address; City; State; Zip Code West Columbia, TX 77486-9640)		Amount of Contribution (\$)	\$10.00	
	Principal occu Registered N	pation / Job title (See Instructions) Nurse	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 39/41 Rpt: 43/57	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 06/12/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
	Dringing Loon	West Columbia, TX 77486-9640) Employer (Coo Instructions			
8	Registered N		Employer (See Instructions)		
	Date 01/11/2024	Full name of contributor out-of-state PAC (ID#: Zelanko, Jeanie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occur	Mesquite, TX 75150-6012 pation / Job title (See Instructions)	Employer (See Instructions			
	Registered N		Employer (See manucuona	,		
	Date 02/11/2024	Full name of contributor out-of-state PAC (ID#: Zelanko, Jeanie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Mesquite, TX 75150-6012				
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/11/2024	Full name of contributor out-of-state PAC (ID#: Zelanko, Jeanie Contributor address; City; State; Zip Code Mesquite, TX 75150-6012			Amount of Contribution (\$)	\$25.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/11/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 40/41 Rpt: 44/57	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 05/11/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
	Dringing Loon	Mesquite, TX 75150-6012	O Employer (Coo Instructions			
8	Registered N		9 Employer (See Instructions)		
	Date 06/11/2024	Full name of contributor out-of-state PAC (ID#:_Zelanko, Jeanie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Mesquite, TX 75150-6012 pation / Job title (See Instructions)	Employer (See Instructions)		
	Registered N		p.oyo. (000ou 00.0	,		
	Date 01/11/2024	Full name of contributor out-of-state PAC (ID#:_Zolnierek, Cynthia Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$15.00
		Georgetown, TX 78626				
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions)		
	Date 02/11/2024	Full name of contributor out-of-state PAC (ID#:_Zolnierek, Cynthia Contributor address; City; State; Zip Code Georgetown, TX 78626)		Amount of Contribution (\$)	\$15.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions)		
	Date 03/11/2024	Full name of contributor out-of-state PAC (ID#:_Zolnierek, Cynthia Contributor address; City; State; Zip Code Georgetown, TX 78626			Amount of Contribution (\$)	\$15.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 41/41 Rpt: 45/57	
2	FILER NAME Texas Nurses Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	ı Filers)	
4	Date 04/11/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$15.00
8	Principal occu	Georgetown, TX 78626 spation / Job title (See Instructions)	Employer (See Instructions	s)		
ľ	Registered N		2 Employer (See mondelions	٥)		
	Date 05/11/2024	Full name of contributor out-of-state PAC (ID#:_Zolnierek, Cynthia Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$15.00
		Georgetown, TX 78626				
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 06/11/2024	Full name of contributor out-of-state PAC (ID#:_Zolnierek, Cynthia Contributor address; City; State; Zip Code Georgetown, TX 78626)		Amount of Contribution (\$)	\$15.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.					Total pages Schedule C3: Sch: 1/1 Rpt: 46/57
2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Texas Nurse	s A	Association Political Action Committee		00017364
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)
	06/30/2024		Texas Nurses Association		297.59

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

⊢							
	The Instru	ction Guide explains how to complete this form.	1	Total pages S Sch: 1/1 Rp	Schedule C4: ot: 47/57		
2	FILER NAME		3	Filer ID	(Ethics Commission Filers)		
	Texas Nurse	s Association Political Action Committee		00017364			
4	Date	5 Corporation / Labor Organization name	6	Amount (\$)			
	01/31/2024	Texas Nurses Association			4,339.57		
Г	Date	Corporation / Labor Organization name		Amount (\$)			
	02/29/2024	Texas Nurses Association			3,412.46		
	Date	Corporation / Labor Organization name		Amount (\$)			
	03/31/2024	Texas Nurses Association			4,101.10		
Г	Date	Corporation / Labor Organization name		Amount (\$)			
	04/30/2024	Texas Nurses Association			3,736.45		
Ī	Date	Corporation / Labor Organization name		Amount (\$)			
L	05/31/2024	Texas Nurses Association			3,747.60		
T	Date	Corporation / Labor Organization name		Amount (\$)			
	06/30/2024	Texas Nurses Association			3,586.71		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/10 Rpt: 48/57	Texas Nurses Association Political Action Committee 00017364
4 Date	5 Payee name
02/27/2024	Donna Howard Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 5375
Expenditure from	Austin, TX 78763
corporate funds	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/27/2024	Friends of Donna Campbell
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1308 Common St., Ste 2015
Expenditure from corporate funds	New Braunfels, TX 78130
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Campaign Contribution
	Campaign Continuation
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/27/2024	Molly for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 667238
Expenditure from	
corporate funds	Houston, TX 77266
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
	F
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (output a colorograph and listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 2/10 Rpt: 49/57	Texas Nurses Association Political Action Committee 00017364
4 Date	5 Payee name
05/20/2024	Molly for Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 667238
Expenditure from corporate funds	Houston, TX 77266
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-
Date	Payee name
01/31/2024	PAYA
Amount (\$)	Payee address; City; State; Zip Code
\$45.00	12120 Sunset Hills Road Suite 500
Expenditure from corporate funds	Reston, VA 20190
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Bank Draft Fee
	Baille Braille 1 66
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
01/31/2024	PAYA
Amount (\$)	Payee address; City; State; Zip Code
\$75.62	12120 Sunset Hills Road Suite 500
Funonditure from	
Expenditure from corporate funds	Reston, VA 20190
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
LA LADITORL	Check if Austin, TX, officeholder living expense
	Credit Card Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
•	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/10 Rpt: 50/57	Texas Nurses Association Political Action Committee 00017364
4	Date	5 Payee name
	02/29/2024	PAYA
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$45.00	12120 Sunset Hills Road Suite 500
_	T Expenditure from	
<u>_</u>	corporate funds	Reston, VA 20190
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bank Draft Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/29/2024	PAYA
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.81	12120 Sunset Hills Road Suite 500
_	T Expenditure from	
L	corporate funds	Reston, VA 20190
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit Card Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/31/2024	PAYA
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.00	12120 Sunset Hills Road Suite 500
г	Expenditure from	5 · · · · · · · · · · · · · · · · · · ·
<u></u>	corporate funds	Reston, VA 20190
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bank Draft Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	S.portation to bottom 0/01	•

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/10 Rpt: 51/57	Texas Nurses Association Political Action Committee 00017364
4 Date	5 Payee name
03/31/2024	PAYA
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$76.95	12120 Sunset Hills Road Suite 500
,,,,,,,	
Expenditure from	
corporate funds	Reston, VA 20190
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Credit Card Fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payoo namo
04/30/2024	Payee name
04/30/2024	PAYA
Amount (\$)	Payee address; City; State; Zip Code
\$45.00	12120 Sunset Hills Road Suite 500
Expenditure from corporate funds	Reston, VA 20190
· ·	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel sutside of Taxes, Complete Schedule T
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Bank Draft Fee
	Balli Brail 1 00
Operation ONLY if all and	On didn't 10ff a halden game.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/30/2024	PAYA
Amount (\$)	Payee address; City; State; Zip Code
\$76.53	12120 Sunset Hills Road Suite 500
Ψ10.55	12120 Surisci Tillis Nodu Suite 300
Expenditure from	
corporate funds	Reston, VA 20190
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit Card Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal manua Cabadala E4.	<u> </u>
1 Total pages Schedule F1: Sch: 5/10 Rpt: 52/57	2 FILER NAME Texas Nurses Association Political Action Committee 3 Filer ID (Ethics Commission Filers) 00017364
4 Date	5 Payee name
05/31/2024	PAYA
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$45.00	12120 Sunset Hills Road Suite 500
* ******	
Expenditure from corporate funds	Reston, VA 20190
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Bank Draft Fee
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/31/2024	PAYA
Amount (\$)	Payee address; City; State; Zip Code
\$76.64	12120 Sunset Hills Road Suite 500
Expenditure from corporate funds	Reston, VA 20190
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Credit Card Fees
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/30/2024	PAYA
00/30/2024	
Amount (\$)	Payee address; City; State; Zip Code
\$45.00	12120 Sunset Hills Road Suite 500
Expenditure from corporate funds	Reston, VA 20190
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Bank Draft Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
,	

SCHEDULE F1

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

Fees
Fees
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
TTALE (Control of State Control of C

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/10 Rpt: 53/57	Texas Nurses Association Political Action Committee 00017364
4 Date	5 Payee name
06/30/2024	PAYA
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$77.01	12120 Sunset Hills Road Suite 500
Expenditure from	D I VA 00400
corporate funds	Reston, VA 20190
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 Fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
06/30/2024	PAYA
Amount (\$)	Payee address; City; State; Zip Code
\$150.00	12120 Sunset Hills Road Suite 500
Expenditure from corporate funds	Reston, VA 20190
PURPOSE	1
OF	(a) Category (See Categories listed at the top of this schedule) Accounting/(Banking) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit Card Fees
Complete ONLY if direct	Condidate/Officeholder name Office sought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
'	
Date	Payee name
05/31/2024	Square
Amount (\$)	Payee address; City; State; Zip Code
\$13.22	1455 Market Street Suite 600
Ψ10.22	2 100 market direct duite 600
Expenditure from	
corporate funds	San Francisco, CA 94103
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit Card Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 7/10 Rpt: 54/57	Texas Nurses Association Political Action Committee 00017364
4 Date	5 Payee name
06/01/2024	Square
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.46	1455 Market Street Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
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.
	Check if Austin, TX, officeholder living expense Credit Card Fees
	Credit Card Fees
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/27/2024	Stephanie Klick Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 7592
Expenditure from	
corporate funds	Fort Worth, TX 76111
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/20/2024	Stephanie Klick Campaign
Amount (\$)	Payee address; City; State; Zip Code
` '	P.O. Box 7592
\$1,000.00	F.O. DOX 1002
Expenditure from corporate funds	Fort Worth, TX 76111
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EAFEINDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

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: 8/10 Rpt: 55/57	Texas Nurses Association Political Action Committee 00017364
4 Date	5 Payee name
01/31/2024	Texas Nurses Association
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.07	4807 Spicewood Springs Road Bldg 3 Suite 100
X Expenditure from corporate funds	Austin, TX 78759
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Postage
	1 ostage
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
02/29/2024	Texas Nurses Association
Amount (\$)	Payee address; City; State; Zip Code
\$122.00	4807 Spicewood Springs Road Bldg 3 Suite 100
X Expenditure from corporate funds	Austin, TX 78759
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Postage
	1 dottage
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
01/01/2024	Texas Nurses Association
Amount (\$)	Payee address; City; State; Zip Code
\$7.00	4807 Spicewood Springs Road Bldg 3 Suite 100
X Expenditure from corporate funds	Austin, TX 78759
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
LA LABITONE	Check if Austin, TX, officeholder living expense
	Equipment lease
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
SAPORAREIO TO BOHOR O/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributing Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/10 Rpt: 56/57	Texas Nurses Association Political Action Committee 00017364
4	Date	5 Payee name
	02/01/2024	Texas Nurses Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.00	4807 Spicewood Springs Road Bldg 3 Suite 100
Х	Expenditure from corporate funds	Austin, TX 78759
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Equipment lease
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/01/2024	Texas Nurses Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.00	4807 Spicewood Springs Road Bldg 3 Suite 100
Х	Expenditure from corporate funds	Austin, TX 78759
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Equipment lease
		Equipment lease
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1
	Date	Payee name
	04/01/2024	Texas Nurses Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.00	4807 Spicewood Springs Road Bldg 3 Suite 100
Х	Expenditure from corporate funds	Austin, TX 78759
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Equipment lease
		<u> Е</u> чирители тоазе
_	Complete CNI V if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 10/10 Rpt: 57/57	Texas Nurses Association Political Action Committee 00017364
4 Date	5 Payee name
05/01/2024	Texas Nurses Association
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$7.00	4807 Spicewood Springs Road Bldg 3 Suite 100
- "	
X Expenditure from corporate funds	Austin, TX 78759
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Equipment lease
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/0	<u>'</u>
Date	Payee name
06/01/2024	Texas Nurses Association
Amount (\$)	Payee address; City; State; Zip Code
\$7.00	4807 Spicewood Springs Road Bldg 3 Suite 100
Expenditure from corporate funds	Austin, TX 78759
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Equipment lease
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	•