#### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00069305 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Association of Nurse Anesthetists Political Action Committee Date Received **ELECTRONICALLY FILED** 07/08/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 919 Congress Ave., Suite 720 Change of Address Austin, TX 78701 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Andrea N. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Pee CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 919 Congress Ave., Suite 720 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX; APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 919 Congress Ave., Suite 720 MAILING **ADDRESS** Change of Address Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 495-9004 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 X July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 05/26/2024 06/25/2024

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### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Association of	Nurse Anesthetists Politi	ical Action Committee	00069305	
4 COMMITTEE	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
report ii necessary.)				
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	3. Officeholders			
	Assisted (Identify by name or, if applicable, classify by party.)			
5 CONTRIBUTION TOTALS		D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR		
1017/20	CONTRIBUTIONS N	MADE ELECTRONICALLY)  qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA	AL CONTRIBUTIONS	\$	7.040.54
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)	ľ	7,313.54
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	AL EXPENDITURES	\$	243.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST IG PERIOD	DAY \$	90,195.43
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
6 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	erjury, that the mation require	accompanying report is d to be reported by me
		Mc And	rea N. Pee	
		Signature of Ca		Iror
		Signature of Co	impaign ricasi	ai Ci
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	oed before me, by the said _	, t	his the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Little of offi	cer administering oath

#### **SUBTOTALS - MPAC**

### FORM MPAC COVER SHEET PG 3

				_	3 of 21
		EE NAME sociation of Nurse Anesthetists Political Action Committee	<b>18</b> Filer ID 00069305	(Ethics Com	ımission Filers)
		E SUBTOTALS SCHEDULE		SUBTO	OTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	6,001.60
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		)R	\$		
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	\$	511.94
7.	Х	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	800.00	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	\$		
9.		SCHEDULE E: LOANS		\$	
10	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	243.41
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	ONS	\$	
15	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	0.52

	MONEI	ARY POLITICAL (	CONTRIBUTIO	DNS		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/14 Rpt: 4/21	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		ciation of Nurse Anesthetists				00069305	
4	Date 06/20/2024	<ul><li>5 Full name of contributor</li><li>Albrecht, Kelsey</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	\$83.33
		Houston, TX 77009-7252	2				
8		pation / Job title (See Instruction	S)	9 Employer (See Instructions	s)		
	Certified Req	gistered Nurse Anesthetist					
	Date 06/18/2024	Full name of contributor Andersen, Jennifer Contributor address; City; S	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$41.67
		Midland, TX 79705					
	Principal occu	nation / Job title (See Instruction	s)	Employer (See Instructions	 5)		
	Certified Reg	gistered Nurse Anesthetist					
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	05/31/2024	Anthony, Jennifer		,			\$83.33
		Contributor address; City; S	State; Zip Code				
		Texarkana, TX 75501					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Certified Req	gistered Nurse Anesthetist					
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	06/21/2024	<b>L</b> \					\$83.33
		Houston, TX 77004					
	•	pation / Job title (See Instruction gistered Nurse Anesthetist	s)	Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	06/02/2024	Bishop, Harold					\$83.33
		Contributor address; City; S	State; Zip Code				
		Lufkin, TX 75904-6304					
	Principal occu	I pation / Job title (See Instruction	s)	Employer (See Instructions	<u></u>		
		gistered Nurse Anesthetist					

	MONET	ARY POLITICAL CONTRIBU	ITIONS			SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how to complete t	his form.		1	Total pages Schedule A1: Sch: 2/14 Rpt: 5/21	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action Co	ommittee		3	Filer ID (Ethics Commission 00069305	Filers)
4	Date 06/07/2024	<ul> <li>Full name of contributor  out-of-state PAC Bullerwell, Megan</li> <li>Contributor address; City; State; Zip Code</li> </ul>	C (ID#:	)	7	Amount of Contribution (\$)	\$30.00
0	Dringing agg	Bellaire, TX 77401	0 Employe	or (Soo Instructions			
0		pation / Job title (See Instructions) histered Nurse Anesthetist	9 Employe	er (See Instructions	)		
	Date 06/01/2024	Full name of contributor out-of-state PAC Carter, Tanya  Contributor address; City; State; Zip Code	C (ID#:			Amount of Contribution (\$)	\$83.33
		Dallas, TX 75235					
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist	Employe	er (See Instructions	)		
	Date 06/14/2024	Full name of contributor out-of-state PAC Caswell, Abigail Contributor address; City; State; Zip Code	C (ID#:	)		Amount of Contribution (\$)	\$83.33
		Friendswood, TX 77546					
		oation / Job title (See Instructions) istered Nurse Anesthetist	Employe	er (See Instructions	)		
	Date 05/27/2024	Full name of contributor out-of-state PAC Collins, Gregory Contributor address; City; State; Zip Code Granbury, TX 76049	C (ID#:	)		Amount of Contribution (\$)	\$83.33
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist	Employe	er (See Instructions	)		
	Date 06/22/2024	Full name of contributor out-of-state PAC Cornelius, Brian Contributor address; City; State; Zip Code Burleson, TX 76028	C (ID#:	)		Amount of Contribution (\$)	\$83.33
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist	Employe	er (See Instructions	)		
			·				

	MONEI	ARY POLITICAL CO	NTRIBUTIO	INS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/14 Rpt: 6/21	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Polit	ical Action Commit	ee	3	Filer ID (Ethics Commission 00069305	n Filers)
4	Date 06/17/2024	<ul><li>5 Full name of contributor Daughtry, Tina</li><li>6 Contributor address; City; State;</li></ul>	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$100.00
8		Houston, TX 77008 pation / Job title (See Instructions) gistered Nurse Anesthetist		9 Employer (See Instructions	<u>;</u> )		
	Date 06/16/2024	Full name of contributor  Davenport, Stephanie  Contributor address; City; State;	out-of-state PAC (ID#:_ Zip Code			Amount of Contribution (\$)	\$30.00
		The Woodlands, TX 77382 pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	5)		
	Date 05/31/2024	Full name of contributor Davis, Rachel  Contributor address; City; State;	out-of-state PAC (ID#:_ Zip Code	)		Amount of Contribution (\$)	\$83.34
		Houston, TX 77057 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/12/2024	Full name of contributor  Dawson, Charles  Contributor address; City; State;  Sugar Land, TX 77479	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$83.33
	·	pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	i)		
	Date 06/18/2024	Full name of contributor Eisa, Lina Contributor address; City; State; Sugar Land, TX 77498	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$41.67
		pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	)		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	)NS		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/14 Rpt: 7/21	
2	FILER NAME Texas Assoc	ciation of Nurse Anesthetists F	Political Action Commit	tee	3	Filer ID (Ethics Commission 00069305	ı Filers)
4	Date 05/31/2024	<ul><li>5 Full name of contributor</li><li>Estes, Sonia</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	\$30.00
8		Dallas, TX 75206 pation / Job title (See Instructions gistered Nurse Anesthetist	s)	9 Employer (See Instructions	<u> </u> ;)		
	Date 05/26/2024	Full name of contributor Farmer, Masson Contributor address; City; Si Kemp, TX 75143	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$83.33
		pation / Job title (See Instructions gistered Nurse Anesthetist	s)	Employer (See Instructions	<u>(</u>		
	Date 06/22/2024	Full name of contributor Frawley, Steven Contributor address; City; Si	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$83.33
	Principal occu	Dallas, TX 75209 pation / Job title (See Instructions	;)	Employer (See Instructions	<u> </u> 		
		gistered Nurse Anesthetist	,				
	Date 06/21/2024	Full name of contributor Galvin, Vaughna Contributor address; City; Si Benbrook, TX 76126-445		)		Amount of Contribution (\$)	\$83.33
	•	pation / Job title (See Instructions gistered Nurse Anesthetist	s)	Employer (See Instructions	5)		
	Date 06/07/2024	Full name of contributor Gegel, Brian Contributor address; City; Si San Antonio, TX 78258	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$41.67
		pation / Job title (See Instructions gistered Nurse Anesthetist	;) 	Employer (See Instructions	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how t	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/14 Rpt: 8/21	
2	FILER NAME	Tallian (SA) and A continuities D	litinal Author Consult		3	Filer ID (Ethics Commission	n Filers)
		iation of Nurse Anesthetists Po		iee	L	00069305	
4	Date 06/18/2024	<ul><li>5 Full name of contributor</li></ul>	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	\$83.33
	Drive in all account	Arlington, TX 76016-2528		O. Faralousa (Con Instruction			
8		pation / Job title (See Instructions) jistered Nurse Anesthetist		9 Employer (See Instructions	5)		
	Certilled Ret				_		
	Date 05/31/2024	Full name of contributor [ Green, Jessica Contributor address; City; Stat	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$83.33
		Bullard, TX 75757					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u></u> 5)		
	Certified Reg	istered Nurse Anesthetist					
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	05/31/2024	Hammonds, Daniel					\$83.33
		Contributor address; City; Stat Midlothian, TX 76065					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Certified Req	jistered Nurse Anesthetist					
	Date 06/17/2024	Full name of contributor E Hemingway, Ursula Contributor address; City; Stat Katy, TX 77494	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
_	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u> ;)		
	•	jistered Nurse Anesthetist		h 13 (	,		
	Date 06/17/2024	Full name of contributor [ Hooker, Candace	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$83.33
		Contributor address; City; Stat Houston, TX 77047	te; Zip Code				
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Certified Req	istered Nurse Anesthetist					

	MONET	ARY POLITICAL CONTRIB	UTIO	NS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 6/14 Rpt: 9/21	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action (	Committe	e	3	Filer ID (Ethics Commission 00069305	n Filers)
4	Date 06/07/2024	<ul> <li>Full name of contributor</li></ul>	-	)	7	Amount of Contribution (\$)	\$30.00
_	Deignaignal	Houston, TX 77018	- 10	Franksian (Coo laskwatiana			
8		pation / Job title (See Instructions) gistered Nurse Anesthetist	9	Employer (See Instructions	5)		
	Date 05/26/2024	Full name of contributor out-of-state Pa Kakenmaster, Kathryn  Contributor address; City; State; Zip Code	-	)		Amount of Contribution (\$)	\$83.33
	Principal occu	Keller, TX 76248 pation / Job title (See Instructions)		Employer (See Instructions	·)		
	•	gistered Nurse Anesthetist		Employer (See instructions	P)		
	Date 05/31/2024	Full name of contributor out-of-state PAKelly, Tamra  Contributor address; City; State; Zip Code	AC (ID#:	)	•	Amount of Contribution (\$)	\$41.67
		Humble, TX 77346					
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	5)		
	Date 05/28/2024	Full name of contributor out-of-state Pa Krenek, Debra Contributor address; City; State; Zip Code Edinburg, TX 78541	-	)	•	Amount of Contribution (\$)	\$30.00
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	5)		
	Date 06/17/2024	Full name of contributor out-of-state Pa Lodge, Quincy  Contributor address; City; State; Zip Code  Houston, TX 77095		)		Amount of Contribution (\$)	\$30.00
		pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	5)		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	orm.	1	Total pages Schedule A1: Sch: 7/14 Rpt: 10/21	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		iation of Nurse Anesthetists F	olitical Action Commit	tee		00069305	
4	Date 05/28/2024	<ul><li>5 Full name of contributor Massey, Douglas</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:_ ate; Zip Code	)	7	Amount of Contribution (\$)	\$30.00
8	Principal occu	San Antonio, TX 78260 pation / Job title (See Instructions	)	9 Employer (See Instructions	;)		
		jistered Nurse Anesthetist	,		,		
	Date 06/18/2024	Full name of contributor Mccall, Brenda Contributor address; City; St Pearland, TX 77584	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	;) [		
		jistered Nurse Anesthetist	,		,		
	Date 05/27/2024	Full name of contributor Michinock, Jessica Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code	)		Amount of Contribution (\$)	\$20.00
		Round Rock, TX 78664					
		pation / Job title (See Instructions gistered Nurse Anesthetist	)	Employer (See Instructions	<u> </u> 5)		
	Date 06/14/2024	Full name of contributor Moore, Tammy Contributor address; City; St Houston, TX 77080	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$83.33
	•	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Certified Reg	jistered Nurse Anesthetist					
	Date 05/28/2024	Full name of contributor Morales, Timothy  Contributor address; City; St  Missouri City, TX 77459	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$83.33
		pation / Job title (See Instructions gistered Nurse Anesthetist	)	Employer (See Instructions	5)		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	)NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/14 Rpt: 11/21	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	iation of Nurse Anesthetists F	Political Action Commit	tee		00069305	
4	Date 06/05/2024	<ul><li>5 Full name of contributor</li><li>Mueller, Joseph</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$100.00
		Austin, TX 78736					
8	Principal occu	pation / Job title (See Instructions	)	9 Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist					
	Date 05/31/2024	Full name of contributor  Mueller, Sarah  Contributor address; City; St	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$30.00
			ate, zip coue				
	Driverinal	Inez, TX 77968	`	Franksian (Caa kastuustiana	<u></u>		
		pation / Job title (See Instructions gistered Nurse Anesthetist	)	Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	05/27/2024	Nick, Michael					\$83.33
		Contributor address; City; State; Zip Code			1		
		Alexander TV 70044					
	Delegalent	Abernathy, TX 79311	<u>,                                      </u>	F	<u></u>		
	•	pation / Job title (See Instructions gistered Nurse Anesthetist	)	Employer (See Instructions	5)		
					_		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	<b>#</b> 20.00
	06/03/2024	Northcutt, Leann					\$20.00
		Contributor address; City; St	ate; Zip Code				
		Austin, TX 78745					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	<u> </u>		
	Certified Reg	gistered Nurse Anesthetist					
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	05/31/2024	Nugent, Hylda					\$83.33
		Contributor address; City; St	ate; Zip Code		1		
		Weatherford, TX 76087-3	820				
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	<u>L</u> 5)		
		gistered Nurse Anesthetist		,	-		
_							

	MONEI	ARY POLITICAL C	ONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/14 Rpt: 12/21	
2	FILER NAME	torico of No. 10 According to the			3	Filer ID (Ethics Commission	on Filers)
		iation of Nurse Anesthetists P		tee		00069305	
4	Date 06/17/2024	<ul><li>5 Full name of contributor</li><li>Og, Toyin</li><li>6 Contributor address; City; St.</li></ul>	out-of-state PAC (ID#:_ ate; Zip Code	)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Richmond, TX 77407 pation / Job title (See Instructions		Employer (See Instructions	(3)		
		gistered Nurse Anesthetist		, ,, (	,		
	Date 05/28/2024	Full name of contributor Okello, Peter Contributor address; City; St.	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$50.00
		Lubbock, TX 79423					
		pation / Job title (See Instructions gistered Nurse Anesthetist		Employer (See Instructions	5)		
	Date 05/31/2024	Full name of contributor Olson, David Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code	)		Amount of Contribution (\$)	\$83.33
		Ft worth, TX 76133					
		pation / Job title (See Instructions gistered Nurse Anesthetist		Employer (See Instructions	5)		
	Date 06/22/2024	Full name of contributor Omoni, Peter Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$83.33
	•	pation / Job title (See Instructions gistered Nurse Anesthetist		Employer (See Instructions	)		
	Date 06/24/2024	Full name of contributor Patel, Bhavika Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$500.00
		pation / Job title (See Instructions gistered Nurse Anesthetist		Employer (See Instructions	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 10/14 Rpt: 13/21	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action Comi	mittee	3	Filer ID (Ethics Commissio 00069305	n Filers)
4	Date 06/24/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$83.33
_		SugarLand, TX 77478	1	<u> </u>		
8	•	pation / Job title (See Instructions) histered Nurse Anesthetist	9 Employer (See Instructions	5)		
	Date 06/14/2024	Full name of contributor out-of-state PAC (ID Pichon, Arianne Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$41.67
	Principal occu	Buda, TX 78610 pation / Job title (See Instructions)	Employer (See Instructions	<u>:)</u>		
	•	pistered Nurse Anesthetist	Employer (Gee moudening	<i>-</i> )		
	Date 06/22/2024	Full name of contributor out-of-state PAC (ID Rader, Haley  Contributor address; City; State; Zip Code	)	•	Amount of Contribution (\$)	\$100.00
		Houston, TX 77098				
		pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	S)		
	Date 06/21/2024	Full name of contributor out-of-state PAC (ID Rao, Jacob  Contributor address; City; State; Zip Code  Dallas, TX 75238	)		Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	<u>I</u> S)		
	Date 06/11/2024	Full name of contributor out-of-state PAC (ID Reed, Troy  Contributor address; City; State; Zip Code  New Braunfels, TX 78132	)		Amount of Contribution (\$)	\$30.00
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	5)		
			'			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	INS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/14 Rpt: 14/21	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	iation of Nurse Anesthetists Po	olitical Action Commit	iee		00069305	
4	Date 06/03/2024	<ul> <li>Full name of contributor Resendez, Veronica</li> <li>Contributor address; City; Sta</li> </ul>	out-of-state PAC (ID#:_ te; Zip Code	)	7	Amount of Contribution (\$)	\$30.00
8	Principal occu	Austin, TX 78757 pation / Job title (See Instructions)		9 Employer (See Instructions			
Ü		gistered Nurse Anesthetist		• Employer (See mondenons	,		
	Date 05/31/2024	Full name of contributor [ Ross, Brittaney  Contributor address; City; Sta	out-of-state PAC (ID#:_ te; Zip Code	)		Amount of Contribution (\$)	\$62.50
		Dallas, TX 75206					
		pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	)		
	Date 06/04/2024	Full name of contributor [ Ross, Robert  Contributor address; City; Sta	out-of-state PAC (ID#:_ te; Zip Code			Amount of Contribution (\$)	\$83.33
		Texas, TX 76017					
		pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	)		
	Date 05/31/2024	Full name of contributor  Rutherford, Karrie  Contributor address; City; Sta  Caldwell, TX 77836	out-of-state PAC (ID#:_ te; Zip Code	)		Amount of Contribution (\$)	\$20.00
	·	pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	)		
	Date 05/31/2024	Full name of contributor [ Saenz, Melizza  Contributor address; City; Sta  Belton, TX 76513	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$30.00
		pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	)		

	MONEI	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 12/14 Rpt: 15/21		
2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Texas Assoc	iation of Nurse Anesthetists Political Action Comm	nittee	L	00069305		
4	Date 05/26/2024	<ul> <li>Full name of contributor</li></ul>	:)	7	Amount of Contribution (\$)	\$100.00	
Ω	Principal occu	Fort Worth, TX 76179 pation / Job title (See Instructions)	9 Employer (See Instructions				
0		pation / 300 title (See Instructions) pistered Nurse Anesthetist	9 Employer (See instructions	)			
	Date 06/15/2024	Full name of contributor out-of-state PAC (ID# Scudieri, Louise Contributor address; City; State; Zip Code	<u> </u> :)		Amount of Contribution (\$)	\$62.50	
		Decatur, TX 76234					
		pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	5)			
	Date 06/17/2024	Full name of contributor out-of-state PAC (ID# Shaffer, Scott  Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$83.33	
		Salida, CO 81201					
		pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	5)			
	Date 06/21/2024	Full name of contributor out-of-state PAC (ID# Sharp, William  Contributor address; City; State; Zip Code  amarillo, TX 79124	:)		Amount of Contribution (\$)	\$41.67	
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	s)			
	Date 06/11/2024	Full name of contributor out-of-state PAC (ID# Sheneman, Megan  Contributor address; City; State; Zip Code  Houston, TX 77008	:)		Amount of Contribution (\$)	\$25.00	
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	5)			

	MONEI	ARY POLITICAL CO	ONTRIBUTIO	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how t	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 13/14 Rpt: 16/21	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Po	litical Action Commit	tee	3	3 Filer ID (Ethics Commission Filers) 00069305	
4	Date 05/31/2024	<ul><li>5 Full name of contributor Thomas, Deborah</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:_ e; Zip Code		7	Amount of Contribution (\$)	\$83.34
8		Hoy, TX 77074 pation / Job title (See Instructions) gistered Nurse Anesthetist		9 Employer (See Instructions	j ;)		
	Date 06/05/2024	Full name of contributor  Ulinski, Jessica  Contributor address; City; State	out-of-state PAC (ID#:_ e; Zip Code			Amount of Contribution (\$)	\$83.33
		Georgetown, TX 78626 pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	<u> </u> 5)		
	Date 05/31/2024	Full name of contributor  Vanek, Dean  Contributor address; City; State	out-of-state PAC (ID#:_ e; Zip Code			Amount of Contribution (\$)	\$83.33
	Principal occu	Fulshear, TX 77423 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
		gistered Nurse Anesthetist		. , ,			
	Date 06/07/2024	Full name of contributor  Vera, Martha  Contributor address; City; State  Pearland, TX 77584	out-of-state PAC (ID#:_ e; Zip Code			Amount of Contribution (\$)	\$30.00
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	<u>                                      </u>		
	Date 06/22/2024	Full name of contributor Walden, Micah Contributor address; City; State Sulphur Springs, TX 75483	out-of-state PAC (ID#:_ e; Zip Code			Amount of Contribution (\$)	\$83.33
		pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 14/14 Rpt: 17/21	
2	FILER NAME Texas Assoc	ciation of Nurse Anesthetists Po	olitical Action Commit	tee	3	Filer ID (Ethics Commission 00069305	n Filers)
4	Date 06/22/2024	<ul> <li>5 Full name of contributor</li> <li>Walford, Brian</li> <li>6 Contributor address; City; Sta</li> </ul>	out-of-state PAC (ID#:_ te; Zip Code	)	7	Amount of Contribution (\$)	\$83.33
8	Principal occu	Victoria, TX 77904 pation / Job title (See Instructions)		9 Employer (See Instructions	<u> </u> ;)		
	Date 06/09/2024	Full name of contributor Walker, Brian Contributor address; City; Sta	out-of-state PAC (ID#:_ te; Zip Code			Amount of Contribution (\$)	\$41.67
		pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	<u>(</u>		
	Date 06/18/2024	Full name of contributor  Walker, Mary  Contributor address; City; Sta	out-of-state PAC (ID#:_ te; Zip Code			Amount of Contribution (\$)	\$100.00
		Manvel, TX 77578					
		pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	5)		
	Date 05/31/2024	Full name of contributor Watts, Mary Jo Contributor address; City; Sta New Braunfels, TX 78132	out-of-state PAC (ID#:_ te; Zip Code			Amount of Contribution (\$)	\$83.33
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	5)		
	Date 05/26/2024	Full name of contributor Wilson, Diana Contributor address; City; Sta Cedar Creek, TX 78612	out-of-state PAC (ID#:_ te; Zip Code			Amount of Contribution (\$)	\$30.00
		pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	5)		

### MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.			1 Total pages Schedule C3: Sch: 1/1 Rpt: 18/21		
2			3		(Ethics Commission Filers)	
L	Texas Assoc	iation of Nurse Anesthetists Political Action Committee		00069305		
4	Date	5 Corporation / Labor Organization name	6	Amount (\$)		
L	06/01/2024	Texas Association of Nurse Anesthetists			416.00	
Г	Date	Corporation / Labor Organization name		Amount (\$)		
	05/26/2024	Texas Association of Nurse Anesthetists			95.94	

# NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

_						
	The Instruction Guide explains how to complete this form.			1 Total pages Schedule C4: Sch: 1/1 Rpt: 19/21		
2	FILER NAME     Texas Association of Nurse Anesthetists Political Action Committee		3	Filer ID 00069305	(Ethics Commission Filers)	
4	Date	5 Corporation / Labor Organization name	6	Amount (\$)		
L	06/07/2024	Texas Association of Nurse Anesthetists				400.00
Г	Date	Corporation / Labor Organization name		Amount (\$)		
	06/21/2024	Texas Association of Nurse Anesthetists				400.00

#### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Giff/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	7 - Gift/Awards/Memorials Expense Printing Expense Travel Out of District Al 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: 1/1 Rpt: 20/21	Texas Association of Nurse Anesthetists Political Action 00069305
4	Date	5 Payee name
	06/03/2024	American Express Merchant Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$243.41	PO Box 53852
	Expenditure from corporate funds	Phoenix, AZ 85072-3852
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Credit card processing of campaign contributions.
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

#### INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 21/21 2 FILER NAME Filer ID (Ethics Commission Filers) Texas Association of Nurse Anesthetists Political Action Committee 00069305 8 Amount (\$) Date Name of person from whom amount is received 05/31/2024 \$0.02 University Federal Credit Union 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78704 Purpose for which amount is received ☐ Check if political contribution returned to filer Interest. Amount (\$) Name of person from whom amount is received Date 05/31/2024 University Federal Credit Union \$0.50 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78704 Purpose for which amount is received Check if political contribution returned to filer Interest.