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** 08/02/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 919 Congress Ave., Suite 720 Change of Address Austin, TX 78701 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Andrea N. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Pee CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 919 Congress Ave., Suite 720 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX; APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 919 Congress Ave., Suite 720 MAILING **ADDRESS** Change of Address Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 495-9004 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 X August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 06/26/2024 07/25/2024

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

| PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) check here if this report qualifies for the higher itemization threshold 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 6,316.8 EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$ 0.0 4. TOTAL POLITICAL EXPENDITURES \$ 1,288.6 CONTRIBUTION BALANCE 5. TOTAL POLITICAL EXPENDITURES \$ 94,118.9 CONTRIBUTION GALANCE 6. TOTAL POLITICAL EXPENDITURES \$ 94,118.9 OUTSTANDING LAST DAY OF THE REPORTING PERIOD \$ 0.0 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY GALANTOTALS 1 swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Ms. Andrea N. Pee | | | | 1 | | |
|--|--------------------------|-----------------------------------|---|----------------------------------|---------------------|---|
| 1. Candidates (Activity) (Attinch lies on pain page to complete the report is complete the report for conduct the page to complete the report for conduct the page to complete the report for conduct the page to complete the report for conduct the decision and results of the page to complete the page to | | · Nursa Anasthatists Politi | cal Action Committee | | | (Ethics Commission Filers) |
| ACTIVITY (Attach list on plain) pages to compressed by grants or a special section of the pages of a compression of the pages to accept the pages of a page of the pages of t | | | | | 19303 | |
| 2. Measures Perceite by date and beacon- of electron and notiner of issue.) 3. Officeholders Assisted Genetity by name or, if appointment of electron and notiner of issue.) 5. CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTION SHADE ELECTRONICALLY) S. CONTRIBUTIONS 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) S. G.316.8 EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES S. Q.0 EXPENDITURE TOTALS 4. TOTAL POLITICAL EXPENDITURES S. Q.0 CONTRIBUTION BALANCE OF THE REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL POLITICAL EXPENDITURES S. Q.0 OUTSTANDING LOAN TOTALS 6. TOTAL POLITICAL EXPENDITURES S. Q.0 OUTSTANDING LOAN TOTALS 6. TOTAL POLITICAL EXPENDITURES S. Q.0 OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD Is swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Ms. Andrea N. Pee Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Swom to and subscribed before me. by the said 0, to certify which, witness my hand and seal of office. | | (Identify by name or, if | A. Supported Jeff Barry State Represent | tative | | |
| Describe by does and feature of lessed) B. Opposed | paper to complete this | | B. Opposed | | | |
| Describe by does and feature of lessed) B. Opposed | | | | | | |
| 3. Officeholders Assisted General Systems or, if Application, describ, by parin or, if Application, describ, by parin, or CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 6. AFFIDAVIT 1. SWEAR, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. MS. Andrea N. Pee Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said | | (Describe by date and location | A. Supported | | | |
| Assisted (discribly by name or if applicable, classify by party.) 5 CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | | | B. Opposed | | | |
| Assisted (discribly by name or if applicable, classify by party.) 5 CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | | | | | | |
| PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) check here if this report qualifies for the higher itemization threshold 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 6,316.8 EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$ 0.0 4. TOTAL POLITICAL EXPENDITURES \$ 0.0 5. TOTAL POLITICAL EXPENDITURES \$ 1,288.6 CONTRIBUTION BALANCE 5. TOTAL POLITICAL EXPENDITURES \$ 94,118.9 OUTSTANDING 6. TOTAL POLITICAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.0 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Ms. Andrea N. Pee Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said | | Assisted (Identify by name or, if | | | | |
| 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 6,316.8 | 5 CONTRIBUTION TOTALS | PLEDGES, LOANS, CONTRIBUTIONS M | OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) | N | \$ | 0.00 |
| EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE UNDERSTANDING LOANS AS OF THE SOURCE AND THE REPORTING PERIOD 6. TOTAL POLITICAL EXPENDITURES 9. 0.0 6. TOTAL POLITICAL EXPENDITURES \$ 0.0 6. TOTAL POLITICAL EXPENDITURES \$ 1,288.6 94,118.9 1 Swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. MS. Andrea N. Pee Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day of, 20, to certify which, witness my hand and seal of office. | | 2. TOTAL POLITICA | L CONTRIBUTIONS |) | \$ | 6,316.87 |
| 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 8 0.0 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Ms. Andrea N. Pee Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day of, 20, to certify which, witness my hand and seal of office. | | ` | | , | \$ | 0.00 |
| CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 8 0.0 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Ms. Andrea N. Pee Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day of, to certify which, witness my hand and seal of office. | TOTALS | 4. TOTAL POLITICA | I EXPENDITURES | | | 0.00 |
| BALANCE OF THE REPORTING PERIOD \$ 94,118.9 OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.0 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Ms. Andrea N. Pee Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said | | | | | ð | 1,288.60 |
| LAST DAY OF THE REPORTING PERIOD \$ 0.0 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Ms. Andrea N. Pee | | | | AST DAY | \$ | 94,118.94 |
| I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Ms. Andrea N. Pee Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said | | I | | OF THE | \$ | 0.00 |
| true and correct and includes all information required to be reported by me under Title 15, Election Code. Ms. Andrea N. Pee Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day of, to certify which, witness my hand and seal of office. | .6 AFFIDAVIT | | | | | |
| Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said | | | true and correct and includes all i | of perjury, tha nformation re | at the accequired t | companying report is o be reported by me |
| Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said | | | Me A | Andrea N. D | 200 | |
| AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day of, 20, to certify which, witness my hand and seal of office. | | | | | | r |
| of, 20, to certify which, witness my hand and seal of office. | AFFIX NOTA | RY STAMP / SEAL ABOVE | J.g.i.ki.a.o. | . Campaign | | |
| of, 20, to certify which, witness my hand and seal of office. | Swarn to and subsarih | and hafara ma, by the said | | thic the | | dov |
| | | | | , uns une | | uay |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath | <u> </u> | | mion, marcos my naria and soar or omoc. | | | |
| January State Control of State | Signature of officer | administering oath | Printed name of officer administering oath | Title | of office | r administering oath |

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

| | | | | 77211 011221 | 3 of 21 |
|-----|---|--|-----------------------------|--------------------|-----------|
| | | EE NAME sociation of Nurse Anesthetists Political Action Committee | 18 Filer ID 00069305 | (Ethics Commission | n Filers) |
| | | E SUBTOTALS SCHEDULE | | SUBTOTAL A | MOUNT |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 5,004.93 |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| 4. | | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION | R | \$ | |
| 5. | | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION | TION OR | \$ | |
| 6. | Х | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA | ANIZATION | \$ | 511.94 |
| 7. | X | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | \$ | 800.00 |
| 8. | | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C | ORGANIZATION | \$ | |
| 9. | | SCHEDULE E: LOANS | | \$ | |
| 10. | X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | 5 | \$ | 1,288.60 |
| 11. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| 12. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | DNS | \$ | |
| 13. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | |
| 14. | | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | DNS | \$ | |
| 15. | Х | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER | RETURNED | \$ | 0.51 |
| | _ | | | | |
| | | | | | |

| | MONEI | ARY POLITICAL (|)NS | | SCHEDULE | A1 | |
|---|---------------------------|--|-------------------------|------------------------------|----------------|---|---------|
| | The Instru | ction Guide explains hov | v to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 1/14 Rpt: 4/21 | |
| 2 | FILER NAME Texas Assoc | iation of Nurse Anesthetists | Political Action Commit | ttee | 3 | Filer ID (Ethics Commission 00069305 | Filers) |
| 4 | Date 07/20/2024 | 5 Full name of contributor Albrecht, Kelsey6 Contributor address; City; S | out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | \$83.33 |
| 8 | | Houston, TX 77009 pation / Job title (See Instruction gistered Nurse Anesthetist | s) | 9 Employer (See Instructions | S) | | |
| | Date 07/18/2024 | Full name of contributor Andersen, Jennifer Contributor address; City; S Midland, TX 79705 | out-of-state PAC (ID#:_ |) | • | Amount of Contribution (\$) | \$41.67 |
| | | pation / Job title (See Instruction gistered Nurse Anesthetist | 5) | Employer (See Instructions | 5) | | |
| | Date 06/30/2024 | Full name of contributor Anthony, Jennifer Contributor address; City; S Texarkana, TX 75501 | out-of-state PAC (ID#:_ | | • | Amount of Contribution (\$) | \$83.33 |
| | • | pation / Job title (See Instruction gistered Nurse Anesthetist | s) | Employer (See Instructions | <u>l</u> S) | | |
| | Date 07/21/2024 | Full name of contributor Apodaca, Rylee Contributor address; City; S Houston, TX 77004 | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$83.33 |
| | • | pation / Job title (See Instruction gistered Nurse Anesthetist | 5) | Employer (See Instructions | 5) | | |
| | Date 07/22/2024 | Full name of contributor Blacketter, Lisa Contributor address; City; S Port Lavaca, TX 77979 | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | \$30.00 |
| | | pation / Job title (See Instruction gistered Nurse Anesthetist | 5) | Employer (See Instructions | <u>1</u> S) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBU | | SCHEDUL | E A1 | |
|---|---------------------------|--|---------------------------------|----------------|---|-----------|
| | The Instruc | ction Guide explains how to complete th | 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 | mmittee | 3 | Filer ID (Ethics Commission 00069305 | n Filers) |
| 4 | Date 07/07/2024 | Full name of contributor out-of-state PAC Bullerwell, Megan Contributor address; City; State; Zip Code | (ID#:) | 7 | Amount of Contribution (\$) | \$30.00 |
| _ | Deinsinal assu | Bellaire, TX 77401 | C Frankrich (Cook hotely ations | _ | | |
| 8 | | pation / Job title (See Instructions) histered Nurse Anesthetist | 9 Employer (See Instructions | 5) | | |
| | Date 07/24/2024 | Full name of contributor out-of-state PAC Burkhardt, Hillary Contributor address; City; State; Zip Code | (ID#:) | | Amount of Contribution (\$) | \$180.00 |
| | Principal occu | Nederland, TX 77627 pation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| | • | istered Nurse Anesthetist | Employer (See Instructions | P) | | |
| | Date 07/24/2024 | Full name of contributor out-of-state PAC Burkhardt, Hillary Contributor address; City; State; Zip Code | (ID#:) | • | Amount of Contribution (\$) | \$30.00 |
| | | Nederland, TX 77627 | | | | |
| | | pation / Job title (See Instructions) pistered Nurse Anesthetist | Employer (See Instructions | 5) | | |
| | Date 07/01/2024 | Full name of contributor out-of-state PAC Carter, Tanya Contributor address; City; State; Zip Code Dallas, TX 75235 | (ID#:) | | Amount of Contribution (\$) | \$83.33 |
| | • | pation / Job title (See Instructions) patient August Augus | Employer (See Instructions | <u> </u> s) | | |
| | Date 07/14/2024 | Full name of contributor out-of-state PAC Caswell, Abigail Contributor address; City; State; Zip Code Friendswood, TX 77546 | (ID#:) | | Amount of Contribution (\$) | \$83.33 |
| | • | pation / Job title (See Instructions) pistered Nurse Anesthetist | Employer (See Instructions | s) | | |
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| | MONET | ARY POLITICAL C | NS | SCHEDULE A1 | | | |
|---|------------------------|--|--------------------------------------|------------------------------|--------|---|-----------|
| | 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 | ciation of Nurse Anesthetists P | olitical Action Committ | ee | 3 | Filer ID (Ethics Commission 00069305 | n Filers) |
| 4 | Date 06/27/2024 | 5 Full name of contributor Collins, Gregory6 Contributor address; City; Sta | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$83.33 |
| | | Granbury, TX 76049 | | | | | |
| 8 | | pation / Job title (See Instructions) gistered Nurse Anesthetist | ! | 9 Employer (See Instructions | 5) | | |
| | Date 07/15/2024 | Full name of contributor Corder, Kenny Contributor address; City; Sta | |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | Abilene, TX 79606 pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | | gistered Nurse Anesthetist | | Employer (See Instructions | , | | |
| | Date 07/22/2024 | Full name of contributor Cornelius, Brian Contributor address; City; Sta | out-of-state PAC (ID#:atte; Zip Code |) | | Amount of Contribution (\$) | \$83.33 |
| | | Burleson, TX 76028 | | | | | |
| | | pation / Job title (See Instructions) gistered Nurse Anesthetist | | Employer (See Instructions | s) | | |
| | Date 07/16/2024 | Full name of contributor Davenport, Stephanie Contributor address; City; Sta The Woodlands, TX 77382 | ate; Zip Code | | - | Amount of Contribution (\$) | \$30.00 |
| | • | pation / Job title (See Instructions) gistered Nurse Anesthetist | | Employer (See Instructions | 5) | | |
| | Date 06/30/2024 | Full name of contributor Davis, Rachel Contributor address; City; Sta Houston, TX 77057 | out-of-state PAC (ID#: |) | • | Amount of Contribution (\$) | \$83.34 |
| | | pation / Job title (See Instructions) gistered Nurse Anesthetist | | Employer (See Instructions | 5) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTI | SCHEDULE A1 | | | |
|---|---------------------------|---|--------------------------------|----------------|---|-----------|
| | The Instruc | ction Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 4/14 Rpt: 7/21 | |
| 2 | FILER NAME Texas Assoc | iation of Nurse Anesthetists Political Action Comn | nittee | 3 | Filer ID (Ethics Commission 00069305 | ı Filers) |
| 4 | Date 07/12/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$83.33 |
| _ | Deinainal assu | Sugar Land, TX 77479 | D. Faralavar (Can Instructions | <u></u> | | |
| 8 | | pation / Job title (See Instructions) pistered Nurse Anesthetist | 9 Employer (See Instructions | 5) | | |
| | Date 07/07/2024 | Contributor address; City; State; Zip Code | ±:) | • | Amount of Contribution (\$) | \$83.33 |
| | Principal occu | Houston, TX 77027 pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> s) | | |
| | | sistered Nurse Anesthetist | | , | | |
| | Date 07/07/2024 | Full name of contributor uut-of-state PAC (IDa Dupree, Garrett Contributor address; City; State; Zip Code | #:) | | Amount of Contribution (\$) | \$30.00 |
| | | Fort Worth, TX 76126 | | | | |
| | | pation / Job title (See Instructions) gistered Nurse Anesthetist | Employer (See Instructions | 5) | | |
| | Date 07/18/2024 | Full name of contributor out-of-state PAC (ID: Eisa, Lina Contributor address; City; State; Zip Code Sugar Land, TX 77498 | #:) | • | Amount of Contribution (\$) | \$41.67 |
| | | pation / Job title (See Instructions) pistered Nurse Anesthetist | Employer (See Instructions | 5) | | |
| | Date 06/30/2024 | Full name of contributor out-of-state PAC (ID: Estes, Sonia Contributor address; City; State; Zip Code Dallas, TX 75206 | ' :) | | Amount of Contribution (\$) | \$30.00 |
| | | pation / Job title (See Instructions) pistered Nurse Anesthetist | Employer (See Instructions | 5) | | |
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| | MONET | ARY POLITICAL CONTRIBI | | SCHEDULI | E A1 | | |
|---|---------------------------|---|----------------|---------------------------------|-------------|---|-----------|
| | The Instruc | ction Guide explains how to complete | this fo | rm. | 1 | Total pages Schedule A1: Sch: 5/14 Rpt: 8/21 | |
| 2 | FILER NAME Texas Assoc | iation of Nurse Anesthetists Political Action C | Committe | e | 3 | Filer ID (Ethics Commission 00069305 | ı Filers) |
| 4 | Date 06/26/2024 | Full name of contributor | |) | 7 | Amount of Contribution (\$) | \$83.33 |
| _ | District | Kemp, TX 75143 | l _a | Fundamental Control Institution | <u></u> | | |
| 8 | | pation / Job title (See Instructions) histered Nurse Anesthetist | 9 | Employer (See Instructions | 5) | | |
| | Date 07/22/2024 | Full name of contributor out-of-state PA Frawley, Steven Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$83.33 |
| | <u> </u> | Dallas, TX 75209 | | 5 1 (2 1 1 1 | <u></u> | | |
| | • | pation / Job title (See Instructions) pistered Nurse Anesthetist | | Employer (See Instructions | 5) | | |
| | Date 07/21/2024 | Full name of contributor out-of-state PA Galvin, Vaughna Contributor address; City; State; Zip Code | AC (ID#: |) | | Amount of Contribution (\$) | \$83.33 |
| | | Benbrook, TX 76126 | | | | | |
| | • | pation / Job title (See Instructions) pistered Nurse Anesthetist | | Employer (See Instructions | s) | | |
| | Date 07/07/2024 | Full name of contributor out-of-state PA Gegel, Brian Contributor address; City; State; Zip Code San Antonio, TX 78258 | | | | Amount of Contribution (\$) | \$41.67 |
| | • | pation / Job title (See Instructions) gistered Nurse Anesthetist | | Employer (See Instructions | 5) | | |
| | Date 07/18/2024 | Full name of contributor out-of-state PA Golden, Cindy Contributor address; City; State; Zip Code Arlington, TX 76016 | | | | Amount of Contribution (\$) | \$83.33 |
| | • | pation / Job title (See Instructions) pistered Nurse Anesthetist | | Employer (See Instructions | 5) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL (| NS | SCHEDULE A1 | | | |
|---|---------------------------|---|--------------------------|------------------------------|--------|---|---------|
| | The Instru | ction Guide explains how | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 6/14 Rpt: 9/21 | |
| 2 | FILER NAME Texas Assoc | ciation of Nurse Anesthetists F | Political Action Committ | ee | 3 | Filer ID (Ethics Commission 00069305 | Filers) |
| 4 | Date 06/30/2024 | 5 Full name of contributorGreen, Jessica6 Contributor address; City; St | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$83.33 |
| | | Bullard, TX 75757 | | | | | |
| 8 | | pation / Job title (See Instructions gistered Nurse Anesthetist | ;) | 9 Employer (See Instructions | s) | | |
| | Date 06/30/2024 | Full name of contributor Hammonds, Daniel Contributor address; City; Si | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | \$83.33 |
| | Principal occu | Midlothian, TX 76065 pation / Job title (See Instructions | ;) | Employer (See Instructions | s) | | |
| | | gistered Nurse Anesthetist | , | | • | | |
| | Date 06/30/2024 | Full name of contributor Jackson-Thomas, Debora Contributor address; City; Si | |) | | Amount of Contribution (\$) | \$83.34 |
| | | Hoy, TX 77074 | | | | | |
| | | pation / Job title (See Instructions gistered Nurse Anesthetist | 5) | Employer (See Instructions | 5) | | |
| | Date 07/07/2024 | Full name of contributor Johnson, Ryan Contributor address; City; Si Houston, TX 77018 | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | \$30.00 |
| | • | pation / Job title (See Instructions gistered Nurse Anesthetist | s) | Employer (See Instructions | 5) | | |
| | Date 06/26/2024 | Full name of contributor Kakenmaster, Kathryn Contributor address; City; St | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$83.33 |
| | | pation / Job title (See Instructions gistered Nurse Anesthetist | 5) | Employer (See Instructions | 5) | | |
| | | | l | | | | |

| | MONET | ARY POLITICAL (| ONS | SCHEDULE A1 | | | |
|---|---------------------------|--|-------------------------|------------------------------|-----------|--|---------|
| | The Instru | ction Guide explains hov | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 7/14 Rpt: 10/21 | |
| 2 | FILER NAME Texas Assoc | ciation of Nurse Anesthetists I | Political Action Commit | tee | 3 | Filer ID (Ethics Commission 00069305 | Filers) |
| 4 | Date 06/30/2024 | 5 Full name of contributor Kelly, Tamra6 Contributor address; City; S | out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | \$41.67 |
| | | Humble, TX 77346 | | | | | |
| 8 | | pation / Job title (See Instructions gistered Nurse Anesthetist | s) | 9 Employer (See Instructions | 5) | | |
| | Date 06/28/2024 | Full name of contributor Krenek, Debra Contributor address; City; S | |) | | Amount of Contribution (\$) | \$30.00 |
| | Principal occu | Edinburg, TX 78541 pation / Job title (See Instructions | 5) | Employer (See Instructions | <u>s)</u> | | |
| | | gistered Nurse Anesthetist | • / | Employer (eee meadeants | -, | | |
| | Date 06/28/2024 | Full name of contributor Massey, Douglas Contributor address; City; S | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | \$30.00 |
| | | San Antonio, TX 78260 | | | | | |
| | • | pation / Job title (See Instructions gistered Nurse Anesthetist | 5) | Employer (See Instructions | 5) | | |
| | Date 06/27/2024 | Full name of contributor Michinock, Jessica Contributor address; City; S Round Rock, TX 78664 | |) | | Amount of Contribution (\$) | \$20.00 |
| | • | pation / Job title (See Instructions gistered Nurse Anesthetist | s) | Employer (See Instructions | 5) | | |
| | Date 07/14/2024 | Full name of contributor Moore, Tammy Contributor address; City; S Houston, TX 77080 | out-of-state PAC (ID#:_ |) | • | Amount of Contribution (\$) | \$83.33 |
| | | pation / Job title (See Instructions gistered Nurse Anesthetist | 5) | Employer (See Instructions | s) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL C | ONS | SCHEDULE A1 | | | |
|---|------------------------|--|--|------------------------------|-----------------------------|--|-----------|
| | The Instru | ction Guide explains how | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 8/14 Rpt: 11/21 | |
| 2 | FILER NAME Texas Assoc | ciation of Nurse Anesthetists F | Political Action Commit | tee | 3 | Filer ID (Ethics Commission 00069305 | n Filers) |
| 4 | Date 06/28/2024 | 5 Full name of contributor Morales, Timothy6 Contributor address; City; St | out-of-state PAC (ID#:_ | | 7 | Amount of Contribution (\$) | \$83.33 |
| _ | | Missouri City, TX 77459 | | | Ĺ | | |
| 8 | | pation / Job title (See Instructions gistered Nurse Anesthetist |) | 9 Employer (See Instructions | 5) | | |
| | Date 07/05/2024 | Full name of contributor Mueller, Joseph Contributor address; City; St | out-of-state PAC (ID#:_ |) | • | Amount of Contribution (\$) | \$100.00 |
| | Principal occu | Austin, TX 78736 pation / Job title (See Instructions |) | Employer (See Instructions | s) | | |
| | | gistered Nurse Anesthetist | | | | | |
| | Date 06/30/2024 | Full name of contributor out-of-state PAC (ID#:) Mueller, Sarah Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$30.00 | |
| | | Inez, TX 77968 | | | | | |
| | | pation / Job title (See Instructions gistered Nurse Anesthetist |) | Employer (See Instructions | 5) | | |
| | Date 06/27/2024 | Full name of contributor Nick, Michael Contributor address; City; St Abernathy, TX 79311 | 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) | | |
| | Date 06/30/2024 | Full name of contributor Nugent, Hylda Contributor address; City; St Weatherford, TX 76087 | out-of-state PAC (ID#:_ | | • | Amount of Contribution (\$) | \$83.33 |
| | | pation / Job title (See Instructions gistered Nurse Anesthetist |) | Employer (See Instructions | 5) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL C | ONS | SCHEDULE A1 | | | |
|---|---------------------------|---|--|------------------------------|--------|--|-----------|
| | The Instru | ction Guide explains how | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 9/14 Rpt: 12/21 | |
| 2 | FILER NAME Texas Assoc | iation of Nurse Anesthetists P | olitical Action Commit | ree | 3 | Filer ID (Ethics Commission 00069305 | n Filers) |
| 4 | Date 06/28/2024 | 5 Full name of contributor Okello, Peter6 Contributor address; City; St. | out-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) | \$50.00 |
| | | Lubbock, TX 79423 | | | | | |
| 8 | | pation / Job title (See Instructions gistered Nurse Anesthetist |) | 9 Employer (See Instructions | 5) | | |
| | Date 06/30/2024 | Full name of contributor Olson, David Contributor address; City; St | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | \$83.33 |
| | Principal occu | Ft worth, TX 76133 pation / Job title (See Instructions |) | Employer (See Instructions | s) | | |
| | Certified Reg | jistered Nurse Anesthetist | | | | | |
| | Date 07/22/2024 | Full name of contributor Omoni, Peter Contributor address; City; St | out-of-state PAC (ID#:_ ate; Zip Code |) | • | Amount of Contribution (\$) | \$83.33 |
| | | Katy, TX 77494 | | | | | |
| | | pation / Job title (See Instructions gistered Nurse Anesthetist |) | Employer (See Instructions | 5) | | |
| | Date 07/24/2024 | Full name of contributor Patel, Bhavika Contributor address; City; St. SugarLand, TX 77478 | 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) | | |
| | Date 07/13/2024 | Full name of contributor Pham, Holly Contributor address; City; St Temple, TX 76502 | out-of-state PAC (ID#:_ ate; Zip Code | | | Amount of Contribution (\$) | \$100.00 |
| | | pation / Job title (See Instructions gistered Nurse Anesthetist |) | Employer (See Instructions | 5) | | |
| | | | l | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | | SCHEDUL | E A1 | |
|---|---------------------------|--|------------------------------|-----------|---|-----------|
| | The Instruc | ction Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 10/14 Rpt: 13/21 | |
| 2 | FILER NAME Texas Assoc | iation of Nurse Anesthetists Political Action Comm | nittee | 3 | Filer ID (Ethics Commissio 00069305 | n Filers) |
| 4 | Date 07/14/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$41.67 |
| _ | <u> </u> | Buda, TX 78610 | 10.5 1 (0.1 1) | | | |
| 8 | | pation / Job title (See Instructions) pistered Nurse Anesthetist | 9 Employer (See Instructions | S) | | |
| | Date 07/24/2024 | Full name of contributor out-of-state PAC (ID# Rabe, Cora Contributor address; City; State; Zip Code | : | | Amount of Contribution (\$) | \$83.33 |
| | Principal occu | Humble, TX 77396 pation / Job title (See Instructions) | Employer (See Instructions | <u>;)</u> | | |
| | • | pistered Nurse Anesthetist | Employer (Geo moudouone | -, | | |
| | Date 07/22/2024 | 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) pistered Nurse Anesthetist | Employer (See Instructions | 5) | | |
| | Date 07/21/2024 | 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 | 5) | | |
| | Date 07/11/2024 | 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) gistered Nurse Anesthetist | Employer (See Instructions | 5) | | |
| | | | 1 | | | |

| | MONET | ARY POLITICAL C | CONTRIBUTIO | ONS | | SCHEDULE | ■ A1 |
|---|---|--|-------------|------------------------------|---|--------------------------------------|-------------|
| | The Instru | The Instruction Guide explains how to complete this form. | | 1 | Total pages Schedule A1: Sch: 11/14 Rpt: 14/21 | | |
| 2 | FILER NAME Texas Assoc | FILER NAME Texas Association of Nurse Anesthetists Political Action Committee | | | 3 | Filer ID (Ethics Commission 00069305 | Filers) |
| 4 | Date 07/03/2024 | 5 Full name of contributor | | 7 | Amount of Contribution (\$) | \$30.00 | |
| | | Austin, TX 78757 | | | | | |
| 8 | | pation / Job title (See Instructions gistered Nurse Anesthetist |) | 9 Employer (See Instructions | 5) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) Ross, Brittaney Contributor address; City; State; Zip Code | | - | Amount of Contribution (\$) | \$62.50 | | |
| | Principal occu | Dallas, TX 75206 pation / Job title (See Instructions |) | Employer (See Instructions | <u>:)</u> | | |
| | | gistered Nurse Anesthetist | , | Employer (See instructions | " | | |
| | Date 07/04/2024 | | | • | Amount of Contribution (\$) | \$83.33 | |
| | | Texas, TX 76017 | | | | | |
| | | pation / Job title (See Instructions gistered Nurse Anesthetist |) | Employer (See Instructions | s) | | |
| | Date 06/30/2024 | Full name of contributor Rutherford, Karrie Contributor address; City; St Caldwell, TX 77836 | |) | | Amount of Contribution (\$) | \$20.00 |
| | • | pation / Job title (See Instructions gistered Nurse Anesthetist |) | Employer (See Instructions | 5) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) Saenz, Melizza Contributor address; City; State; Zip Code Belton, TX 76513 | | • | Amount of Contribution (\$) | \$30.00 | | |
| | | pation / Job title (See Instructions gistered Nurse Anesthetist |) | Employer (See Instructions | 5) | | |
| | | | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | SCHEDULE A1 | | |
|---|--|--|------------------------------|-----------------------------|---|-----------|--|
| | The Instruc | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 12/14 Rpt: 15/21 | | |
| 2 | FILER NAME Texas Assoc | iation of Nurse Anesthetists Political Action Commit | tee | 3 | Filer ID (Ethics Commission 00069305 | n Filers) | |
| 4 | Date 06/26/2024 | 5 Full name of contributor out-of-state PAC (ID#:) Sanders, Kay 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$100.00 | |
| _ | | Fort Worth, TX 76179 | | | | | |
| 8 | | pation / Job title (See Instructions) histered Nurse Anesthetist | 9 Employer (See Instructions |) | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) Scudieri, Louise Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$62.50 | | |
| | Principal occu | Decatur, TX 76234 pation / Job title (See Instructions) | Employer (See Instructions |) | | | |
| | Certified Reg | sistered Nurse Anesthetist | | | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 07/17/2024 Shaffer, Scott Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$83.33 | |
| | | Salida, CO 81201 | | | | | |
| | • | pation / Job title (See Instructions) pistered Nurse Anesthetist | Employer (See Instructions |) | | | |
| | Date 07/21/2024 | 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 |) | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 07/11/2024 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 |) | | | |
| | | | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | SCHEDULE A1 | | |
|---|---|--|--|------------------------------|-----------------------------|---|---------|
| | The Instru | The Instruction Guide explains how to complete this form. | | | 1 | Total pages Schedule A1: Sch: 13/14 Rpt: 16/21 | |
| 2 | FILER NAME Texas Assoc | FILER NAME Texas Association of Nurse Anesthetists Political Action Committee | | | 3 | Filer ID (Ethics Commission 00069305 | Filers) |
| 4 | Date 07/22/2024 | 5 Full name of contributor out-of-state PAC (ID#:) Spence, Dennis 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$83.33 | |
| | | Austin, TX 78757 | | | | | |
| 8 | | pation / Job title (See Instructions) gistered Nurse Anesthetist | ! | 9 Employer (See Instructions | 5) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 07/05/2024 Ulinski, Jessica Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$83.33 | | |
| | Principal occu | Georgetown, TX 78626 pation / Job title (See Instructions) | | Employer (See Instructions | <u>:)</u> | | |
| | • | gistered Nurse Anesthetist | | Employer (See mandenons | " | | |
| | Date 06/30/2024 | | | | Amount of Contribution (\$) | \$83.33 | |
| | | Fulshear, TX 77423 | | | | | |
| | | pation / Job title (See Instructions) gistered Nurse Anesthetist | | Employer (See Instructions | 5) | | |
| | Date 07/07/2024 | Full name of contributor Vera, Martha Contributor address; City; Sta Pearland, TX 77584 | 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) | | |
| | Date O7/22/2024 Full name of contributor out-of-state PAC (ID#:) Walden, Micah Contributor address; City; State; Zip Code Sulphur Springs, TX 75483 | | | | Amount of Contribution (\$) | \$83.33 | |
| | • | pation / Job title (See Instructions) gistered Nurse Anesthetist | | Employer (See Instructions | 5) | | |
| | | | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | SCHEDULE A1 | | |
|---|---|---|------------------------------|-----------------------------|---|-----------|--|
| | The Instruc | ction Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 14/14 Rpt: 17/21 | | |
| 2 | FILER NAME Texas Assoc | AME ssociation of Nurse Anesthetists Political Action Committee | | | Filer ID (Ethics Commission 00069305 | n Filers) | |
| 4 | Date 07/22/2024 | 5 Full name of contributor out-of-state PAC (ID#:) Walford, Brian 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$83.33 | |
| _ | Delicalization | Victoria, TX 77904 | In Frankrick (Contractive | | | | |
| 8 | • | pation / Job title (See Instructions) gistered Nurse Anesthetist | 9 Employer (See Instructions | 5) | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 07/09/2024 Walker, Brian Contributor address; City; State; Zip Code | | • | Amount of Contribution (\$) | \$41.67 | | |
| | Principal occu | Harlingen, TX 78552 pation / Job title (See Instructions) | Employer (See Instructions | ·) | | | |
| | • | gistered Nurse Anesthetist | Employer (See instructions | P) | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 06/30/2024 Watts, Mary Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$83.33 | | |
| | | New Braunfels, TX 78132 | | | | | |
| | • | pation / Job title (See Instructions) gistered Nurse Anesthetist | Employer (See Instructions | 5) | | | |
| | Date 07/07/2024 | Full name of contributor out-of-state PAC (ID# Wilson, Ashley Contributor address; City; State; Zip Code Corpus Christi, TX 78414 | :) | | Amount of Contribution (\$) | \$100.00 | |
| | • | pation / Job title (See Instructions) gistered Nurse Anesthetist | Employer (See Instructions | 5) | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 06/26/2024 Wilson, Diana Contributor address; City; State; Zip Code Cedar Creek, TX 78612 | | • | 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 | | iation of Nurse Anesthetists Political Action Committee | 3 | Filer ID 00069305 | (Ethics Commission Filers) | | | |
| 4 | Date | 5 Corporation / Labor Organization name | 6 | Amount (\$) | | | | |
| | 07/01/2024 | Texas Association of Nurse Anesthetists | | | 416.00 | | | |
| Г | Date | Corporation / Labor Organization name | | Amount (\$) | | | | |
| | 06/26/2024 | 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 Assoc | iation of Nurse Anesthetists Political Action Committee | 3 | Filer ID 00069305 | (Ethics Commission Filers) | | |
| 4 | Date | 5 Corporation / Labor Organization name | 6 | Amount (\$) | | | |
| | 07/05/2024 | Texas Association of Nurse Anesthetists | | | | 400.00 | |
| | Date | Corporation / Labor Organization name | | Amount (\$) | | | |
| | 07/19/2024 | 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 Co

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (party a category not listed above)

| 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: 1/1 Rpt: 20/21 | Texas Association of Nurse Anesthetists Political Action 00069305 |
| 4 Date | 5 Payee name |
| 07/01/2024 | American Express Merchant Services |
| 6 Amount (\$) \$288.60 | 7 Payee address; City; State; Zip Code PO Box 53852 |
| | FO BOX 33832 |
| 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. |
| LXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | Credit card processing of campaign contributions. |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 07/22/2024 | Jeff Barry Campaign |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,000.00 | 4418 Broadway St. |
| Expenditure from corporate funds | Pearland, TX 77581 |
| 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 |
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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 06/30/2024 University Federal Credit Union \$0.49 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 06/30/2024 University Federal Credit Union \$0.02 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