

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00069305	2 Total pages filed: 21				
3 COMMITTEE NAME Texas Association of Nurse Anesthetists Political Action Committee			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 08/02/2024 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged				
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 919 Congress Ave., Suite 720 Austin, TX 78701						
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Andrea N.			MI MI		
	NICKNAME	LAST Pee			SUFFIX		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 919 Congress Ave., Suite 720 Austin, TX 78701						
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 919 Congress Ave., Suite 720 Austin, TX 78701						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(512)	495-9004					
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)						
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input checked="" type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5						
11 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	06	26	2024		07	25	2024

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Texas Association of Nurse Anesthetists Political Action Committee	13 Filer ID (Ethics Commission Filers) 00069305
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Jeff Barry State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,316.87
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,288.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 94,118.94
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Andrea N. Pee
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - MPAC

17 COMMITTEE NAME Texas Association of Nurse Anesthetists Political Action Committee		18 Filer ID 00069305	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS			SUBTOTAL AMOUNT
NAME OF SCHEDULE			
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	5,004.93
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
6.	<input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	511.94
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	800.00
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	1,288.60
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0.51

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/14 Rpt: 4/21
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 07/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albrecht, Kelsey <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77009	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andersen, Jennifer <hr/> Contributor address; City; State; Zip Code Midland, TX 79705	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony, Jennifer <hr/> Contributor address; City; State; Zip Code Texarkana, TX 75501	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apodaca, Rylee <hr/> Contributor address; City; State; Zip Code Houston, TX 77004	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blacketter, Lisa <hr/> Contributor address; City; State; Zip Code Port Lavaca, TX 77979	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/14 Rpt: 5/21
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 07/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bullerwell, Megan <hr/> 6 Contributor address; City; State; Zip Code Bellaire, TX 77401	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkhardt, Hillary <hr/> Contributor address; City; State; Zip Code Nederland, TX 77627	Amount of Contribution (\$) \$180.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkhardt, Hillary <hr/> Contributor address; City; State; Zip Code Nederland, TX 77627	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Tanya <hr/> Contributor address; City; State; Zip Code Dallas, TX 75235	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caswell, Abigail <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/14 Rpt: 6/21
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 06/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Gregory <hr/> 6 Contributor address; City; State; Zip Code Granbury, TX 76049	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corder, Kenny <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornelius, Brian <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Stephanie <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77382	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Rachel <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/14 Rpt: 7/21
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 07/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Charles <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dishman, Deniz <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dupree, Garrett <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76126	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eisa, Lina <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77498	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estes, Sonia <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/14 Rpt: 8/21
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 06/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farmer, Masson <hr/> 6 Contributor address; City; State; Zip Code Kemp, TX 75143	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frawley, Steven <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvin, Vaughna <hr/> Contributor address; City; State; Zip Code Benbrook, TX 76126	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gegel, Brian <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Cindy <hr/> Contributor address; City; State; Zip Code Arlington, TX 76016	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/14 Rpt: 9/21
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 06/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Jessica <hr/> 6 Contributor address; City; State; Zip Code Bullard, TX 75757	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammonds, Daniel <hr/> Contributor address; City; State; Zip Code Midlothian, TX 76065	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson-Thomas, Deborah <hr/> Contributor address; City; State; Zip Code Hoy, TX 77074	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Ryan <hr/> Contributor address; City; State; Zip Code Houston, TX 77018	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kakenmaster, Kathryn <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/14 Rpt: 10/21
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 06/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Tamra <hr/> 6 Contributor address; City; State; Zip Code Humble, TX 77346	7 Amount of Contribution (\$) \$41.67
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krenek, Debra <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78541	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massey, Douglas <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michinock, Jessica <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Tammy <hr/> Contributor address; City; State; Zip Code Houston, TX 77080	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/14 Rpt: 11/21
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 06/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Timothy <hr/> 6 Contributor address; City; State; Zip Code Missouri City, TX 77459	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mueller, Joseph <hr/> Contributor address; City; State; Zip Code Austin, TX 78736	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mueller, Sarah <hr/> Contributor address; City; State; Zip Code Inez, TX 77968	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nick, Michael <hr/> Contributor address; City; State; Zip Code Abernathy, TX 79311	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nugent, Hylda <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76087	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/14 Rpt: 12/21
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 06/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Okello, Peter <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79423	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, David <hr/> Contributor address; City; State; Zip Code Ft worth, TX 76133	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Omoni, Peter <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Bhavika <hr/> Contributor address; City; State; Zip Code SugarLand, TX 77478	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham, Holly <hr/> Contributor address; City; State; Zip Code Temple, TX 76502	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/14 Rpt: 13/21
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 07/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pichon, Arianne <hr/> 6 Contributor address; City; State; Zip Code Buda, TX 78610	7 Amount of Contribution (\$) \$41.67
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rabe, Cora <hr/> Contributor address; City; State; Zip Code Humble, TX 77396	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rader, Haley <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rao, Jacob <hr/> Contributor address; City; State; Zip Code Dallas, TX 75238	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Troy <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/14 Rpt: 14/21
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 07/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Resendez, Veronica <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78757	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Brittaney <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Robert <hr/> Contributor address; City; State; Zip Code Texas, TX 76017	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutherford, Karrie <hr/> Contributor address; City; State; Zip Code Caldwell, TX 77836	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Melizza <hr/> Contributor address; City; State; Zip Code Belton, TX 76513	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/14 Rpt: 15/21
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 06/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Kay	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76179	
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scudieri, Louise	Amount of Contribution (\$) \$62.50
	Contributor address; City; State; Zip Code Decatur, TX 76234	
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaffer, Scott	Amount of Contribution (\$) \$83.33
	Contributor address; City; State; Zip Code Salida, CO 81201	
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharp, William	Amount of Contribution (\$) \$41.67
	Contributor address; City; State; Zip Code amarillo, TX 79124	
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheneman, Megan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77008	
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/14 Rpt: 16/21
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 07/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spence, Dennis <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78757	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ulinski, Jessica <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78626	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanek, Dean <hr/> Contributor address; City; State; Zip Code Fulshear, TX 77423	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vera, Martha <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walden, Micah <hr/> Contributor address; City; State; Zip Code Sulphur Springs, TX 75483	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/14 Rpt: 17/21
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 07/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walford, Brian <hr/> 6 Contributor address; City; State; Zip Code Victoria, TX 77904	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 07/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Brian <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78552	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watts, Mary <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Ashley <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Diana <hr/> Contributor address; City; State; Zip Code Cedar Creek, TX 78612	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 1/1 Rpt: 18/21
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 07/01/2024	5 Corporation / Labor Organization name Texas Association of Nurse Anesthetists	6 Amount (\$) 416.00
Date 06/26/2024	Corporation / Labor Organization name Texas Association of Nurse Anesthetists	Amount (\$) 95.94

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C4: Sch: 1/1 Rpt: 19/21
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 07/05/2024	5 Corporation / Labor Organization name Texas Association of Nurse Anesthetists	6 Amount (\$) 400.00
Date 07/19/2024	Corporation / Labor Organization name Texas Association of Nurse Anesthetists	Amount (\$) 400.00

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 20/21	2 FILER NAME Texas Association of Nurse Anesthetists Political Action	3 Filer ID (Ethics Commission Filers) 00069305
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4 Date 07/01/2024	5 Payee name American Express Merchant Services
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6 Amount (\$) \$288.60 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 53852 Phoenix, AZ 85072-3852
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing of campaign contributions.
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/22/2024	Payee name Jeff Barry Campaign
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4418 Broadway St. Pearland, TX 77581
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 21/21
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 06/30/2024	5 Name of person from whom amount is received University Federal Credit Union	8 Amount (\$) \$0.49
	6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78704	
	7 Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 06/30/2024	Name of person from whom amount is received University Federal Credit Union	Amount (\$) \$0.02
	Address of person from whom amount is received; City; State; Zip Code Austin, TX 78704	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	