#### 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** 09/05/2024 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 August 5 November 5 X September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 07/26/2024 08/25/2024

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### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME	OMMITTEE NAME 13 F				
Texas Association of	Nurse Anesthetists Politi	cal Action Committee	00069305	j	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
15 CONTRIBUTION	1. TOTAL UNITEMIZE	D POLITICAL CONTRIBUTIONS (OTHER THAN			
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00	
	2. TOTAL POLITICA  (OTHER THAN PLEI	IL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	8,386.03	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00	
	4. TOTAL POLITICA	L EXPENDITURES	\$	266.71	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	100,559.70	
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00	
16 AFFIDAVIT			<u> </u>		
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.	rjury, that the mation require	accompanying report is d to be reported by me	
		Me Andr	ea N. Pee		
		Signature of Car		urer	
AFFIX NOTAR	RY STAMP / SEAL ABOVE				
Sworn to and subscribe	ed before me, by the said	, th	nis the	day	
of	, 20, to certify v	which, witness my hand and seal of office.			
Signature of officer a	administering oath	Printed name of officer administering oath	Title of offi	cer administering oath	

#### **SUBTOTALS - MPAC**

## FORM MPAC COVER SHEET PG 3

				_	3 of 22
		EE NAME sociation of Nurse Anesthetists Political Action Committee	<b>18</b> Filer ID 00069305	(Ethics Commission	n Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL A	MOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	7,074.09
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	\$		
6.	X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	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 (	\$		
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	266.71
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
15.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	0.52

	MONEI	ARY POLITICAL C	ON I RIBUTIO	JNS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/15 Rpt: 4/22	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Po	olitical Action Commit	tee	3	Filer ID (Ethics Commission 00069305	n Filers)
4	Date 08/14/2024	<ul><li>5 Full name of contributor [Abigail, Caswell</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:_ te; Zip Code		7	Amount of Contribution (\$)	\$83.33
8		Friendswood, TX 77546 pation / Job title (See Instructions) gistered Nurse Anesthetist		9 Employer (See Instructions	<u> </u> s)		
	Date 08/14/2024	Full name of contributor Arianne, Pichon Contributor address; City; Sta	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$41.67
		pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	5)		
	Date 08/07/2024	Full name of contributor Ashley, Wilson Contributor address; City; Sta Corpus Christi, TX 78414	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	<u>I</u> S)		
	Date 08/24/2024	Full name of contributor  Bhavika, Patel  Contributor address; City; Sta  SugarLand, TX 77478	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 08/22/2024	Full name of contributor Brian, Cornelius  Contributor address; City; Sta  Burleson, TX 76028	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 CONTRIBUT	IONS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 2/15 Rpt: 5/22	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action Comr	mittee	3	Filer ID (Ethics Commission 00069305	n Filers)
4	Date 08/07/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$41.67
_	Delicalization	San Antonio, TX 78258	In Frankrick (On Instruction			
8		pation / Job title (See Instructions) histered Nurse Anesthetist	9 Employer (See Instructions	S)		
	Date 08/22/2024	Full name of contributor out-of-state PAC (ID Brian, Walford  Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$83.33
	Principal occu	Victoria, TX 77904 pation / Job title (See Instructions)	Employer (See Instructions	<u>s)</u>		
	•	istered Nurse Anesthetist		-,		
	Date 08/09/2024	Full name of contributor out-of-state PAC (ID Brian, Walker  Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$41.67
		Harlingen, TX 78552				
	•	oation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	5)		
	Date 07/31/2024	Full name of contributor out-of-state PAC (ID Brittaney, Ross  Contributor address; City; State; Zip Code  Dallas, TX 75206	#:)		Amount of Contribution (\$)	\$62.50
	•	oation / Job title (See Instructions) istered Nurse Anesthetist	Employer (See Instructions	5)		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID Charles, Dawson  Contributor address; City; State; Zip Code  Sugar Land, TX 77479	#:)		Amount of Contribution (\$)	\$83.33
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	5)		
			1			

	MONET	ARY POLITICAL CONTR	RIBUTION	<u> </u>		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to comp	olete this for	m.	1	Total pages Schedule A1: Sch: 3/15 Rpt: 6/22	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Ac	tion Committee	<b>,</b>	3	Filer ID (Ethics Commission 00069305	Filers)
4	Date 08/24/2024	<ul> <li>Full name of contributor  out-of-st</li> <li>Cora, Rabe</li> <li>Contributor address; City; State; Zip Cora</li> </ul>			7	Amount of Contribution (\$)	\$83.33
		Humble, TX 77396-3888					
8		pation / Job title (See Instructions) sistered Nurse Anesthetist	9	Employer (See Instructions	5)		
	Date 07/31/2024	Full name of contributor out-of-st Daniel, Hammonds Contributor address; City; State; Zip Cod	tate PAC (ID#: de	)		Amount of Contribution (\$)	\$83.33
	Principal occu	Midlothian, TX 76065 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Certified Reg	istered Nurse Anesthetist					
	Date 07/31/2024	Full name of contributor out-of-st David, Olson Contributor address; City; State; Zip Cod	tate PAC (ID#:	)		Amount of Contribution (\$)	\$83.33
		Ft worth, TX 76133					
		oation / Job title (See Instructions) iistered Nurse Anesthetist		Employer (See Instructions	5)		
	Date 07/31/2024	Dean, Vanek	tate PAC (ID#:			Amount of Contribution (\$)	\$83.33
	•	oation / Job title (See Instructions) pistered Nurse Anesthetist		Employer (See Instructions	5)		
	Date 07/31/2024	Full name of contributor out-of-st Deborah, Jackson-Thomas  Contributor address; City; State; Zip Cod  Hoy, TX 77074	tate PAC (ID#:			Amount of Contribution (\$)	\$83.34
		pation / Job title (See Instructions) pistered Nurse Anesthetist		Employer (See Instructions	5)		
			I				

	MONET	ARY POLITICAL C	CONTRIBUTIO	ONS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/15 Rpt: 7/22	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists F	Political Action Commit	ee	3	Filer ID (Ethics Commission 00069305	Filers)
4	Date 07/28/2024	<ul><li>5 Full name of contributor</li><li>Debra, Krenek</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:_ ate; Zip Code		7	Amount of Contribution (\$)	\$30.00
		Edinburg, TX 78541					
8		pation / Job title (See Instructions gistered Nurse Anesthetist	)	9 Employer (See Instructions	s)		
	Date 08/07/2024	Full name of contributor Deniz, Dishman Contributor address; City; St		)	•	Amount of Contribution (\$)	\$83.33
_	Principal occu	Houston, TX 77027 pation / Job title (See Instructions	)	Employer (See Instructions	<u> </u> s)		
	Certified Reg	Certified Registered Nurse Anesthetist					
	Date 07/26/2024	Full name of contributor Diana, Wilson Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code	)	•	Amount of Contribution (\$)	\$30.00
		Cedar Creek, TX 78612					
		pation / Job title (See Instructions gistered Nurse Anesthetist	)	Employer (See Instructions	5)		
	Date 07/28/2024	Full name of contributor Douglas, Massey Contributor address; City; St San Antonio, TX 78260				Amount of Contribution (\$)	\$30.00
	·	pation / Job title (See Instructions gistered Nurse Anesthetist	)	Employer (See Instructions	5)		
	Date 08/07/2024	Full name of contributor Garrett, Dupree Contributor address; City; St Fort Worth, TX 76126	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$30.00
		pation / Job title (See Instructions gistered Nurse Anesthetist	)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CON	ITRIBUTION	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to c	omplete this for	rm.	1	Total pages Schedule A1: Sch: 5/15 Rpt: 8/22	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Politica	al Action Committe	e	3	Filer ID (Ethics Commission 00069305	n Filers)
4	Date 07/27/2024	Gregory, Collins	nt-of-state PAC (ID#: p Code	)	7	Amount of Contribution (\$)	\$83.33
_	Deire die alle access	Granbury, TX 76049	lo lo	Facelouse (October Notice)	<u></u>		
8		pation / Job title (See Instructions) pistered Nurse Anesthetist	9	Employer (See Instructions	5)		
	Date 08/22/2024	Haley, Rader  Contributor address; City; State; Zi				Amount of Contribution (\$)	\$100.00
	Principal occu	Houston, TX 77098 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Certified Registered Nurse Anesthetist				,		
	Date 08/04/2024	Full name of contributor ou ou Haley, Yarbrough  Contributor address; City; State; Zi	it-of-state PAC (ID#: p Code	)		Amount of Contribution (\$)	\$83.33
		Port Lavaca, TX 77979					
		pation / Job title (See Instructions) pistered Nurse Anesthetist		Employer (See Instructions	s)		
	Date 08/24/2024	Full name of contributor ou Hillary, Burkhardt Contributor address; City; State; Zi Nederland, TX 77627	it-of-state PAC (ID#: p Code	)		Amount of Contribution (\$)	\$30.00
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist		Employer (See Instructions	5)		
	Date 08/13/2024	Full name of contributor ou Holly, Pham Contributor address; City; State; Zi Temple, TX 76502	rt-of-state PAC (ID#: p Code	)		Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	5)		
			<u> </u>				

	MONET	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/15 Rpt: 9/22	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists I	Political Action Commit	ee	3	Filer ID (Ethics Commission 00069305	on Filers)
4	Date 07/31/2024	<ul><li>5 Full name of contributor Hylda, Nugent</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	\$83.33
		Weatherford, TX 76087-3			L		
8		pation / Job title (See Instructions gistered Nurse Anesthetist	5)	9 Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor Jacob, Rao Contributor address; City; S				Amount of Contribution (\$)	\$10.00
	Principal occu	Dallas, TX 75238 pation / Job title (See Instructions	9	Employer (See Instructions	;) 		
		gistered Nurse Anesthetist	) 	Employer (See Instructions	·)		
	Date 08/03/2024	Full name of contributor Jason, Fernandes  Contributor address; City; S	out-of-state PAC (ID#:_	)	•	Amount of Contribution (\$)	\$2,500.00
		Palm Coast, FL 32164					
	•	pation / Job title (See Instructions gistered Nurse Anesthetist	5)	Employer (See Instructions	s)		
	Date 08/18/2024	Full name of contributor Jennifer, Andersen Contributor address; City; S Midland, TX 79705		)	•	Amount of Contribution (\$)	\$41.67
	•	pation / Job title (See Instructions gistered Nurse Anesthetist	s)	Employer (See Instructions	5)		
	Date 07/31/2024	Full name of contributor Jennifer, Anthony Contributor address; City; S Texarkana, TX 75501	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$83.33
	•	pation / Job title (See Instructions gistered Nurse Anesthetist	s)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTR	IBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to comp	lete this fo	rm.	1	Total pages Schedule A1: Sch: 7/15 Rpt: 10/22	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Acti	on Committe	e	3	Filer ID (Ethics Commission 00069305	n Filers)
4	Date 07/31/2024	<ul> <li>Full name of contributor  out-of-star Jessica, Green</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$83.33
•	Dringing Loon	BULLARD, TX 75757	10	Employer (Coo Instructions	_		
8		pation / Job title (See Instructions) histered Nurse Anesthetist	9	Employer (See Instructions	5)		
	Date 07/27/2024	Full name of contributor out-of-state  Jessica, Michinock  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$20.00
	Principal occu	Round Rock, TX 78664 pation / Job title (See Instructions)		Employer (See Instructions	·/_		
	•	Certified Registered Nurse Anesthetist					
	Date 08/05/2024	Full name of contributor out-of-sta  Jessica, Ulinski  Contributor address; City; State; Zip Cod	ate PAC (ID#:	)		Amount of Contribution (\$)	\$83.33
		Georgetown, TX 78626					
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	5)		
	Date 08/05/2024	Joseph, Mueller				Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist		Employer (See Instructions	s)		
	Date 07/31/2024	Full name of contributor out-of-state   Karrie, Rutherford Contributor address; City; State; Zip Code Caldwell, TX 77836	ate PAC (ID#:	)		Amount of Contribution (\$)	\$20.00
		pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	s)		
			L				

	MONET	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/15 Rpt: 11/22	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists F	olitical Action Committ	ee	3	Filer ID (Ethics Commission 00069305	n Filers)
4	Date 07/26/2024	<ul><li>5 Full name of contributor Kathryn, Kakenmaster</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$83.33
		Keller, TX 76248					
8		pation / Job title (See Instructions gistered Nurse Anesthetist	)	9 Employer (See Instructions	5)		
	Date 07/26/2024	Full name of contributor Kay, Sanders Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
_		Fort Worth, TX 76179 pation / Job title (See Instructions gistered Nurse Anesthetist	)	Employer (See Instructions	<u> </u> S)		
	Date 08/20/2024	Full name of contributor Kelsey, Albrecht Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code		•	Amount of Contribution (\$)	\$83.33
		Houston, TX 77009-7252 pation / Job title (See Instructions gistered Nurse Anesthetist	)	Employer (See Instructions	<u> </u> S)		
	Date 08/03/2024	Full name of contributor Leann, Northcutt  Contributor address; City; St  Austin, TX 78745		)		Amount of Contribution (\$)	\$20.00
		pation / Job title (See Instructions gistered Nurse Anesthetist	)	Employer (See Instructions	<u>1</u> S)		
	Date 08/18/2024	Full name of contributor Lina, Eisa Contributor address; City; St 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	5)		

	MONEI	ARY POLITICAL CONTRIBU	IIONS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete th	nis form.	1	Total pages Schedule A1: Sch: 9/15 Rpt: 12/22	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action Cor	mmittee	3	Filer ID (Ethics Commission 00069305	Filers)
4	Date 08/22/2024	<ul> <li>Full name of contributor  out-of-state PAC (Lisa, Blacketter</li> <li>Contributor address; City; State; Zip Code</li> </ul>	(ID#:)		Amount of Contribution (\$)	\$30.00
8		Port Lavaca, TX 77979 pation / Job title (See Instructions) pistered Nurse Anesthetist	9 Employer (See Instructions	ıs)		
	Date 08/15/2024	Full name of contributor out-of-state PAC ( Louise, Scudieri  Contributor address; City; State; Zip Code  Decatur, TX 76234	(ID#:)		Amount of Contribution (\$)	\$62.50
		pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	I is)		
	Date 08/07/2024	Full name of contributor out-of-state PAC ( Martha, Vera  Contributor address; City; State; Zip Code  Pearland, TX 77584	(ID#:)		Amount of Contribution (\$)	\$30.00
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	l s)		
	Date 07/31/2024	Full name of contributor out-of-state PAC ( Mary, Watts  Contributor address; City; State; Zip Code  New Braunfels, TX 78132	(ID#:)		Amount of Contribution (\$)	\$83.33
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	ıs)		
	Date 07/26/2024	Full name of contributor out-of-state PAC ( Masson, Farmer  Contributor address; City; State; Zip Code  Kemp, TX 75143	(ID#:)		Amount of Contribution (\$)	\$83.33
		pation / Job title (See Instructions) sistered Nurse Anesthetist	Employer (See Instructions	ıs)		

	MONET	ARY POLITICAL CON	NTRIBUTIO	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to c	complete this for	rm.	1	Total pages Schedule A1: Sch: 10/15 Rpt: 13/22	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Politic	al Action Committe	e	3	Filer ID (Ethics Commission 00069305	Filers)
4	Date 08/07/2024	Megan, Bullerwell	ut-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$30.00
	Dringing age	Bellaire, TX 77401	lo lo	Employer (Cae Instructions	_		
0		pation / Job title (See Instructions) gistered Nurse Anesthetist	9	Employer (See Instructions	)		
	Date 08/11/2024	Full name of contributor o o Megan, Sheneman  Contributor address; City; State; Z				Amount of Contribution (\$)	\$25.00
	Dringinal occu	Houston, TX 77008 pation / Job title (See Instructions)		Employer (See Instructions			
	•	Certified Registered Nurse Anesthetist					
	Date 07/30/2024	Full name of contributor o Melanie, Black Contributor address; City; State; Z	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$83.33
		Round rock, TX 78681					
		pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	()		
	Date 07/31/2024	Full name of contributor of contributor of contributor address; City; State; Z		)		Amount of Contribution (\$)	\$30.00
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	5)		
	Date 08/22/2024	Full name of contributor of contributor of contributor of contributor of contributor address; City; State; Zontributor address; City; State; Zontributor Springs, TX 75483	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$83.33
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	5)		
			L				

	MONET	ONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 11/15 Rpt: 14/22		
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action Comm	ittee	3	3 Filer ID (Ethics Commission Filers 00069305		
4	Date 07/27/2024	<ul> <li>Full name of contributor</li></ul>	·	7	Amount of Contribution (\$)	\$83.33	
_	Deinsinal assu	Abernathy, TX 79311	D. Faralous (Con Instructions				
8	•	pation / Job title (See Instructions) yistered Nurse Anesthetist	9 Employer (See Instructions	5)			
	Date 07/28/2024	Full name of contributor  out-of-state PAC (ID#: Peter, Okello  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00	
		Lubbock, TX 79423		Ĺ			
		pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	5)			
	Date 08/22/2024	Full name of contributor  out-of-state PAC (ID#: Peter, Omoni  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$83.33	
		Katy, TX 77494					
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	5)			
	Date 07/31/2024	Full name of contributor out-of-state PAC (ID#: Rachel, Davis  Contributor address; City; State; Zip Code  Houston, TX 77057	)		Amount of Contribution (\$)	\$83.34	
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	<u>(</u>			
	Date 08/04/2024	Full name of contributor out-of-state PAC (ID#: Robert, Ross Contributor address; City; State; Zip Code Texas, TX 76017			Amount of Contribution (\$)	\$83.33	
		pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	5)			
			1				

	MONET	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete t	his form.	1	Total pages Schedule A1: Sch: 12/15 Rpt: 15/22	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action Co	ommittee	3	3 Filer ID (Ethics Commission File 00069305	
4	Date 08/04/2024	<ul> <li>Full name of contributor</li></ul>	· ———	7	Amount of Contribution (\$)	\$62.50
	Dringing coou	Livingston, TX 77399	Employer (See Instructions	<u></u>		
0		pation / Job title (See Instructions) histered Nurse Anesthetist	9 Employer (See Instructions	·)		
	Date 08/07/2024	Full name of contributor out-of-state PAC Ryan, Johnson Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$30.00
	Delicalization	Houston, TX 77018	Fundame (October Instructions	<u></u>		
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC Rylee, Apodaca Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$83.33
		Houston, TX 77004				
		pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	5)		
	Date 07/31/2024	Full name of contributor out-of-state PAC Sarah, Mueller Contributor address; City; State; Zip Code Inez, TX 77968	C (ID#:)		Amount of Contribution (\$)	\$30.00
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	5)		
	Date 08/17/2024	Full name of contributor out-of-state PAC Scott, Shaffer  Contributor address; City; State; Zip Code  Salida, CO 81201	C (ID#:)		Amount of Contribution (\$)	\$83.33
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	5)		
			I			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE	CHEDULE A1	
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 13/15 Rpt: 16/22	
2	FILER NAME Texas Assoc	ME ssociation of Nurse Anesthetists Political Action Committee		3	3 Filer ID (Ethics Commission File 00069305		
4	Date 07/31/2024	<ul><li>5 Full name of contributor</li><li>Sonia, Estes</li><li>6 Contributor address; City; Sta</li></ul>			7	Amount of Contribution (\$)	\$30.00
		Dallas, TX 75206					
8		pation / Job title (See Instructions) histered Nurse Anesthetist	!	9 Employer (See Instructions	5)		
	Date 08/16/2024	Full name of contributor Stephanie, Davenport Contributor address; City; Sta	out-of-state PAC (ID#: ite; Zip Code		•	Amount of Contribution (\$)	\$30.00
	Principal occu	The Woodlands, TX 77382 pation / Job title (See Instructions)		Employer (See Instructions	 		
		jistered Nurse Anesthetist		. , ,	•		
	Date 07/29/2024	Full name of contributor Stephanie, Reed Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$83.33
		Sugar land, TX 77479					
		pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	5)		
	Date 08/22/2024	Full name of contributor Steven, Frawley Contributor address; City; Sta		)		Amount of Contribution (\$)	\$83.33
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	5)		
	Date 08/15/2024	Full name of contributor Stewart, Parnacott  Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$83.33
		pation / Job title (See Instructions) pistered Nurse Anesthetist		Employer (See Instructions	5)		
			I				

	MONET	IONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A		
	The Instruc	ction Guide explains how to complete th	his form.	1	Total pages Schedule A1: Sch: 14/15 Rpt: 17/22		
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action Co	ommittee	3	Filer ID (Ethics Commission Filers 00069305		
4	Date 08/14/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$83.33	
0	Dringing coou	Houston, TX 77080	6 Employer (See Instructions	<u></u>			
0		pation / Job title (See Instructions) histered Nurse Anesthetist	9 Employer (See Instructions	>)			
	Date 07/31/2024	Full name of contributor out-of-state PAC Tamra, Kelly Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$41.67	
	Deinsinal assu	Humble, TX 77346	Franks ou (Coo Instructions	Ţ			
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	5)			
	Date 08/01/2024	Full name of contributor out-of-state PAC Tanya, Carter Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$83.33	
		Dallas, TX 75235					
		pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	5)			
	Date 07/28/2024	Full name of contributor out-of-state PAC Timothy, Morales  Contributor address; City; State; Zip Code  Missouri City, TX 77459	(ID#:)	•	Amount of Contribution (\$)	\$83.33	
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	5)			
	Date 08/11/2024	Full name of contributor out-of-state PAC Troy, Reed  Contributor address; City; State; Zip Code  New Braunfels, TX 78132	(ID#:)		Amount of Contribution (\$)	\$30.00	
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	5)			
			1				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 15/15 Rpt: 18/22	
2	FILER NAME  Texas Association of Nurse Anesthetists Political Action Committee		3		n Filers)	
4	Date 08/21/2024	5 Full name of contributor out-of-state PAC (ID#:_ Vaughna, Galvin  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$83.33
8	Principal occu	Benbrook, TX 76126-4451  upation / Job title (See Instructions)	9 Employer (See Instructions			
٥		gistered Nurse Anesthetist	9 Employer (See Instructions	>)		
	Date 08/03/2024	Full name of contributor out-of-state PAC (ID#:_ Veronica, Resendez  Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$30.00
	Principal occu	Austin, TX 78757  Ipation / Job title (See Instructions)	Employer (See Instructions	  -  S)		
	Certified Reg	gistered Nurse Anesthetist				
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: William, Sharp Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$41.67
	Principal occu	Amarillo, TX 79124  upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		gistered Nurse Anesthetist		,		

# 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: 19/22		
2		iation of Nurse Anesthetists Political Action Committee	3	Filer ID 00069305	(Ethics Commission Filers)	
4	Date	5 Corporation / Labor Organization name	6	Amount (\$)		
	08/01/2024	Texas Association of Nurse Anesthetists			416.00	
Г	Date	Corporation / Labor Organization name		Amount (\$)		
	07/26/2024	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: 20/22			
2 FILER NAME Texas Assoc	ciation of Nurse Anesthetists Political Action Committee	3	Filer ID 00069305	(Ethics Commission Filers)		
4 Date 08/02/2024	Corporation / Labor Organization name     Texas Association of Nurse Anesthetists	6	Amount (\$)		400.00	
Date 08/16/2024	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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 21/22	Texas Association of Nurse Anesthetists Political Action 00069305
4 Date	5 Payee name
08/02/2024	American Express Merchant Services
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$266.71	PO Box 53852
Expenditure from corporate funds	Phoenix, AZ 85072-3852
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Credit card processing of campaign contributions.
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 22/22 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 07/31/2024 \$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 07/31/2024 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.