GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	Guide explains how to complete this fo	rm.	1 Filer ID (Ethics Com 0001736	mission Filers) 64		2 Total pages filed: 11	
3	COMMITTEE NAME						OFFICE	USE ONLY
	Texas Nurses Ass	ociation Political Action Committee					Date Received ELECTRONIC 10/01/2024	
4	COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 4807 Spicewood Springs Road	CI	TY; STA	ATE; ZIF	P CODE	Date Hand-delivered	or Date Postmarked
	Change of Address	Bldg 3, Suite 100 Austin, TX 78759					Receipt #	Amount
							Date Processed	
							Date Imaged	
5	CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Mrs. Serena					MI	
		NICKNAME LAST Bumpus					SUFFIX	
6	CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEA 4807 Spicewood Springs Road Bldg. 3 Suite 100 Austin, TX 78759	.SE);	A	PT / SUITE #;	CITY;	ST	ATE; ZIP CODE
7	CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; 4807 Spicewood Springs Road Bldg. 3 Suite 100 Austin, TX 78759			APT / SUITE #;	CITY	; S	TATE; ZIP CODE
8	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBE (512) 452-0645 x138	२	EXTENSION				
9	REPORT TYPE	January 15	8	Oth day before e th day before ele Runoff			Dissolution (Atta 10th day after ca termination	uch PAC-DR) ampaign treasurer
10	PERIOD COVERED	Month Day Year 09/05/2024	Т	HROUGH	Month (Day)9/26/2024	Year 1	
11	ELECTION	ELECTION DATE Month Day Year 11/05/2024		Primary General	ELECTION Runoff	N TYPE	Other	
			GO	TO PAGE 2	2			
Fo	rms provided by Te	xas Ethics Commission w	vw.e	thics.state.tx	.us		Vers	sion V4.1.0.48da51f7

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Nurses Association	on Political Action Com	nmittee	000173	364
14 COMMITTEE ACTIVITY	1. 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		
	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	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,621.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	91,824.87
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mrs. Sere	na Bumpı	JS
		Signature of Ca	mpaign Tre	easurer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, ti	nis the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer adr	ninistering oath	Printed name of officer administering oath	Title of	officer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

3 of 11

17 COMMITTEE NAME	18 Filer ID	(Ethics Commission Filers)
Texas Nurses Association Political Action Committee	00017364	
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,621.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	R	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	RGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	DNS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	INS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	RETURNED	\$

Texas Nurses Association Political Action Committee 00017364					
Texas Nurses Association Political Action Committee 00017364 I Date 5 Full name of contributor aut-of-state PAC (DU)) 7 Amount of Contribution (\$) Og/12/2024 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) \$10.00 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 9 Amount of Contribution (\$) \$10.00 Date Full name of contributor out-of-state PAC (DU) Amount of Contribution (\$) \$10.00 Og/12/2024 Baird, Becky Silo.00 Amount of Contribution (\$) \$10.00 Og/12/2024 Baird, Becky Employer (See Instructions) Amount of Contribution (\$) \$10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$40.00 Og/12/2024 Full name of contributor out-of-state PAC (DP) Amount of Contribution (\$) \$40.00 Og/12/2024 Full name of contributor out-of-state PAC (DP) Amount of Contribution (\$) \$10.00 Og/12/2024 Full name of contributor out-of-state PAC (DP) Amount of Contribution (\$) \$10.00 Og/12/2024 Full name of contributor out-of-state PAC (D	The Instruc	ction Guide explains how to complete this f	orm.		
1 Date S Full name of contributor out of state PAC (De:	2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
09/12/2024 Ashford, Lisa \$10.00 6 Contributor address; City, State; Zip Code \$10.00 7 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Participal occupation / Job title (See Instructions) 9 Employer (See Instructions) Participal occupation / Job title (See Instructions) 9 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$10.00 Op12/2024 Full name of contributor out-ot-state PAC (DD/		s Association Political Action Committee			,
i Contributor address; City; State; Zip Code FI. Worth, TX 76114-4535 Principal occupation / Job title (See Instructions) Registered Nurse Pain and of contributor Date Full name of contributor 09/12/2024 Baird, Becky Date Contributor address; City; State; Zip Code Date Date Principal occupation / Job title (See Instructions) Employer (See Instructions) Registered Nurse Employer (See Instructions) Date Full name of contributor 09/12/2024 Barker, Connie Contributor address; City; State; Zip Code Amount of Contribution (\$) San Antonio, TX 78247 Employer (See Instructions) Registered Nurse Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Registered Nurse Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Registered Nurse Employer (See Instructions) Princip	4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
Principal occupation / Job title (See Instructions) Registered Nurse P Employer (See Instructions) Registered Nurse Amount of Contribution (\$) S10.00 Date 09/12/2024 Full name of contributor out-of-state PAC (DF:	09/12/2024	Ashford, Lisa		\$1	10.00
Principal occupation / Job title (See Instructions) Registered Nurse 9 Employer (See Instructions) Date 09/12/2024 Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) S10.00 Baird, Becky S10.00 Op/12/2024 Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) 09/12/2024 Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) 09/12/2024 Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) San Antonio, TX 78247 Employer (See Instructions) Registered Nurse S10.00 Op/12/2024 Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) \$10.00 Op/12/2024 Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) \$10.00 Op/12/2024 Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$)		6 Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions) Registered Nurse 9 Employer (See Instructions) Date 09/12/2024 Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) S10.00 Baird, Becky S10.00 Op/12/2024 Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) 09/12/2024 Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) 09/12/2024 Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) San Antonio, TX 78247 Employer (See Instructions) Registered Nurse S10.00 Op/12/2024 Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) \$10.00 Op/12/2024 Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) \$10.00 Op/12/2024 Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$)					
Registered Nurse Amount of Contribution (\$) Date 09/12/2024 Full name of contributor address; City State; Zip Code Amount of Contribution (\$) Data Data Contributor address; City State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Pate Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) O9/12/2024 Barker, Connie		Ft. Worth, TX 76114-4535			
Date Full name of contributor out-of-state PAC (IDE:	8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))	
09/12/2024 Baird, Becky \$10.00 Contributor address; City; State; Zip Code Dallas, TX 75229-2473 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date San Antonio, TX 78247 Amount of Contribution address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$40.00 Contributor address; City; State; Zip Code San Antonio, TX 78247 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$40.00 Registered Nurse Employer (See Instructions) \$10.00 Op/12/2024 Full name of contributor out-of-state PAC (ID#:	Registered N	lurse			
Contributor address; City, State; Zip Code Dallas, TX 75229-2473 Principal occupation / Job title (See Instructions) Registered Nurse Date 09/12/2024 Barker, Connie Contributor address; City, State; Zip Code San Antonio, TX 78247 Principal occupation / Job title (See Instructions) Registered Nurse Date Og/12/2024 Bender, Melinda Contributor address; City, State; Zip Code Date Og/12/2024 Full name of contributor Out-of-state PAC (ID#: Op/12/2024 Bender, Melinda Contributor address; City, State; Zip Code New Braunfels, TX 78132-4538 Principal occupation / Job title (See Instructions) Registered Nurse Date Og/12/2024 Full name of contributor Out-of-state PAC (ID#: New Braunfels, TX 78132-4538 Principal occupation / Job title (See Instructions) Registered Nurse Date Og/12/2024 Full name of contributor Out-of-state PAC	Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
Contributor address; City; State; Zip Code	09/12/2024			\$1	10.00
Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instructions) Date 09/12/2024 Full name of contributor Barker, Connie out-of-state PAC (ID#:) Amount of Contribution (\$) San Antonio, TX 78247 Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instructions) Date 09/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution address; City; State; Zip Code Amount of Contribution (\$) Date 09/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution split Bender, Melinda \$10.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) \$10.00 Vew Braunfels, TX 78132-4538 Employer (See Instructions) \$10.00 Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instructions) \$10.00 Date 09/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$10.00 Contributor address; City; State; Zip Code Yantis, TX 75497-5482 Employer (See Instructions) \$10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$10.00 Contrib					
Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instructions) Date 09/12/2024 Full name of contributor Barker, Connie out-of-state PAC (ID#:) Amount of Contribution (\$) San Antonio, TX 78247 Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instructions) Date 09/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution address; City; State; Zip Code Amount of Contribution (\$) Date 09/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution split Bender, Melinda \$10.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) \$10.00 Vew Braunfels, TX 78132-4538 Employer (See Instructions) \$10.00 Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instructions) \$10.00 Date 09/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$10.00 Contributor address; City; State; Zip Code Yantis, TX 75497-5482 Employer (See Instructions) \$10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$10.00 Contrib					
Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instructions) Date 09/12/2024 Full name of contributor Barker, Connie out-of-state PAC (ID#:) Amount of Contribution (\$) San Antonio, TX 78247 Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instructions) Date 09/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution address; City; State; Zip Code Amount of Contribution (\$) Date 09/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution split Bender, Melinda \$10.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) \$10.00 Vew Braunfels, TX 78132-4538 Employer (See Instructions) \$10.00 Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instructions) \$10.00 Date 09/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$10.00 Contributor address; City; State; Zip Code Yantis, TX 75497-5482 Employer (See Instructions) \$10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$10.00 Contrib					
Registered Nurse Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$40.00 09/12/2024 Barker, Connie San Antonio, TX 78247 Amount of Contribution (\$) \$40.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$10.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$10.00 09/12/2024 Bender, Melinda contributor address; City; State; Zip Code Amount of Contribution (\$) \$10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$10.00 Og/12/2024 Full name of contributor out-of-state PAC (ID#:					
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/12/2024 Barker, Connie \$40.00 Contributor address; City; State; Zip Code San Antonio, TX 78247 Fincipal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/12/2024 Bender, Melinda s10.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) New Braunfels, TX 78132-4538 Employer (See Instructions) Registered Nurse Employer (See Instructions) Date New Braunfels, TX 78132-4538 Principal occupation / Job title (See Instructions) Employer (See Instructions) Registered Nurse Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 09/12/2024 Full name of contributor out-of-state PAC (ID#:) 09/12/2024 Full name of contributor out-of-state PAC (ID#:) 09/12/2024 Full name of contributor out-of-state PAC (ID#:)			Employer (See Instructions))	
09/12/2024 Barker, Connie \$40.00 Contributor address; City; State; Zip Code San Antonio, TX 78247 Principal occupation / Job title (See Instructions) Employer (See Instructions) Registered Nurse Sender, Melinda 09/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$10.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) New Braunfels, TX 78132-4538 Employer (See Instructions) Registered Nurse Contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) Oate Full name of contributor out-of-state PAC (ID#:) Oate Casburn, Sue "Sharon" Oate Full name of contributor out-of-state PAC (ID#:) Oate Full name of contributor out-of-state PAC (ID#:) Oate Full name of contributor out-of-state PAC (ID#:) Oate Full name of contr	Registered N	lurse			
Contributor address; City; State; Zip Code San Antonio, TX 78247 Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/12/2024 Bender, Melinda \$10.00 Contributor address; City; State; Zip Code Mount of Contribution (\$) New Braunfels, TX 78132-4538 Employer (See Instructions) Registered Nurse Employer (See Instructions) Date New Braunfels, TX 78132-4538 Principal occupation / Job title (See Instructions) Employer (See Instructions) Registered Nurse Employer (See Instructions) Date Casburn, Sue "Sharon" Amount of Contribution (\$) 09/12/2024 Casburn, Sue "Sharon" \$10.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) Yantis, TX 75497-5482 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
San Antonio, TX 78247 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Registered Nurse Amount of Contributor Date Full name of contributor out-of-state PAC (ID#) 09/12/2024 Bender, Melinda Amount of Contribution (\$) Contributor address; City; State; Zip Code New Braunfels, TX 78132-4538 Principal occupation / Job title (See Instructions) Employer (See Instructions) Registered Nurse Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#	09/12/2024	Barker, Connie		\$4	40.00
Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 09/12/2024 Bender, Melinda \$10.00 Contributor address; City; State; Zip Code New Braunfels, TX 78132-4538 \$10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$10.00 Registered Nurse Employer (See Instructions) \$10.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Yantis, TX 75497-5482 Yantis, TX 75497-5482 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 09/12/2024 Bender, Melinda \$10.00 Contributor address; City; State; Zip Code New Braunfels, TX 78132-4538 \$10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$10.00 Registered Nurse Employer (See Instructions) \$10.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Yantis, TX 75497-5482 Yantis, TX 75497-5482 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 09/12/2024 Bender, Melinda \$10.00 Contributor address; City; State; Zip Code New Braunfels, TX 78132-4538 \$10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$10.00 Registered Nurse Employer (See Instructions) \$10.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Yantis, TX 75497-5482 Yantis, TX 75497-5482 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		C			
Registered Nurse Full name of contributor					
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/12/2024 Bender, Melinda \$10.00 Contributor address; City; State; Zip Code New Braunfels, TX 78132-4538 \$10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Registered Nurse Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Vantis, TX 75497-5482 Yantis, TX 75497-5482 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	-		Employer (See Instructions,)	
09/12/2024 Bender, Melinda \$10.00 Contributor address; City; State; Zip Code New Braunfels, TX 78132-4538 \$10.00 Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor	Registered in				
Contributor address; City; State; Zip Code New Braunfels, TX 78132-4538 Principal occupation / Job title (See Instructions) Registered Nurse Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Casburn, Sue "Sharon" Contributor address; City; State; Zip Code Yantis, TX 75497-5482 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions))		
New Braunfels, TX 78132-4538 Principal occupation / Job title (See Instructions) Registered Nurse Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/12/2024 Casburn, Sue "Sharon" Contributor address; City; State; Zip Code Yantis, TX 75497-5482 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	09/12/2024	·		\$1	10.00
Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 09/12/2024 Casburn, Sue "Sharon" Contributor address; City; State; Zip Code \$10.00 Yantis, TX 75497-5482 Yantis (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 09/12/2024 Casburn, Sue "Sharon" Contributor address; City; State; Zip Code \$10.00 Yantis, TX 75497-5482 Yantis, TX 75497-5482 Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 09/12/2024 Casburn, Sue "Sharon" Contributor address; City; State; Zip Code \$10.00 Yantis, TX 75497-5482 Yantis (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		New Braunfels TX 78132-4538			
Registered Nurse Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/12/2024 Casburn, Sue "Sharon" \$10.00 Contributor address; City; State; Zip Code Yantis, TX 75497-5482 \$10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	Principal occu		Employer (See Instructions))	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/12/2024 Casburn, Sue "Sharon" \$10.00 Contributor address; City; State; Zip Code Yantis, TX 75497-5482 Principal occupation / Job title (See Instructions) Employer (See Instructions))	
09/12/2024 Casburn, Sue "Sharon" \$10.00 Contributor address; City; State; Zip Code Yantis, TX 75497-5482 Principal occupation / Job title (See Instructions) Employer (See Instructions)			<u> </u>	Amount of Contribution (¢)	
Contributor address; City; State; Zip Code Yantis, TX 75497-5482 Principal occupation / Job title (See Instructions) Employer (See Instructions))		10 00
Yantis, TX 75497-5482 Principal occupation / Job title (See Instructions) Employer (See Instructions)	09/12/2024			Ψ1	10.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Yantis, TX 75497-5482			
	Principal occu		Emplover (See Instructions))	
)	
	- 5				

Texas Nurses Association Political Action Committee 00017364				
Texas Nurses Association Political Action Committee 00017364 4 Date 5 Full mame of contributor	The Instru	ction Guide explains how to complete this f	form.	
Texas Nurses Association Political Action Committee 00017364 4 Date 5 Full mame of contributor	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
09/20/2024 Cavender. Joe \$150.00 6 Contributor address; City; State: Zip Code \$150.00 8 Principal occupation / Job Itle (See Instructions) Registered Nurse 9 Employer (See Instructions) Contributor address; City; State: Zip Code Date Full name of contributor out-of-state PAC (De:	Texas Nurse	es Association Political Action Committee		
09/20/2024 Cavender. Joe \$150.00 6 Contributor address; City; State: Zip Code \$150.00 8 Principal occupation / Job Itle (See Instructions) Registered Nurse 9 Employer (See Instructions) Contributor address; City; State: Zip Code Date Full name of contributor out-of-state PAC (De:	4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
Midlothian, TX 76065 8 Principal occupation / Job title (See Instructions) Registered Nurse 9 Employer (See Instructions) Date 09/12/2024 Full name of contributor Contributor address; City; State; Zip Code Brownsville, TX 78520-9229 Amount of Contribution (S) S10.00 Amount of Contribution (S) S10.00 Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instructions) Registered Nurse Amount of Contribution (S) S10.00 Date 09/12/2024 Full name of contributor Contributor address; City; State; Zip Code Amount of Contribution (S) S10.00 Date 09/12/2024 Full name of contributor San Antonio, TX 78217-4025 Employer (See Instructions) Registered Nurse Date 09/06/2024 Full name of contributor San Antonio, TX 78217-4025 Employer (See Instructions) Registered Nurse Date 09/06/2024 Full name of contributor San Antonio, TX 78261 Employer (See Instructions) Registered Nurse Date 09/06/2024 Full name of contributor Contributor address; City; State; Zip Code San Antonio, TX 78261 Employer (See Instructions) Nurse Practitioner Date 09/12/2024 Full name of contributor Contributor address; City; State; Zip Code Nacogdoches, TX 75964-7180 Amount of Contribution (S) S10.00	09/20/2024			
Midlothian, TX 76065 8 Principal occupation / Job title (See Instructions) Registered Nurse 9 Employer (See Instructions) Date 09/12/2024 Full name of contributor Contributor address; City; State; Zip Code Brownsville, TX 78520-9229 Amount of Contribution (S) S10.00 Amount of Contribution (S) S10.00 Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instructions) Registered Nurse Amount of Contribution (S) S10.00 Date 09/12/2024 Full name of contributor Contributor address; City; State; Zip Code Amount of Contribution (S) S10.00 Date 09/12/2024 Full name of contributor San Antonio, TX 78217-4025 Employer (See Instructions) Registered Nurse Date 09/06/2024 Full name of contributor San Antonio, TX 78217-4025 Employer (See Instructions) Registered Nurse Date 09/06/2024 Full name of contributor San Antonio, TX 78261 Employer (See Instructions) Registered Nurse Date 09/06/2024 Full name of contributor Contributor address; City; State; Zip Code San Antonio, TX 78261 Employer (See Instructions) Nurse Practitioner Date 09/12/2024 Full name of contributor Contributor address; City; State; Zip Code Nacogdoches, TX 75964-7180 Amount of Contribution (S) S10.00				
8 Principal occupation / Job title (See Instructions) Registered Nurse 9 Employer (See Instructions) Date 09/12/2024 Full name of contributor out-of-state PAC (IDU:				
8 Principal occupation / Job title (See Instructions) Registered Nurse 9 Employer (See Instructions) Date 09/12/2024 Full name of contributor out-of-state PAC (IDU:				
Registered Nurse Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (Der) O9/12/2024 Chavez, Margie		Midlothian, TX 76065		
Date Full name of contributor out-of-state PAC (ID#	8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))
09/12/2024 Chavez, Margie \$10.00 Contributor address; City; State; Zip Code Brownsville, TX 78520-9229 Employer (See Instructions) Principal occupation / Job title (See instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:	Registered I	Nurse		
Contributor address; City, State; Zip Code Brownsville, TX 78520-9229 Principal occupation / Job title (See Instructions) Registered Nurse Date 09/12/2024 Full name of contributor Out-state PAC (Der) Amount of Contribution (\$) San Antonio, TX 78217-4025 Principal occupation / Job title (See Instructions) Registered Nurse Date San Antonio, TX 78217-4025 Principal occupation / Job title (See Instructions) Registered Nurse Date San Antonio, TX 78217-4025 Principal occupation / Job title (See Instructions) Registered Nurse Date San Antonio, TX 78217-2025 Amount of Contributor Out-of-state PAC (Der) Amount of Contribution (\$) San Antonio, TX 78261 Principal occupation / Job title (See Instructions) Nurse Practitioner Date San Antonio, TX 78261 Pate Optic See Instructions Nurse Practitioner Date Gaudette, Lauren	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
Contributor address; City; State; Zip Code Brownsville, TX 78520-9229 Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instructions) Date Full name of contributor out-of-state PAC (Date) 09/12/2024 Daniels, Nancy Amount of Contribution (\$) Contributor address; City, State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Registered Nurse Full name of contributor out-of-state PAC (ID#: Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/06/2024 Dasher, Gayle Date Amount of Contributor \$150.00 Contributor address; City, State; Zip Code San Antonio, TX 78261 Amount of Contribution (\$) \$150.00 Nurse Practitioner San Antonio, TX 78261 Employer (See Instructions) Amount of Contribution (\$) Nurse Practitioner Gaudette, Lauren out-of-state PAC (ID#: Amount of Contribution (\$) 09/12/2024 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$10.00 09/12/2024 Full name of contributor out-of-state PAC (ID#: Amount of Contr	09/12/2024			\$10.0
Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instructions) Date 09/12/2024 Full name of contributor out-of-state PAC (ID#:		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instructions) Date 09/12/2024 Full name of contributor out-of-state PAC (ID#:				
Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instructions) Date 09/12/2024 Full name of contributor out-of-state PAC (ID#:				
Registered Nurse Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/12/2024 Daniels, Nancy \$10.00 Contributor address; City; State; Zip Code San Antonio, TX 78217-4025 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Registered Nurse Out-of-state PAC (ID#:				
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/12/2024 Daniels, Nancy \$10.00 Contributor address; City; State; Zip Code San Antonio, TX 78217-4025 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/06/2024 Dasher, Gayle San Antonio, TX 78261 Amount of Contributions) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$150.00 Og/06/2024 San Antonio, TX 78261 Employer (See Instructions) \$150.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$10.00 09/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$10.00 09/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$10.00 09/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$10.00 09/12/2024 Full name of contributor address;	-		Employer (See Instructions))
09/12/2024 Daniels, Nancy \$10.00 Contributor address; City; State; Zip Code \$10.00 San Antonio, TX 78217-4025 Employer (See Instructions) Registered Nurse San Antonio, TX 78217-4025 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) San Antonio, TX 78261 Principal occupation / Job title (See Instructions) Employer (See Instructions) San Antonio, TX 78261 San Antonio, TX 78261 Principal occupation / Job title (See Instructions) Employer (See Instructions) Nurse Practitioner Sut-of-state PAC (ID#:	Registered I	Nurse		
Contributor address; City; State; Zip Code San Antonio, TX 78217-4025 Principal occupation / Job title (See Instructions) Registered Nurse Date Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor Date Full name of contributor San Antonio, TX 78261 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Nurse Practitioner Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Sister, Zip Code San Antonio, TX 78261 Employer (See Instructions) Nurse Practitioner Employer (See Instructions) Og/12/2024 Gaudette, Lauren Amount of Contribution (\$) Gaudette, Lauren \$10.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) Nacogdoches, TX 75964-7180 Employer (See Instructions)	Date)	Amount of Contribution (\$)
San Antonio, TX 78217-4025 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Registered Nurse Amount of Contribution (\$) Date Full name of contributor or out-of-state PAC (ID#:) 09/06/2024 Dasher, Gayle Contributor address; City; State; Zip Code Amount of Contribution (\$) San Antonio, TX 78261 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Nurse Practitioner Sandette, Lauren Date Full name of contributor or out-of-state PAC (ID#:) Og/12/2024 Gaudette, Lauren Og/12/2024 Full name of contributor Nacogdoches, TX 75964-7180 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	09/12/2024	Daniels, Nancy		\$10.0
Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Dasher, Gayle Amount of Contribution (\$) 09/06/2024 Dasher, Gayle \$150.00 Contributor address; City; State; Zip Code San Antonio, TX 78261 Principal occupation / Job title (See Instructions) Nurse Practitioner Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Gaudette, Lauren Amount of Contribution (\$) 09/12/2024 Full name of contributor out-of-state PAC (ID#:) Macogdoches, TX 75964-7180 Amount of Contributions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Dasher, Gayle Amount of Contribution (\$) 09/06/2024 Dasher, Gayle \$150.00 Contributor address; City; State; Zip Code San Antonio, TX 78261 Principal occupation / Job title (See Instructions) Nurse Practitioner Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Gaudette, Lauren Amount of Contribution (\$) 09/12/2024 Full name of contributor out-of-state PAC (ID#:) Macogdoches, TX 75964-7180 Amount of Contributions) Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Dasher, Gayle Amount of Contribution (\$) 09/06/2024 Dasher, Gayle \$150.00 Contributor address; City; State; Zip Code San Antonio, TX 78261 Principal occupation / Job title (See Instructions) Nurse Practitioner Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Gaudette, Lauren Amount of Contribution (\$) 09/12/2024 Full name of contributor out-of-state PAC (ID#:) Macogdoches, TX 75964-7180 Amount of Contributions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		Car Antonia TV 70217 4025		
Registered Nurse Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/06/2024 Dasher, Gayle \$150.00 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code \$150.00 San Antonio, TX 78261 Employer (See Instructions) Mount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/12/2024 Gaudette, Lauren \$10.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) Nacogdoches, TX 75964-7180 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	Dringingligge			<u> </u>
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/06/2024 Dasher, Gayle \$150.00 Contributor address; City; State; Zip Code San Antonio, TX 78261 San Antonio, TX 78261 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Nurse Practitioner Gaudette, Lauren Amount of Contribution (\$) \$10.00 09/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Nacogdoches, TX 75964-7180 Employer (See Instructions) \$10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)	-		Employer (See instructions))
09/06/2024 Dasher, Gayle \$150.00 Contributor address; City; State; Zip Code San Antonio, TX 78261 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Nurse Practitoner Gaudette, Lauren out-of-state PAC (ID#:) Amount of Contribution (\$) 09/12/2024 Full name of contributor out-of-state; Zip Code \$10.00 Contributor address; City; State; Zip Code \$10.00 Nacogdoches, TX 75964-7180 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Contributor address; City; State; Zip Code San Antonio, TX 78261 Principal occupation / Job title (See Instructions) Nurse Practitioner Date Full name of contributor out-of-state PAC (ID#:) Gaudette, Lauren Amount of Contribution (\$) Contributor address; City; State; Zip Code Nacogdoches, TX 75964-7180 Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions))	
San Antonio, TX 78261 Principal occupation / Job title (See Instructions) Nurse Practitioner Employer (See Instructions) Date Full name of contributor on out-of-state PAC (ID#:) Amount of Contribution (\$) 09/12/2024 Gaudette, Lauren \$10.00 Contributor address; City; State; Zip Code Nacogdoches, TX 75964-7180 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	09/06/2024	-		\$150.0
Principal occupation / Job title (See Instructions) Employer (See Instructions) Nurse Practitioner Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 09/12/2024 Gaudette, Lauren Contributor address; City; State; Zip Code Amount of Contribution (\$) Nacogdoches, TX 75964-7180 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Nurse Practitioner Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 09/12/2024 Gaudette, Lauren Contributor address; City; State; Zip Code Amount of Contribution (\$) Nacogdoches, TX 75964-7180 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Principal occupation / Job title (See Instructions) Employer (See Instructions) Nurse Practitioner Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 09/12/2024 Gaudette, Lauren Contributor address; City; State; Zip Code Amount of Contribution (\$) Nacogdoches, TX 75964-7180 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		San Antonio TX 78261		
Nurse Practitioner Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/12/2024 Gaudette, Lauren \$10.00 Contributor address; City; State; Zip Code \$10.00 Nacogdoches, TX 75964-7180 Employer (See Instructions)	Princinal occu		Fmnlover (See Instructions	<u>.</u>
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/12/2024 Gaudette, Lauren \$10.00 Contributor address; City; State; Zip Code \$10.00 Nacogdoches, TX 75964-7180 Employer (See Instructions)	-)
09/12/2024 Gaudette, Lauren \$10.00 Contributor address; City; State; Zip Code \$10.00 Nacogdoches, TX 75964-7180 Employer (See Instructions)			<u> </u>	Amount of Contribution (\$)
Contributor address; City; State; Zip Code Nacogdoches, TX 75964-7180 Principal occupation / Job title (See Instructions) Employer (See Instructions)			,	
Nacogdoches, TX 75964-7180 Principal occupation / Job title (See Instructions) Employer (See Instructions)				\$10.0
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Continuutor address, City, State, Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Nacogdoches, TX 75964-7180		
	Principal occu	-	Employer (See Instructions	() ()
	-			,

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 3/8 Rpt: 6/11	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
Texas Nurs	es Association Political Action Committee		00017364	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
09/20/2024	Greene, Pamela		\$2	25.00
	6 Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78412			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions		
Nurse				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
09/11/2024	Herbert, Janet		\$15	50.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77096-2112			
-	upation / Job title (See Instructions)	Employer (See Instructions		
Registered	Nurse			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/25/2024	Herbert, Janet		\$15	50.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77096-2112			
	upation / Job title (See Instructions)	Employer (See Instructions		
Registered	Nurse			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
09/12/2024	Herman, Candice		\$1	10.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75231			
-	upation / Job title (See Instructions)	Employer (See Instructions		
Registered	Nurse			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/12/2024	Inglis, Toni		\$1	10.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78703-5402		<u> </u>	
-	upation / Job title (See Instructions)	Employer (See Instructions		
Registered	nurse			
1				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 4/8 Rpt: 7/11	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
Texas Nurse	es Association Political Action Committee		00017364	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
09/12/2024	Johnson, Celeste			10.00
	6 Contributor address; City; State; Zip Code			
	Garland, TX 75043-1431			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Registered N	lurse			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
09/11/2024	Loera, Gloria			50.00
	El Paso, TX 79938			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Registered N	lurse			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/12/2024	Merian, Merry			20.00
	Wimberly, TX 78676-3027			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Registered N	lurse			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/22/2024	Miller, Genera		\$15	50.00
	Contributor address; City; State; Zip Code			
	Harker Heights, TX 76548			
	ipation / Job title (See Instructions)	Employer (See Instructions))	
Registered N	lurse			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
09/12/2024	Miller, Joyce		\$3	30.00
	Contributor address; City; State; Zip Code			
l	Odessa, TX 79765			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Registered N	lurse			

L						
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/8 Rpt: 8/11	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Nurse	es Association Political Action Committee			00017364	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	09/05/2024	Mitchell, Ebony			· · · · · · · · · · · · · · · · · · ·	\$150.00
	• • • • • •	6 Contributor address; City; State; Zip Code		-		+
	I	Contributor address, City, State, Zip Code				
	l					
	I	Houston, TX 77053				
8	Principal occu	I Ipation / Job title (See Instructions)	9 Employer (See Instructions	上 3)		
	Registered N			,		
⊢	Date	Full name of contributor out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)	
	09/12/2024	Moon, Michael	/			\$6.00
	0311212024			-		ψ0.00
	I	Contributor address; City; State; Zip Code				
	I					
	I	San Antonio, TX 78232-4137				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions			
	Registered N			<i>>)</i>		
⊨	_		<u> </u>			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 22.00
	09/12/2024	Morrell, Patricia				\$20.00
	I	Contributor address; City; State; Zip Code				
	I					
	l	Minnio TV 77665				
		Winnie, TX 77665		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	RN			_		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/11/2024	Moss, Edtrina				\$20.00
	I	Contributor address; City; State; Zip Code		1		
	I					
	I					
		Missouri City, TX 77459				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Registered N	lurse				
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/09/2024	Parker, Cheryl				\$10.00
		Contributor address; City; State; Zip Code		1		
	I					
	I					
	l	Tyler, TX 75701				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Clinical Asso	ociate Professor				
⊢						
4						

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 6/8 Rpt: 9/11
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Nurse	es Association Political Action Committee		00017364
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
09/26/2024	Pearson, Anthony		\$10.0
	6 Contributor address; City; State; Zip Code		
	Dallas, TX 75219		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	L 3)
Registered N	Nurse - DNP		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/12/2024	Powers, Rebekah		\$20.0
	Contributor address; City; State; Zip Code		
	Midland, TX 79703		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	l;)
Registered N			
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
09/12/2024	Sanders, Kay	,	\$40.0
	Contributor address; City; State; Zip Code		
	Ft. Worth, TX 76179-4004		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Registered N	Vurse		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/26/2024	Tietze, Mari		\$10.0
	Contributor address; City; State; Zip Code		
	Irving, TX 75029		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)
Nurse Inform	naticist		
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/12/2024	Tschirch, Poldi		\$15.0
	Contributor address; City; State; Zip Code		
	Houston, TX 77018-2013		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	i ;)
Registered N			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 7/8 Rpt: 10/11	
2 FILER NAME			3 Filer ID (Ethics Commission Fil	lers)
	es Association Political Action Committee		00017364	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
09/12/2024	Vitek, Laura			\$25.00
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77036-4001			
	ipation / Job title (See Instructions)	9 Employer (See Instructions))	
Registered N	lurse			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/06/2024	Walker, Beverly		\$	\$150.00
	Contributor address; City; State; Zip Code			
	Hutto, TX 78634			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Registered N	lurse			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/11/2024	Watson, James Jeffrey			\$50.00
	Contributor address; City; State; Zip Code			
Di indene	Lubbock, TX 79413-4805		、	
	Ipation / Job title (See Instructions)	Employer (See Instructions))	
Registered N		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/12/2024	Willmann, James			\$30.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78759-4930			
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
Attorney)	
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
09/12/2024	Full name of contributor out-of-state PAC (ID#: Woolbert, Lynda)		\$10.00
0311212024	Contributor address; City; State; Zip Code			Φ10.00
	Contributor address, City, State, Zip Code			
	West Columbia, TX 77486-9640			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
PNP			, ,	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 8/8 Rpt: 11/11 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Texas Nurses Association Political Action Committee 00017364 4 5 Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 7 09/11/2024 \$25.00 Zelanko, Jeanie 6 Contributor address; City; State; Zip Code Mesquite, TX 75150-6012 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) **Registered Nurse** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$)) 09/11/2024 \$15.00 Zolnierek, Cynthia Contributor address; City; State; Zip Code Georgetown, TX 78626 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Registered Nurse**