

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00017364	2 Total pages filed: 11	
3 COMMITTEE NAME Texas Nurses Association Political Action Committee			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/01/2024 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 CODE 4807 Spicewood Springs Road Bldg 3, Suite 100 Austin, TX 78759			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Serena NICKNAME LAST SUFFIX Bumpus			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4807 Spicewood Springs Road Bldg. 3 Suite 100 Austin, TX 78759			
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4807 Spicewood Springs Road Bldg. 3 Suite 100 Austin, TX 78759			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 452-0645 x138			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff			
10 PERIOD COVERED	Month Day Year 09/05/2024 THROUGH Month Day Year 09/26/2024			
11 ELECTION	ELECTION DATE Month Day Year 11/05/2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Texas Nurses Association Political Action Committee	13 Filer ID (Ethics Commission Filers) 00017364
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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
		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)	\$ 1,621.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 91,824.87
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.

Mrs. Serena Bumpus

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 - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 11

17 COMMITTEE NAME Texas Nurses Association Political Action Committee		18 Filer ID (Ethics Commission Filers) 00017364
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,621.00
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 type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/8 Rpt: 4/11
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 09/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashford, Lisa 6 Contributor address; City; State; Zip Code Ft. Worth, TX 76114-4535	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baird, Becky Contributor address; City; State; Zip Code Dallas, TX 75229-2473	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Connie Contributor address; City; State; Zip Code San Antonio, TX 78247	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bender, Melinda Contributor address; City; State; Zip Code New Braunfels, TX 78132-4538	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casburn, Sue "Sharon" Contributor address; City; State; Zip Code Yantis, TX 75497-5482	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/8 Rpt: 5/11
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 09/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavender, Joe <hr/> 6 Contributor address; City; State; Zip Code Midlothian, TX 76065	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Margie <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78520-9229	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78217-4025	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dasher, Gayle <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78261	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaudette, Lauren <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75964-7180	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) FNP		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/8 Rpt: 6/11
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 09/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Pamela 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78412	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse		9 Employer (See Instructions)
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbert, Janet Contributor address; City; State; Zip Code Houston, TX 77096-2112	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbert, Janet Contributor address; City; State; Zip Code Houston, TX 77096-2112	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herman, Candice Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inglis, Toni Contributor address; City; State; Zip Code Austin, TX 78703-5402	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/8 Rpt: 7/11
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 09/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Celeste <hr/> 6 Contributor address; City; State; Zip Code Garland, TX 75043-1431	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loera, Gloria <hr/> Contributor address; City; State; Zip Code El Paso, TX 79938	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merian, Merry <hr/> Contributor address; City; State; Zip Code Wimberly, TX 78676-3027	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Genera <hr/> Contributor address; City; State; Zip Code Harker Heights, TX 76548	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Joyce <hr/> Contributor address; City; State; Zip Code Odessa, TX 79765	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/8 Rpt: 8/11
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 09/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Ebony <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77053	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moon, Michael <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232-4137	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrell, Patricia <hr/> Contributor address; City; State; Zip Code Winnie, TX 77665	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions)
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moss, Edtrina <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Cheryl <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Clinical Associate Professor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/8 Rpt: 9/11
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Anthony <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Registered Nurse - DNP		9 Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Rebekah <hr/> Contributor address; City; State; Zip Code Midland, TX 79703	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Kay <hr/> Contributor address; City; State; Zip Code Ft. Worth, TX 76179-4004	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tietze, Mari <hr/> Contributor address; City; State; Zip Code Irving, TX 75029	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Nurse Informaticist		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tschirch, Poldi <hr/> Contributor address; City; State; Zip Code Houston, TX 77018-2013	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/8 Rpt: 10/11
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 09/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vitek, Laura <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77036-4001	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Beverly <hr/> Contributor address; City; State; Zip Code Hutto, TX 78634	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, James Jeffrey <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79413-4805	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willmann, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-4930	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woolbert, Lynda <hr/> Contributor address; City; State; Zip Code West Columbia, TX 77486-9640	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) PNP		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 8/8 Rpt: 11/11

2 FILER NAME

Texas Nurses Association Political Action Committee

3 Filer ID (Ethics Commission Filers)
00017364

4 Date
09/11/2024

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Zelanko, Jeanie

7 Amount of Contribution (\$)
\$25.00

6 Contributor address; City; State; Zip Code

Mesquite, TX 75150-6012

8 Principal occupation / Job title (See Instructions)
Registered Nurse

9 Employer (See Instructions)

Date
09/11/2024

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Zolnierrek, Cynthia

Amount of Contribution (\$)
\$15.00

Contributor address; City; State; Zip Code

Georgetown, TX 78626

Principal occupation / Job title (See Instructions)
Registered Nurse

Employer (See Instructions)