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** 10/07/2024 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 X October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 08/26/2024 09/25/2024

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Association of	f Nurse Anesthetists Politi	cal Action Committee	00069305	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Brent Hagenbuch State Senate	or	
(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		
	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)	\$	16,793.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	3,376.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	113,377.90
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u>'</u>		I	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.	rjury, that the acc mation required to	ompanying report is be reported by me
		Ms. Andr	ea N. Pee	
		Signature of Car	mpaign Treasurer	
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	oed before me, by the said	, th	nis the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Cignodius -f -ff'	odministorius sati	Dripted name of officer administrative and	Title of -tt:-	odminiotoriis s. s. st.
Signature of officer	administering oath	Printed name of officer administering oath	riue oi oilicer	administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3 3 of 34

			3 of 34
7 COMMIT	FEE NAME	18 Filer ID	(Ethics Commission Filers)
Texas A	ssociation of Nurse Anesthetists Political Action Committee	00069305	
	LE SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 12,856.56
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 2,625.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LAB ORGANIZATION	OR	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOR LABOR ORGANIZATION	ATION OR	\$
6. X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR OR	GANIZATION	\$ 511.94
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	R	\$ 800.00
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$ 1,336.08
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 2,040.42
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUT	TIONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT	IONS	\$
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 0.07

	WONEI	ARY POLITICAL CONTRI	IROTIONS	SCHEDULE A1
	The Instru	ction Guide explains how to compl	ete this form.	1 Total pages Schedule A1: Sch: 1/21 Rpt: 4/34
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action	on Committee	3 Filer ID (Ethics Commission Filers) 00069305
4	Date 09/14/2024	 Full name of contributor out-of-star out-o	te PAC (ID#:)	7 Amount of Contribution (\$) \$83.33
8		Friendswood, TX 77546 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>
	Date 09/14/2024	Full name of contributor out-of-star Adrianne, Pichin Contributor address; City; State; Zip Code	te PAC (ID#:)	Amount of Contribution (\$) \$41.67
		pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions))
	Date 09/22/2024	Full name of contributor out-of-state Amber, High Contributor address; City; State; Zip Code Dickinson, TX 77539	te PAC (ID#:)	Amount of Contribution (\$) \$41.67
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions] ;)
	Date 09/22/2024	Full name of contributor out-of-star Andersen, Jennifer Contributor address; City; State; Zip Code Midland, TX 79705	te PAC (ID#:)	Amount of Contribution (\$) \$190.00
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions))
	Date 08/31/2024	Full name of contributor out-of-star Angela, Lauritano Contributor address; City; State; Zip Code	te PAC (ID#:)	Amount of Contribution (\$) \$1,000.00
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	s)
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	MONEI	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/21 Rpt: 5/34	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		iation of Nurse Anesthetists F	Political Action Commit	tee		00069305	
4	Date 09/07/2024	5 Full name of contributor Ashley, Wilson6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$100.00
		Corpus Christi, TX 78414					
8		pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist					
	Date 09/24/2024	Full name of contributor Bhavika, Patel Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$83.33
		SugarLand, TX 77478					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist					
	Date 09/22/2024	Full name of contributor Brett, Gallagher	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$250.00
		Contributor address; City; Since Lubbock, TX 79423	iate, zip Coue				
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist					
	Date 09/22/2024	Full name of contributor Brian, Cornelius Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$83.33
		Burleson, TX 76028					
	•	pation / Job title (See Instructions gistered Nurse Anesthetist	s)	Employer (See Instructions	5)		
	Date 09/22/2024	Full name of contributor Brian, Walford	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$83.33
		Contributor address; City; S Victoria, TX 77904	tate; Zip Code				
		pation / Job title (See Instructions gistered Nurse Anesthetist	5)	Employer (See Instructions	5)		
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	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/21 Rpt: 6/34	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action Commit	ree	3	Filer ID (Ethics Commission 00069305	n Filers)
4	Date 09/09/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$41.67
_	<u> </u>	Harlingen, TX 78552				
8	•	pation / Job title (See Instructions) gistered Nurse Anesthetist	9 Employer (See Instructions)		
	Date 08/31/2024	Full name of contributor out-of-state PAC (ID#:_ Brittaney, Ross Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$62.50
	Delicalisation	Dallas, TX 75206	Fundament (Constructions			
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions)		
	Date 09/22/2024	Full name of contributor out-of-state PAC (ID#: Burks, David Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Liberty Hill, TX 78642-3952				
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions)		
	Date 09/21/2024	Full name of contributor out-of-state PAC (ID#:_Burnett, Kayla Contributor address; City; State; Zip Code Fort Worth, TX 76123-2682)		Amount of Contribution (\$)	\$555.00
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions)		
	Date 09/22/2024	Full name of contributor out-of-state PAC (ID#:_Carrio, John Contributor address; City; State; Zip Code Coppell, TX 75019-2035			Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete t	his form.	1	Total pages Schedule A1: Sch: 4/21 Rpt: 7/34	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action Co	ommittee	3	Filer ID (Ethics Commission 00069305	n Filers)
4	Date 09/22/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$250.00
_	Delicalization	Friendswood, TX 77546	D. Farrier var (Care Instruction			
8		pation / Job title (See Instructions) pistered Nurse Anesthetist	9 Employer (See Instructions	5)		
	Date 09/24/2024	Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$83.33
	Principal occu	Humble, TX 77396-3888 pation / Job title (See Instructions)	Employer (See Instructions	;) 		
	•	istered Nurse Anesthetist	Employer (GGC mot double)	-,		
	Date 09/21/2024	Full name of contributor out-of-state PAC Cornelius, Brian Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$480.00
		Burleson, TX 76028				
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	5)		
	Date 08/31/2024	Full name of contributor out-of-state PAC Danny, Hammonds Contributor address; City; State; Zip Code Midlothian, TX 76065	C (ID#:)		Amount of Contribution (\$)	\$83.33
	•	oation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	5)		
	Date 08/31/2024	Full name of contributor out-of-state PAC David, Olson Contributor address; City; State; Zip Code Ft worth, TX 76133	C (ID#:)		Amount of Contribution (\$)	\$83.33
	•	oation / Job title (See Instructions) istered Nurse Anesthetist	Employer (See Instructions	5)		
			'			

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 5/21 Rpt: 8/34	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action Comr	mittee	3	Filer ID (Ethics Commission 00069305	ı Filers)
4	Date 09/21/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$30.00
_		Parker, TX 75002				
8		pation / Job title (See Instructions) gistered Nurse Anesthetist	9 Employer (See Instructions)		
	Date 08/31/2024	Full name of contributor out-of-state PAC (ID Deborah, Jackson-Thomas Contributor address; City; State; Zip Code Hoy, TX 77074	#:)		Amount of Contribution (\$)	\$83.34
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions)		
	Date 08/28/2024	Full name of contributor out-of-state PAC (ID Debra, Kreneck Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$30.00
		Edinburg, TX 78541				
		pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions)		
	Date 09/07/2024	Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$83.33
	•	Houston, TX 77027 pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions)		
	Date 09/22/2024	Full name of contributor out-of-state PAC (ID Dennis, Spence, PhD, APRN, CRNA, FAANA Contributor address; City; State; Zip Code Austin, TX 78757	1		Amount of Contribution (\$)	\$83.33
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions)		
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	MONEI	ARY POLITICAL C	ONTRIBUTIO	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/21 Rpt: 9/34	
2	FILER NAME Texas Assoc	ciation of Nurse Anesthetists F	Political Action Commit	ttee	3	Filer ID (Ethics Commission 00069305	n Filers)
4	Date 08/26/2024	5 Full name of contributorDiana P., Wilson6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$30.00
8	Principal occu	Cedar Creek, TX 78612 upation / Job title (See Instructions	<u> </u>	9 Employer (See Instructions			
ľ		gistered Nurse Anesthetist	,	Employer (occ instructions	"		
	Date 09/20/2024	Full name of contributor Dores, Tina Contributor address; City; St	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$100.00
	Dringing Lagran	Laredo, TX 78045		Familia yan (Can Ingahu yatin ya	<u></u>		
		ipation / Job title (See Instructions gistered Nurse Anesthetist	;)	Employer (See Instructions	5)		
	Date 08/28/2024	Full name of contributor Douglas, Massey Contributor address; City; St	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$30.00
		San Antonio, TX 78260					
		pation / Job title (See Instructions gistered Nurse Anesthetist	;)	Employer (See Instructions	5)		
	Date 09/07/2024	Full name of contributor Dr. Garrett, Dupree Contributor address; City; St	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$30.00
	•	pation / Job title (See Instructions gistered Nurse Anesthetist	;)	Employer (See Instructions	5)		
	Date 09/17/2024	Full name of contributor Dr. Scott, Shaffer Contributor address; City; St	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 CONTRIBU	TIONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete th	nis form.	1	Total pages Schedule A1: Sch: 7/21 Rpt: 10/34	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action Col	mmittee	3	Filer ID (Ethics Commission 00069305	n Filers)
4	Date 09/22/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
_	Deire sin al access	Neches, TX 75779-0262	S. Faralana (One basic attention			
8		pation / Job title (See Instructions) istered Nurse Anesthetist	9 Employer (See Instructions	S)		
	Date 09/22/2024	Full name of contributor out-of-state PAC Gaskin, Casie Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	Centennial, CO 80122 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	•	pility Engineer	Employer (God mod dodon.	٥,		
	Date 09/07/2024	Full name of contributor out-of-state PAC Gegel, Anesthesia PC Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$41.67
		San Antonio, TX 78258				
		pation / Job title (See Instructions) istered Nurse Anesthetist	Employer (See Instructions	s)		
	Date 08/27/2024	Full name of contributor out-of-state PAC Greg, Collins Contributor address; City; State; Zip Code Granbury, TX 76049	(ID#:)		Amount of Contribution (\$)	\$83.33
	•	oation / Job title (See Instructions) istered Nurse Anesthetist	Employer (See Instructions	s)		
	Date 09/22/2024	Full name of contributor out-of-state PAC Haley, DeLaGarza Contributor address; City; State; Zip Code Houston, TX 77098	(ID#:)		Amount of Contribution (\$)	\$100.00
		oation / Job title (See Instructions) istered Nurse Anesthetist	Employer (See Instructions	s)		
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	MONEI	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/21 Rpt: 11/34	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action Committ	ee	3	Filer ID (Ethics Commission 00069305	Filers)
4	Date 09/04/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$83.33
8		Port Lavaca, TX 77979 pation / Job title (See Instructions) gistered Nurse Anesthetist	9 Employer (See Instructions	5)		
	Date 09/21/2024	Full name of contributor out-of-state PAC (ID#:_ Hannah, Diaz Contributor address; City; State; Zip Code Harlingen, TX 78550)		Amount of Contribution (\$)	\$83.33
		pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	s)		
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#:_ Hillary, Burkhardt Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$30.00
		Nederland, TX 77627 pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	<u> </u> 5)		
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#:_ Holly, Pham Contributor address; City; State; Zip Code Temple, TX 76502			Amount of Contribution (\$)	\$100.00
	·	pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	<u> </u> 5)		
	Date 09/22/2024	Full name of contributor out-of-state PAC (ID#:_ Hutson, Jeffrey Contributor address; City; State; Zip Code Graham, TX 76450-6737			Amount of Contribution (\$)	\$210.00
		pation / Job title (See Instructions) gistered Nurse Anesthetists	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 9/21 Rpt: 12/34	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action Committe	ee	3	Filer ID (Ethics Commission 00069305	Filers)
4	Date 08/31/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$83.33
8		Weatherford, TX 76087-3820 pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions))		
	Date 09/21/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions)		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#: James, Stockman Contributor address; City; State; Zip Code Nacogdoches, TX 75965			Amount of Contribution (\$) \$	1,000.00
		pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions)		
	Date 09/21/2024	Full name of contributor out-of-state PAC (ID#: Janie, Staples Contributor address; City; State; Zip Code College station, TX 77845)		Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions)		
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID#: Jenni, Andersen Contributor address; City; State; Zip Code Midland, TX 79705			Amount of Contribution (\$)	\$41.67
		pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions)		
		1	P22222		222222	

	MONET	ARY POLITICAL CONTRIB	BUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	e this fo	rm.	1	Total pages Schedule A1: Sch: 10/21 Rpt: 13/34	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action	Committe	e	3	Filer ID (Ethics Commission 00069305	n Filers)
4	Date 08/31/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$83.33
_	<u> </u>	Texarkana, TX 75501		5 1 (2 1 1 1	<u></u>		
8		pation / Job title (See Instructions) histered Nurse Anesthetist	9	Employer (See Instructions	5)		
	Date 08/31/2024	Full name of contributor out-of-state F Jessica, Green Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$83.33
	Principal occu	BULLARD, TX 75757 pation / Job title (See Instructions)	İ	Employer (See Instructions	·/		
	•	jistered Nurse Anesthetist		Employer (See manucuons	·)		
	Date 08/27/2024	Full name of contributor out-of-state F Jessica, Michinock Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		Round Rock, TX 78664					
		pation / Job title (See Instructions) pistered Nurse Anesthetist		Employer (See Instructions	5)		
	Date 09/05/2024	Full name of contributor out-of-state F Jessica, Ulinski Contributor address; City; State; Zip Code Georgetown, TX 78626				Amount of Contribution (\$)	\$83.33
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist		Employer (See Instructions	5)		
	Date 09/05/2024	Full name of contributor out-of-state F Joseph, Mueller Contributor address; City; State; Zip Code Austin, TX 78736	PAC (ID#:			Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions) pistered Nurse Anesthetist		Employer (See Instructions	5)		
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	MONET	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/21 Rpt: 14/34			
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists F	Political Action Commit	tee	3	Filer ID (Ethics Commission 00069305	n Filers)		
4	Date 08/31/2024	5 Full name of contributor Karrie, Rutherford6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$20.00		
		Caldwell, TX 77836							
8		pation / Job title (See Instructions gistered Nurse Anesthetist	i)	9 Employer (See Instructions	s) 				
	Date 08/26/2024	Full name of contributor Kathryn J. K., Kinne Contributor address; City; St)	•	Amount of Contribution (\$)	\$83.33		
	Principal occu	Keller, TX 76248 pation / Job title (See Instructions	·)	Employer (See Instructions	 s)				
		gistered Nurse Anesthetist	,		-,				
	Date 08/26/2024	Full name of contributor Kay, Sanders Contributor address; City; St			•	Amount of Contribution (\$)	\$100.00		
		Fort Worth, TX 76179							
		pation / Job title (See Instructions gistered Nurse Anesthetist)	Employer (See Instructions	5)				
	Date 09/21/2024	Full name of contributor Kayla, Burnett Contributor address; City; St Fort worth, TX 76123	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$83.33		
	·	pation / Job title (See Instructions gistered Nurse Anesthetist)	Employer (See Instructions	5)				
	Date 09/20/2024	Full name of contributor Kelsey, Albrecht Contributor address; City; St Houston, TX 77009-7252	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 CONTRIBUTION	ONS	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/21 Rpt: 15/34		
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action Commi	ttee	3	Filer ID (Ethics Commission 00069305	n Filers)	
4	Date 09/22/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$695.00	
8	Principal occu	Indianapolis, IN 46228 pation / Job title (See Instructions)	9 Employer (See Instructions	\			
0	Real Estate		Employer (See Instructions	,			
	Date 09/21/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
	Principal occu	Houston, TX 77019 pation / Job title (See Instructions)	Employer (See Instructions)			
		istered Nurse Anesthetist	p - 5 - (,			
	Date 09/23/2024	Full name of contributor)		Amount of Contribution (\$)	\$250.00	
		McKinney, TX 75069					
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions)			
	Date 09/22/2024	Full name of contributor out-of-state PAC (ID#:_Lisa, Blacketter Contributor address; City; State; Zip Code Port Lavaca, TX 77979			Amount of Contribution (\$)	\$30.00	
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions)			
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_Lousie, Scudieri Contributor address; City; State; Zip Code Decatur, TX 76234			Amount of Contribution (\$)	\$62.50	
	•	oation / Job title (See Instructions) istered Nurse Anesthetist	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIBUTI	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 13/21 Rpt: 16/34	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action Comm	nittee	3	Filer ID (Ethics Commission 00069305	n Filers)
4	Date 09/21/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$240.00
_	Dringing!	Devine, TX 78016	Contraction of Contra			
8		pation / Job title (See Instructions) pistered Nurse Anesthetist	9 Employer (See Instructions	5)		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID# Mark, Talon Contributor address; City; State; Zip Code	<u>; </u>		Amount of Contribution (\$)	\$83.33
	Principal occur	Bayou Vista, TX 77563 pation / Job title (See Instructions)	Employer (See Instructions	:) 		
		pistered Nurse Anesthetist	Employer (See mondeners	,,		
	Date 09/07/2024	Full name of contributor out-of-state PAC (ID# Martha, Vera Contributor address; City; State; Zip Code	t:)		Amount of Contribution (\$)	\$30.00
		Pearland, TX 77584				
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	s)		
	Date 08/31/2024	Full name of contributor out-of-state PAC (ID# Mary Jo, Watts Contributor address; City; State; Zip Code New Braunfels, TX 78132	t:)		Amount of Contribution (\$)	\$83.33
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	5)		
	Date 08/26/2024	Full name of contributor out-of-state PAC (ID# Masson, Farmer Contributor address; City; State; Zip Code Kemp, TX 75143			Amount of Contribution (\$)	\$83.33
		pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	s)		
			•			

	MONET	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 14/21 Rpt: 17/34			
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists F	Political Action Committ	ree	3	Filer ID (Ethics Commission 00069305	Filers)		
4	Date 09/07/2024	5 Full name of contributor Megan, Bullerwell6 Contributor address; City; St	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$30.00		
	Dein ein al. a a co	Bellaire, TX 77401	, I	O Frankrije (Contrakting					
8		pation / Job title (See Instructions gistered Nurse Anesthetist)	9 Employer (See Instructions	5)				
	Date 09/22/2024	Full name of contributor Megan, Holland Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	•	Amount of Contribution (\$)	\$83.33		
	Principal occu	Aledo, TX 76008 pation / Job title (See Instructions)	Employer (See Instructions	 s)				
		gistered Nurse Anesthetist	,		,				
	Date 09/11/2024	Full name of contributor Megan, Sheneman Contributor address; City; St			•	Amount of Contribution (\$)	\$25.00		
		Houston, TX 77008							
		pation / Job title (See Instructions gistered Nurse Anesthetist)	Employer (See Instructions	5)				
	Date 09/22/2024	Full name of contributor Melanie, Black Contributor address; City; St Round rock, TX 78681)		Amount of Contribution (\$)	\$83.33		
	·	pation / Job title (See Instructions gistered Nurse Anesthetist)	Employer (See Instructions	5)				
	Date 08/31/2024	Full name of contributor Melizza, Saenz Contributor address; City; St Belton, TX 76513	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$30.00		
		pation / Job title (See Instructions gistered Nurse Anesthetist)	Employer (See Instructions	5)				
			l						

	MONET	ARY POLITICAL CONTRIBU	JTIO	NS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete	this fo	rm.	1	Total pages Schedule A1: Sch: 15/21 Rpt: 18/34	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action C	ommitte	ee	3	Filer ID (Ethics Commission 00069305	ı Filers)
4	Date 09/22/2024	 Full name of contributor out-of-state PAC Micah, Walden Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$83.33
_	Deignaignal	Sulphur Springs, TX 75483	1,	2. Eventeur (Con le atrustic po	<u></u>		
8	•	pation / Job title (See Instructions) histered Nurse Anesthetist	,	Employer (See Instructions	5)		
	Date 09/22/2024	Full name of contributor out-of-state PAG Michael, Dinos Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$83.33
	Principal occu	Pharr, TX 78577 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	•	istered Nurse Anesthetist		Employer (See mandenons	')		
	Date 08/27/2024	Full name of contributor out-of-state PAG Michael, Nick Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$83.33
		Abernathy, TX 79311					
		pation / Job title (See Instructions) pistered Nurse Anesthetist		Employer (See Instructions	5)		
	Date 09/21/2024	Full name of contributor out-of-state PAG Nate, Jones Contributor address; City; State; Zip Code Manvel, TX 77578)		Amount of Contribution (\$)	\$83.33
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist		Employer (See Instructions	5)		
	Date 09/21/2024	Full name of contributor out-of-state PAG Nina, Musaelian Contributor address; City; State; Zip Code Frisco, TX 75033				Amount of Contribution (\$)	\$83.33
		pation / Job title (See Instructions) pistered Nurse Anesthetist		Employer (See Instructions	5)		

	MONEI	ARY POLITICAL CO	JNTRIBUTIO	'NS		SCHEDULE	E A1
	The Instru	ction Guide explains how to	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 16/21 Rpt: 19/34	
2	FILER NAME Texas Assoc	ciation of Nurse Anesthetists Poli	itical Action Commit	tee	3	Filer ID (Ethics Commission 00069305	Filers)
4	Date 08/28/2024	Full name of contributorPeter, OkelloContributor address; City; State	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Lubbock, TX 79423 pation / Job title (See Instructions)		9 Employer (See Instructions	;) 		
		gistered Nurse Anesthetist		2 Employer (See mandenons	"		
	Date 09/22/2024	Full name of contributor Peter, Omoni Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$83.33
		Katy, TX 77494			L		
		pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	s)		
	Date 08/31/2024	Full name of contributor Rachel, Davis Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$83.34
		Houston, TX 77057					
		pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	<u>s)</u>		
	Date 09/04/2024	Full name of contributor Rob, Ross Contributor address; City; State Texas, TX 76017				Amount of Contribution (\$)	\$83.33
	•	upation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	5)		
	Date 09/24/2024	Full name of contributor Robert, Moore Contributor address; City; State Fort Worth, TX 76116	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 CON	ITRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to c	omplete this fo	rm.	1	Total pages Schedule A1: Sch: 17/21 Rpt: 20/34	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Politica	al Action Committe	e	3	Filer ID (Ethics Commission 00069305	Filers)
4	Date 09/04/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$62.50
•	Dringinal occu	Livingston, TX 77399 pation / Job title (See Instructions)	lo	Employer (See Instructions	·/-		
0	•	gistered Nurse Anesthetist	9	Employer (See Instructions	•)		
	Date 09/07/2024	Full name of contributor ou Ryan J., Johnson Contributor address; City; State; Zi)		Amount of Contribution (\$)	\$30.00
		Houston, TX 77018			_		
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	5)		
	Date 09/21/2024	Full name of contributor ou Rylee, Apodaca Contributor address; City; State; Zi	p Code)		Amount of Contribution (\$)	\$83.33
		Houston, TX 77004					
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	5)		
	Date 09/22/2024	Full name of contributor ou Sadler, Derek Contributor address; City; State; Zi	ut-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	5)		
	Date 09/12/2024	Full name of contributor ou Sam, Dawson Contributor address; City; State; Zi	p Code			Amount of Contribution (\$)	\$83.33
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	5)		
			I				

	MONET	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 18/21 Rpt: 21/34			
2	FILER NAME Texas Assoc	ciation of Nurse Anesthetists F	Political Action Committ	ree	3	Filer ID (Ethics Commissio 00069305	n Filers)		
4	Date 08/31/2024	5 Full name of contributor Sarah, Mueller6 Contributor address; City; St	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$30.00		
		Inez, TX 77968							
8		pation / Job title (See Instructions gistered Nurse Anesthetist	;) 	9 Employer (See Instructions	5)				
	Date 08/31/2024	Full name of contributor Sonia, Estes Contributor address; City; S)		Amount of Contribution (\$)	\$30.00		
	Principal occu	Dallas, TX 75206 pation / Job title (See Instructions	<u>, </u>	Employer (See Instructions	<u>s)</u>				
		gistered Nurse Anesthetist	,,	Employer (See mandenoric	٠,				
	Date 09/22/2024	Full name of contributor Starnes-Ott, Kristen Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$100.00		
		Missouri City, TX 77459-6	6828						
		pation / Job title (See Instructions gistered Nurse Anesthetist	s) 	Employer (See Instructions	s)				
	Date 09/16/2024	Full name of contributor Stephanie, Davenport Contributor address; City; S The Woodlands, TX 7738	tate; Zip Code)	•	Amount of Contribution (\$)	\$30.00		
	'	pation / Job title (See Instructions gistered Nurse Anesthetist	s)	Employer (See Instructions	5)				
	Date 09/22/2024	Full name of contributor Steve, Frawley Contributor address; City; S Dallas, TX 75209	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$83.33		
		pation / Job title (See Instructions gistered Nurse Anesthetist	s)	Employer (See Instructions	s)				
			l						

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 19/21 Rpt: 22/34	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action Commit	ee	3	Filer ID (Ethics Commission 00069305	Filers)
4	Date 09/15/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$83.33
8	Principal occu	Houston, TX 77019 pation / Job title (See Instructions)	9 Employer (See Instructions			
Ū		pistered Nurse Anesthetist	2 Employer (Goo metadoterio	,		
	Date 09/01/2024	Full name of contributor out-of-state PAC (ID#:_ T'Anya, Carter Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$83.33
		Dallas, TX 75235				
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions)		
	Date 09/14/2024	Full name of contributor			Amount of Contribution (\$)	\$83.33
		Houston, TX 77080				
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions)		
	Date 08/31/2024	Full name of contributor out-of-state PAC (ID#:_ Tamra, Kelly Contributor address; City; State; Zip Code Humble, TX 77346)		Amount of Contribution (\$)	\$41.67
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions)		
	Date 09/21/2024	Full name of contributor out-of-state PAC (ID#:_ Tamra (Baker), Kelly Contributor address; City; State; Zip Code Humble, TX 77346)		Amount of Contribution (\$)	\$62.50
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 20/21 Rpt: 23/34		
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action Commit	tee	3	Filer ID (Ethics Commission 00069305	n Filers)	
4	Date 09/21/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$83.33	
•	Principal occur	Richmond, TX 77407 pation / Job title (See Instructions)	9 Employer (See Instructions	_			
0		pistered Nurse Anesthetist	5 Employer (See mstructions	')			
	Date 09/21/2024	Full name of contributor out-of-state PAC (ID#:_ Thomas, Jordan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$240.00	
	Dringing! aggs	Fort Worth, TX 76123-1971	Employer (Coo Instructions	_			
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions)			
	Date 08/28/2024	Full name of contributor out-of-state PAC (ID#:_ Timothy, Morales Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$83.33	
		Missouri City, TX 77459					
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions)			
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_ Troy, Reed Contributor address; City; State; Zip Code New Braunfels, TX 78132)		Amount of Contribution (\$)	\$30.00	
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions)			
	Date 09/22/2024	Full name of contributor out-of-state PAC (ID#:_ Urbina-Cobos, Leslie Contributor address; City; State; Zip Code Austin, TX 78756)		Amount of Contribution (\$)	\$400.00	
	Principal occur Administrativ	pation / Job title (See Instructions) e Assistant	Employer (See Instructions Texas Association of Nu		e Anesthetists		
	Guarv						

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 21/21 Rpt: 24/34	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action Commit	ee	3	Filer ID (Ethics Commission 00069305	n Filers)
4	Date 09/21/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$83.33
_		Benbrook, TX 76126-4451				
8		pation / Job title (See Instructions) pistered Nurse Anesthetist	9 Employer (See Instructions)		
	Date 09/03/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00
		Austin, TX 78757 pation / Job title (See Instructions)	Employer (See Instructions)		
	Certified Reg	istered Nurse Anesthetist				
	Date 09/21/2024	Full name of contributor)		Amount of Contribution (\$)	\$930.00
		Sulphur Springs, TX 75483				
		oation / Job title (See Instructions) istered Nurse Anesthetist	Employer (See Instructions)		
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID#:_ Wendy, Odell Contributor address; City; State; Zip Code Southlake, TX 76092			Amount of Contribution (\$)	\$83.33
		oation / Job title (See Instructions) istered Nurse Anesthetist	Employer (See Instructions)		
	Date 09/21/2024	Full name of contributor out-of-state PAC (ID#:_ William Parker, Sharp Contributor address; City; State; Zip Code amarillo, TX 79124			Amount of Contribution (\$)	\$41.67
	•	oation / Job title (See Instructions) istered Nurse Anesthetist	Employer (See Instructions)		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Sch: 1/5 Rpt:			
2 FILER NAME Texas Asso	ciation of Nurse Anesthetists Political Action Commi	ttee	3 Filer ID (Ethic 00069305	s Commission Filers)		
4	UNITEMIZED IN-KIND POLITICAL CONTRIB		\$			
5 Date	6 Full name of contributor out-of-state PAC (ID#:)		9 In-kind contribution		
09/19/2024	Andersen, Jennifer 7 Contributor address; City; State; Zip Code		contribution (\$) \$100.00	Items donated for PAC		
	, , , , , , , , , , , , , , , , , , , ,			Silent Auction. I I I I		
	Midland, TX 79705		Check if travel of	l outside of Texas. Complete Schedule T.		
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See ii	nstructions)		
	gistered Nurse Anesthetist principal occupation (FOR JUDICIAL)	13 Contributor's job title	(EOR JUDICIAL)	(See instructions)		
12 Continuators	principal occupation (FOR JODICIAL)	13 Contributor's Job title	(FOR JUDICIAL)	(See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>				
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution		
09/19/2024	Andersen, Jennifer		contribution (\$)	description I Items donated for PAC		
	Contributor address; City; State; Zip Code		400.00	Silent Auction		
	Midland, TX 79705		Check if travel of	l outside of Texas. Complete Schedule T.		
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See ii	nstructions)		
	gistered Nurse Anesthetist	0	(EOD HIDIOIAL)	(Can impturediana)		
Contributors	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description		
09/19/2024	Andersen, Jennifer			Items donated for PAC		
	Contributor address; City; State; Zip Code			Silent Auction		
	Midland, TX 79705		Check if travel of	I I outside of Texas. Complete Schedule T.		
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See ii	nstructions)		
	gistered Nurse Anesthetist	Contributor's job title	(FOR TUDICIAL)	(Saa instructions)		
Continuors	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: Sch: 2/5 Rpt: 26/34		
2 FILER NAME Texas Asso	FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethic	es Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$			
5 Date 09/19/2024	7 Contributor address; City; State; Zip Code		8 Amount of contribution (\$) \$60.00	9 In-kind contribution description I Items donated for PAC Silent Auction	
	Midland, TX 79705	T		outside of Texas. Complete Schedule T.	
l '	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See i	nstructions)	
	gistered Nurse Anesthetist	40.0	(FOR 11 DIOIAL)	(Coolington of one)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL)	(See instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
10 ii contributor	is a clinia, law little of parcha(s) (if any) (if circ obbicine)				
Date 09/19/2024	Full name of contributor out-of-state PAC (ID#: Andersen, Jennifer Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description Items donated for PAC Silent Auction	
	Midland, TX 79705		Check if travel	I I putside of Texas. Complete Schedule T.	
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See i	nstructions)	
Certified Re	gistered Nurse Anesthetist				
Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions)			(See instructions)		
Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)			FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 09/19/2024	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution Classification Items donated for PAC Silent Auction	
	Lexington, TX 78947		Check if travel	l butside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions)					
Certified Registered Nurse Anesthetist					
Contributor's principal occupation (FOR JUDICIAL) Contributor's job title			(FOR JUDICIAL)	(See instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1			

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 3/5 Rpt: 27/34		
2 FILER NAME Texas Asso	FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethic	es Commission Filers)
4 TOTAL OF	4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/19/2024	7 Contributor address; City; State; Zip Code		8 Amount of contribution (\$) \$200.00	9 In-kind contribution description I Items donated for PAC Silent Auction
	Friendswood, TX 77546			outside of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See i	nstructions)
	gistered Nurse Anesthetist			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL)	(See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/19/2024	Full name of contributor out-of-state PAC (ID#: Comans, Tyler Contributor address; City; State; Zip Code)	Amount of contribution (\$)	In-kind contribution description Items donated for PAC Silent Auction.
	Fort Worth, TX 76179-6655		Check if travel	
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See i	nstructions)
Certified Re	gistered Nurse Anesthetist			
Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions)			(See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)			FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 09/19/2024	Full name of contributor out-of-state PAC (ID#: Gaines, Jessica Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution Classification Items donated for PAC Silent Auction.
	Houston, TX 77025-1079			butside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions)				
Certified Registered Nurse Anesthetist				
Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions)			(See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICI			FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: Sch: 4/5 Rpt: 28/34		
2 FILER NAME Texas Asso	FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethic	es Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$			
5 Date 09/19/2024	 Full name of contributor out-of-state PAC (ID#:)	8 Amount of contribution (\$) \$500.00	9 In-kind contribution description I Items donated for PAC Silent Auction	
	Missouri City, TX 77459		Check if travel of	outside of Texas. Complete Schedule T.	
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See i	nstructions)	
	gistered Nurse Anesthetist				
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL)	(See instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 09/19/2024	Full name of contributor out-of-state PAC (ID#: Odell, Wendy (Ms.) Contributor address; City; State; Zip Code)	Amount of contribution (\$) \$175.00	In-kind contribution description Iltems donated for PAC Silent Auction.	
	Southlake, TX 76092		Check if travel of	I I outside of Texas. Complete Schedule T.	
· ·	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See i	nstructions)	
Certified Re	gistered Nurse Anesthetist				
Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions)					
Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 09/19/2024	Full name of contributor out-of-state PAC (ID#: Rabe, Cora Contributor address; City; State; Zip Code		Amount of contribution (\$) \$425.00	In-kind contribution I description Items donated for PAC Silent Auction	
	Humble, TX 77396	1		butside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions)					
Certified Registered Nurse Anesthetist					
Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions)			(See instructions)		
Contributor's	Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)			FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 5/5 Rpt: 29/34 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Association of Nurse Anesthetists Political Action Committee 00069305 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 09/19/2024 Stockman, James (Mr.) \$285.00 I Items donated for PAC 7 Contributor address; City; State; Zip Code Silent Auction Nacogdoches, TX 75965 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) Certified Registered Nurse Anesthetist 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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: 30/34	
2	2 FILER NAME		3	Filer ID (Ethics Commission Filers)
L	Texas Association of Nurse Anesthetists Political Action Committee			00069305
4	Date	5 Corporation / Labor Organization name	6	Amount (\$)
	09/01/2024	Texas Association of Nurse Anesthetists		416.00
Г	Date	Corporation / Labor Organization name		Amount (\$)
	08/26/2024	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: 31/34				
1 .	FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3	Filer ID 00069305	(Ethics Commission Filers)	
4 [Date	5 Corporation / Labor Organization name	6	Amount (\$)		
	08/30/2024	Texas Association of Nurse Anesthetists				400.00
	Date	Corporation / Labor Organization name		Amount (\$)		
	09/13/2024	Texas Association of Nurse Anesthetists				400.00

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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
OTHER (pertors a cotogon pet listed above)

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment 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: 32/34	Texas Association of Nurse Anesthetists Political Action 00069305				
4 Date	5 Payee name				
09/03/2024	American Express Merchant Services				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$336.08	PO Box 53852				
Expenditure from					
corporate funds	Phoenix, AZ 85072-3852				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	Credit card processing of campaign contributions.				
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
09/21/2024	Brent Hagenbuch Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,000.00	2800 Shoreline Dr				
Evpanditura from	#310				
Expenditure from corporate funds	Denton, TX 76210				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.				
	Candidate/Officeholder/Political Committee				
	Campaigh contribution.				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OH					

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 33/34 Texas Association of Nurse Anesthetists Political Action 00069305 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 09/21/2024 Texas Association of Nurse Anesthetists Amount (\$) Payee address; City; State; Zip Code \$2,040.42 919 Congress Ave. Suite 720 Expenditure from Austin, TX 78701 corporate funds TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Beverages for PAC reception. Office sought 11 Complete ONLY if direct Candidate/Officeholder name Office held expenditure to benefit C/OH

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: 34/34 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 08/31/2024 \$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 08/31/2024 University Federal Credit Union \$0.05 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.