

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: 23
3 COMMITTEE NAME Texas Nurses Association Political Action Committee		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 10/28/2024	
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	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Mrs. Serena	
		NICKNAME LAST SUFFIX Bumpus	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>		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 type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input checked="" 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 Month Day Year 09/27/2024 THROUGH 10/26/2024	
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 11/05/2024 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

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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.)	Greg Abbott Governor

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,483.98
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 26,122.57
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 68,553.30
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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

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12 COMMITTEE NAME Texas Nurses Association Political Action Committee		13 Filer ID (Ethics Commission Filers) 00017364
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 Cesar Blanco State Senator 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.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Greg Bonnen State Representative B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
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 Donna Campbell State Senator 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.)	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

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12 COMMITTEE NAME Texas Nurses Association Political Action Committee		13 Filer ID (Ethics Commission Filers) 00017364
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 Molly Cook State Senator 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.)	
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 Donna Howard State Representative B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
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 Joan Huffman State Senator 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.)	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

12 COMMITTEE NAME Texas Nurses Association Political Action Committee		13 Filer ID (Ethics Commission Filers) 00017364
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.)	Lois Kolkhorst State Senator
	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.)	Dan Patrick Lieutenant Governor
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.)	Charles Perry State Senator	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

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12 COMMITTEE NAME Texas Nurses Association Political Action Committee		13 Filer ID (Ethics Commission Filers) 00017364
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.)	Kevin Sparks State Senator
	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.)	Judith Zaffirini State Senator
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 Royce West State Senator 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.)	

SUBTOTALS - GPAC

17 COMMITTEE NAME Texas Nurses Association Political Action Committee		18 Filer ID (Ethics Commission Filers) 00017364
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,001.00
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 checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 3,482.98
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 26,122.57
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: 1/9 Rpt: 8/23
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 10/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashford, Lisa <hr/> 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 10/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baird, Becky <hr/> 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 10/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Connie <hr/> 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 10/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bender, Melinda <hr/> 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 10/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casburn, Sue "Sharon" <hr/> 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: 2/9 Rpt: 9/23
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 10/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Margie <hr/> 6 Contributor address; City; State; Zip Code Brownsville, TX 78520-9229	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 10/12/2024	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 10/12/2024	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)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Pamela <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions)
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Tracey <hr/> Contributor address; City; State; Zip Code Odessa, TX 79765	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/9 Rpt: 10/23
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 10/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herman, Candice <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75231	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilliard, James <hr/> Contributor address; City; State; Zip Code Elgin, TX 78621	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 10/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inglis, Toni <hr/> 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)
Date 10/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Celeste <hr/> Contributor address; City; State; Zip Code Garland, TX 75043-1431	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kyba, Ferne <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/9 Rpt: 11/23
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 10/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kyba, Ferne <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Retired Nurse		9 Employer (See Instructions)
Date 10/11/2024	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 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Susan <hr/> Contributor address; City; State; Zip Code Llano, TX 78643	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) House Supervisor		Employer (See Instructions)
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDorman, Cassandra <hr/> Contributor address; City; State; Zip Code Odessa, TX 79763	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Education Coordinator		Employer (See Instructions)
Date 10/12/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/9 Rpt: 12/23
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 10/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Joyce <hr/> 6 Contributor address; City; State; Zip Code Odessa, TX 79765	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 10/18/2024	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) Professor		Employer (See Instructions)
Date 10/12/2024	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 10/25/2024	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 (\$) \$150.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)
Date 10/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Trang <hr/> Contributor address; City; State; Zip Code Mckinney, TX 75071	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/9 Rpt: 13/23
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 10/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ornelas, Nancy <hr/> 6 Contributor address; City; State; Zip Code Midland, TX 79707	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Program and Project Specialist		9 Employer (See Instructions)
Date 10/09/2024	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)
Date 10/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Anthony <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse-DNP		Employer (See Instructions)
Date 10/12/2024	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 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rauch, Sabrina <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$150.00
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: 7/9 Rpt: 14/23
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 10/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Kay	7 Amount of Contribution (\$) \$40.00
	6 Contributor address; City; State; Zip Code Ft. Worth, TX 76179-4004	
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schumann, Renae	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Sugar Land, TX 77498	
Principal occupation / Job title (See Instructions) President & Principal Consultant		Employer (See Instructions)
Date 10/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tietze, Mari	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Irving, TX 75029	
Principal occupation / Job title (See Instructions) Nurse Informaticist		Employer (See Instructions)
Date 10/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tschirch, Poldi	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Houston, TX 77018-2013	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Jennifer	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Liberty, TX 77575	
Principal occupation / Job title (See Instructions) Nursing Operation Specialist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/9 Rpt: 15/23
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 10/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ulate, Amber <hr/> 6 Contributor address; City; State; Zip Code North Richland Hills, TX 76182	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Director, Nursing Professional Practice		9 Employer (See Instructions)
Date 10/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vitek, Laura <hr/> Contributor address; City; State; Zip Code Houston, TX 77036-4001	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 10/11/2024	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 10/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wesely, Ramona <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76133	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions)
Date 10/12/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/9 Rpt: 16/23
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 10/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woolbert, Lynda 6 Contributor address; City; State; Zip Code West Columbia, TX 77486-9640	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) PNP		9 Employer (See Instructions)
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zelanko, Jeanie Contributor address; City; State; Zip Code Mesquite, TX 75150-6012	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zolnierrek, Cynthia Contributor address; City; State; Zip Code Georgetown, TX 78626	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

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: 17/23
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 09/30/2024	5 Corporation / Labor Organization name Texas Nurses Association	6 Amount (\$) 3,482.98

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/6 Rpt: 18/23	2 FILER NAME Texas Nurses Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00017364
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4 Date 10/16/2024	5 Payee name Cesar Blanco for Texas Senate
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6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 929 El Paso, TX 79946
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/16/2024	Payee name Charles Perry Campaign
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 94806 Lubbock, TX 79493
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/16/2024	Payee name Donna Howard Campaign
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Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 5375 Austin, TX 78763
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/6 Rpt: 19/23	2 FILER NAME Texas Nurses Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00017364
4 Date 10/16/2024	5 Payee name Friends of Donna Campbell	
6 Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1308 Common St., Ste 2015, Box 719 New Braunfels, TX 78130	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2024	Payee name Greg Bonnen Campaign	
Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 1183 Friendswood, TX 77549	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2024	Payee name Kevin Sparks Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2600 Mockingbird Ln Midland, TX 79705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/6 Rpt: 20/23	2 FILER NAME Texas Nurses Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00017364
4 Date 10/16/2024	5 Payee name Lois Kolkhorst Campaign	
6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 2546 Brenham, TX 77834	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2024	Payee name Molly for Texas	
Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 667238 Houston, TX 77266	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2024	Payee name PAYA	
Amount (\$) \$45.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12120 Sunset Hills Road Suite 500 Reston, VA 20190	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Draft Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/6 Rpt: 21/23	2 FILER NAME Texas Nurses Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00017364
4 Date 09/30/2024	5 Payee name PAYA	
6 Amount (\$) \$76.47 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 12120 Sunset Hills Road Suite 500 Reston, VA 20190	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/22/2024	Payee name Royce West Campaign Committee	
Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 320 S. R.L. Thornton Fwy, Suite 220 Dallas, TX 75203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2024	Payee name SENATOR JUDITH ZAFFIRINI CAMPAIGN	
Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 627 Laredo, TX 78042	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/6 Rpt: 22/23	2 FILER NAME Texas Nurses Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00017364
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4 Date 10/16/2024	5 Payee name Texans for Dan Patrick
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6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 685085 Austin, TX 78768
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/16/2024	Payee name Texans for Greg Abbott
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Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 308 Austin, TX 78767
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/16/2024	Payee name Texans for Joan Huffman
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Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3733-1 Westheimer #40 Houston, TX 77027
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/6 Rpt: 23/23	2 FILER NAME Texas Nurses Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00017364
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4 Date 09/30/2024	5 Payee name Texas Nurses Association
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6 Amount (\$) \$0.69	7 Payee address; City; State; Zip Code 4807 Spicewood Springs Road Bldg 3 Suite 100 Austin, TX 78759
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Expenditure from corporate funds

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/30/2024	Payee name Texas Nurses Association
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Amount (\$) \$0.41	Payee address; City; State; Zip Code 4807 Spicewood Springs Road Bldg 3 Suite 100 Austin, TX 78759
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Equipment lease
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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