#### MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

#### FORM MPAC COVER SHEET PG 1

_								
т	he MPAC Instruction	2 Total pages filed: 38						
3	COMMITTEE NAME		•	OFFICE USE ONLY				
	Texas Association	of Nurse Anesthetists Political Action Con	nmittee	Date Received				
				ELECTRONICALLY FILED				
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	_				
	ADDRESS	919 Congress Ave., Suite 720						
	Change of Address	Austin, TX 78701						
6	CAMPAIGN	MS / MRS / MR FIRST	MI	Date Hand-delivered or Date Postmarked				
5	TREASURER			Receipt # Amount				
	NAME	Ms. Andrea M	ν.					
		NICKNAME LAST	CULL	Date Processed				
			SUFF					
		Pee		Date Imaged				
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; S	TATE; ZIP CODE				
	TREASURER STREET	919 Congress Ave., Suite 720						
	ADDRESS							
	(Residence or Business)	Austin, TX 78701						
7	CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; S	TATE; ZIP CODE				
	TREASURER MAILING	919 Congress Ave., Suite 720						
	ADDRESS							
	Change of Address	Austin, TX 78701						
8	CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION					
	PHONE	(512) 495-9004						
9	REPORT TYPE		10th day after campaign					
		X Monthly	treasurer termination	Dissolution (Attach PAC-DR)				
10	D MONTHLY REPORT FILING	January 5 Apri	I 5 July 5	October 5				
	DEADLINE	February 5 May		November 5				
		March 5 June	e 5 September 5	X December 5				
11	L PERIOD COVERED	Month Day Year	THROUGH					
L	COVERED	10/26/2024	11/25	/2024				
	GO TO PAGE 2							
L Fo	orms provided by Tex	as Ethics Commission www.e	thics.state.tx.us	Version V4.1.0.5dd2ace2				

#### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME				13	-iler ID	(Ethics Commission Filers)
Texas Association of N	urse Anesthetists Politi	cal Action Com	mittee	C	0069305	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Sen. Charles Perry	/ State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED PLEDGES, LOANS, CONTRIBUTIONS M ☐ check here if this report	OR GUARANTE ADE ELECTRO	ES OF LOANS, ÒR NICALLY)		\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI		<b>FIONS</b> OR GUARANTEES O	F LOANS)	\$	7,613.51
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EX	PENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITU	IRES		\$	30,341.73
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING		S MAINTAINED AS C	OF THE LAST DAY	´\$	100,082.20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL / LAST DAY OF THE F			ANS AS OF THE	\$	0.00
16 AFFIDAVIT	•					
		tru	swear, or affirm, under ue and correct and inc nder Title 15, Election	ludes all informati		
				Ms. Andrea	N. Pee	
			Si	gnature of Campa	ign Treasur	er
AFFIX NOTARY	STAMP / SEAL ABOVE					
Sworn to and subscribed	before me, by the said			, this th	ne	day
	_, 20, to certify v					
Signature of officer ad	ministering oath	Printed name of	officer administering of	oath	Fitle of office	er administering oath
Forms provided by Texas E	thics Commission	www.et	hics.state.tx.us			Version V4.1.0.5dd2ace2

MONTHLY FI	LING GPAC R	REPORT:	PURPOSE		FORM MPAC
				Г	Page 3 of 38
12 COMMITTEE NAME Texas Association of Nur	se Anesthetists Politic	al Action Com	mittee	<b>13</b> Filer ID 00069305	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Sen. Mayes Middletor	State Senator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Keith Bell State	Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Ryan Guillen St	ate Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

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MONTHLY FIL	LING GPAC R	EPORT:	PURPOSE			FORM MPAC ADDENDUM Page 4 of 38
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Association of Nurs	se Anesthetists Politic	al Action Con	nmittee		00069305	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Jared Patter	rson State Rep	resentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if					
COMMITTEE ACTIVITY	applicable, classify by party.)         1. Candidates         (Identify by name or, if applicable, classify by party.)	A. Supported	John McQueeney	/ State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

# Assisted Officeholders Assisted (dentify by name or, if applicable, classify by party.) COMMITTEE 1. Candidates ACTIVITY (dentify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) A. Supported Jeff Barry State Representative 2. Measures B. Opposed 2. Measures A. Supported (Describe by date and location of election and neature of issue.) B. Opposed 3. Officeholders Sisted (dentify by name or, if applicable, classify by party.) B. Opposed

MONTHLY FI	LING GPAC R	REPORT:	PURPOSE			FORM MPAC
						Page 5 of 38
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Association of Nur	rse Anesthetists Politic	cal Action Con	nmittee		00069305	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Yvonne Davis	State Repres	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Charlie Geren	State Repre	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				

B. Opposed

B. Opposed

A. Supported

B. Opposed

www.ethics.state.tx.us

A. Supported Rep. Barbara Gervin-Hawkins State Representative

3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)

1. Candidates

2. Measures

(Describe by date and location of election and nature of issue.)

3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)

(Identify by name or, if applicable, classify by party.)

COMMITTEE

(Attach lists on plain paper to complete this

report if necessary.)

ACTIVITY

## **MPAC**

MONTHLY FI	LING GPAC F	EPORT:	PURPOSE		FORM MPAC
					Page 6 of 38
<b>12</b> COMMITTEE NAME Texas Association of Nur	se Anesthetists Politic	al Action Com	mittee	<b>13</b> Filer ID 00069305	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Caroline Harris	State Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. James Talarico S	State Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Terry Wilson Sta	te Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

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	LING GPAC F	REPORT:	PURPOSE		FORM MPAC
					Page 7 of 38
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Association of Nur	se Anesthetists Politic	cal Action Com	mittee	00069305	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Erin Gamez State Repr	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Sen. Lois Kolkhorst State Se	nator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Sen. Donna Campbell State	Senator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

MONTHLY FI	LING GPAC F	REPORT:	PURPOSE		FORM MPAC ADDENDUM Page 8 of 38
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Association of Nur	rse Anesthetists Politic	al Action Com	mittee	00069305	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Cole Hefner State Rep	resentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Pat Curry State Repres	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	<ol> <li>Officeholders Assisted</li> <li>(Identify by name or, if applicable, classify by party.)</li> </ol>				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Sen. Kevin Sparks State Se	nator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	<ol> <li>Officeholders Assisted</li> <li>(Identify by name or, if applicable, classify by party.)</li> </ol>				

12 COMMITTEE NAME       13 Filer ID       (Ethics Commission Filers)         Texas Association of Nurse Anesthetists Political Action Committee       00069305	MONTHLY FIL	LING GPAC F	EPORT: PL	JRPOSE		FORM MPAC ADDENDUM Page 9 of 38
Texas Association of Nurse Anesthetists Political Action Committee     00069305       14 COMMITTEE ACTIVITY     1. Candidates (identify by name or, if applicable, classify by party.)     A. Supported Sen. Bryan Hughes State Senator       (Attach lists on plain paper to complete this report if necessary.)     B. Opposed       2. Measures (Describe by date and hature of issue.)     A. Supported       B. Opposed     B. Opposed					13 Filer ID	
ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed		se Anesthetists Politic	al Action Committee	e		(
paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 4. Supported B. Opposed B. Opposed 3. Officeholders Assisted	14 COMMITTEE ACTIVITY			Bryan Hughes Sta	te Senator	
(Describe by date and location of election and nature of issue.)       B. Opposed         B. Opposed       3. Officeholders Assisted	paper to complete this		B. Opposed			
3. Officeholders Assisted		(Describe by date and location of election and	A. Supported			
Assisted			B. Opposed			
		Assisted				

## FORM MPAC

#### COVER SHEET PG 3 10 of 38

17 COMMITTEE NAME	(Ethics Commission Filers)	
Texas Association of Nurse Anesthetists Political Action Committee	•	
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 6,301.57
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LAB	BOR	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOR LABOR ORGANIZATION	RATION OR	\$
6. X SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR OF	GANIZATION	<b>\$</b> 511.94
7. X SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABO	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 CONTRIBUTIO	NS	<b>\$</b> 30,341.73
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBU	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 CONTRIBUTION: TO FILER	S RETURNED	\$ 0.07

**SUBTOTALS - MPAC** 

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/18 Rpt: 11/38
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Texas Asso	ciation of Nurse Anesthetists Political Action Commit		00069305
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
11/01/2024	Alaskarov, Nariman	,	\$20.00
11,01,101	6 Contributor address; City; State; Zip Code		
	El Paso, TX 79938		
Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	<u>)</u>
	gistered Nurse Anesthetist		)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/20/2024	Albrecht, Kelsey		\$83.33
	Contributor address; City; State; Zip Code		
	United TV 77000 7959		
	Houston, TX 77009-7252		
	upation / Job title (See Instructions)	Employer (See Instructions)	)
	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
11/18/2024	Andersen, Jennifer		\$41.67
	Contributor address; City; State; Zip Code		
	Midland, TX 79705	]	
	upation / Job title (See Instructions)	Employer (See Instructions)	)
Certified Re	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/31/2024	Anthony, Jennifer		\$83.33
	Contributor address; City; State; Zip Code		
	Texarkana, TX 75501		
	upation / Job title (See Instructions)	Employer (See Instructions)	)
Certified Re	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
11/21/2024	Apodaca, Rylee		\$83.33
	Contributor address; City; State; Zip Code		
	Houston, TX 77004		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)
Certified Re	gistered Nurse Anesthetist		

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/18 Rpt: 12/38 FILER NAME Filer ID (Ethics Commission Filers) 2 3 Texas Association of Nurse Anesthetists Political Action Committee 00069305 4 Date Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/30/2024 Black, Melanie \$83.33 6 Contributor address; City; State; Zip Code Round rock, TX 78681 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Certified Registered Nurse Anesthetist Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/22/2024 Blacketter, Lisa \$30.00 Contributor address; City; State; Zip Code Port Lavaca, TX 77979 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/07/2024 \$30.00 Bullerwell, Megan Contributor address; City; State; Zip Code Bellaire, TX 77401 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/24/2024 \$30.00 Burkhardt, Hillary Contributor address; City; State; Zip Code Nederland, TX 77627 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/15/2024 Byars, Michael \$83.33 Contributor address; City; State; Zip Code Houston, TX 77019 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist

	The Instrue	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/18 Rpt: 13/38	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		ciation of Nurse Anesthetists Political Action Commit		00069305	ŕ	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/20/2024	Carrier, Cody				\$200.00
		6 Contributor address; City; State; Zip Code				
		Round Rock, TX 78664				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/01/2024	Carter, Tanya				\$83.33
		Contributor address; City; State; Zip Code				
		Dallas, TX 75235				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/14/2024	Caswell, Abigail				\$83.33
		Contributor address; City; State; Zip Code				
		Friendswood, TX 77546				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist		-		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/27/2024	Collins, Gregory				\$83.33
		Contributor address; City; State; Zip Code				
		Crashing TV 76040				
	Drinsipal acou	Granbury, TX 76049	Employer (Cool potructions	Ĺ		
		pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	+
	11/22/2024	Cornelius, Brian				\$83.33
		Contributor address; City; State; Zip Code				
		Burleson, TX 76028				
$\vdash$	Dringing occu		Employer (See Instructions			
		pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	9		
<u> </u>	Certilleu Ney					
1						

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/18 Rpt: 14/38	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		ciation of Nurse Anesthetists Political Action Commit			00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/16/2024	Davenport, Stephanie				\$30.00
	ļ	6 Contributor address; City; State; Zip Code				
	ļ					
		The Woodlands, TX 77382				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Certified Rec	gistered Nurse Anesthetist				
⊢	Date	Full name of contributor Out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/31/2024	Davis, Rachel	,		/ (induite of contribution (+)	\$83.34
	10,01,111	Contributor address; City; State; Zip Code				<b>400</b>
		Continuation address, City, State, Zip Code				
	ļ					
	ļ	Houston, TX 77057				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	() ()		
		gistered Nurse Anesthetist		,		
╞			<u> </u>		Amount of Contribution (\$)	
	Date		)		Amount of Contribution (\$)	¢02.22
	11/12/2024 Dawson, Charles				\$83.33	
	Contributor address; City; State; Zip Code					
	ļ	Sugar Land, TX 77479				
-	Bringinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		gistered Nurse Anesthetist		9		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>*</b> ~~ ~~
	11/22/2024	Dinks, Michael				\$83.33
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	Pharr, TX 78577				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L;)		
		gistered Nurse Anesthetist		,		
╞	Date	- 			Amount of Contribution (\$)	
	11/07/2024	Full name of contributor out-of-state PAC (ID#: Dishman, Deniz	/			\$83.33
	11/01/2027					Ψ00.00
		Contributor address; City; State; Zip Code				
	ļ					
	ļ	Houston, TX 77027				
$\vdash$	Dringing occu	pation / Job title (See Instructions)	Employor (Soc Instructions	<u> </u>		
		gistered Nurse Anesthetist	Employer (See Instructions	9		

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/18 Rpt: 15/38 FILER NAME Filer ID (Ethics Commission Filers) 2 3 Texas Association of Nurse Anesthetists Political Action Committee 00069305 4 Date Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 11/07/2024 Dupree, Garrett \$30.00 6 Contributor address; City; State; Zip Code Fort Worth, TX 76126 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Certified Registered Nurse Anesthetist Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/18/2024 Eisa, Lina \$41.67 Contributor address; City; State; Zip Code Sugar Land, TX 77498 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/26/2024 \$83.33 Farmer, Masson Contributor address; City; State; Zip Code Kemp, TX 75143 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/22/2024 Frawley, Steven \$83.33 Contributor address; City; State; Zip Code Dallas, TX 75209 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/21/2024 Galvin, Vaughna \$83.33 Contributor address; City; State; Zip Code Benbrook, TX 76126-4451 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist

	The Instrue	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/18 Rpt: 16/38	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	iation of Nurse Anesthetists Political Action Commit	tee		00069305	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	11/07/2024	Gegel, Brian	/			\$41.67
		6 Contributor address; City; State; Zip Code				
		Contributor address, City, State, Zip Code				
		San Antonio, TX 78258				
8	Principal occu	I pation / Job title (See Instructions)	9 Employer (See Instructions	)		
		gistered Nurse Anesthetist		·		
⊨	Date	Full name of contributor out-of-state PAC (ID#:	\		Amount of Contribution (\$)	
	10/31/2024	Green, Jessica	)			\$83.33
	10/31/2024					<i>ф</i> 03.33
		Contributor address; City; State; Zip Code				
		Bullard, TX 75757				
⊢	Bringinal occu	pation / Job title (See Instructions)	Employer (See Instructions			
		jistered Nurse Anesthetist		)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/31/2024	Hammonds, Daniel				\$83.33
		Contributor address; City; State; Zip Code				
		Midlothian, TX 76065				
	-	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor Dut-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	11/21/2024	High, Amber				\$41.67
		Contributor address; City; State; Zip Code				
		Dickinson, TX 77539				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Certified Reg	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/07/2024	Johnson, Ryan				\$30.00
		Contributor address; City; State; Zip Code				
		;;;				
		Houston, TX 77018				
⊢	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	)		
		jistered Nurse Anesthetist		-		
⊢						
1						

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 7/18 Rpt: 17/38	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filer	rs)
Texas Assoc	ciation of Nurse Anesthetists Political Action Commit		00069305	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
10/26/2024	Kakenmaster, Kathryn		\$8	83.33
	6 Contributor address; City; State; Zip Code			
	Keller, TX 76248			
	upation / Job title (See Instructions)	9 Employer (See Instructions	;) ;)	
Certified Reg	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/31/2024	Kelly, Tamra		\$4	41.67
	Contributor address; City; State; Zip Code			
	-			
	Humble, TX 77346			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<i>i</i> )	
Certified Reg	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/20/2024	Kelly, Tamra			30.00
	Contributor address; City; State; Zip Code			
	Jersey Village, TX 77040			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<i>i</i> )	
Certified Reg	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
11/21/2024	Kelly, Tamra		\$6	62.50
	Contributor address; City; State; Zip Code			
	Humble, TX 77346			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Certified Reg	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/28/2024	Krenek, Debra		\$3	30.00
	Contributor address; City; State; Zip Code			
	Edinburg, TX 78541			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Certified Reg	gistered Nurse Anesthetist			

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/18 Rpt: 18/38	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit	tee		00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	11/15/2024	Leach, Steven				\$100.00
		6 Contributor address; City; State; Zip Code				
		Bayou Vista, TX 77563				
8	-	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/21/2024	Martin, Deaann				\$30.00
		Contributor address; City; State; Zip Code				
		Parker, TX 75002				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certineu Reu	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/28/2024	Massey, Douglas				\$30.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78260				
$\vdash$	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		gistered Nurse Anesthetist		9		
			<u> </u>			
	Date 10/27/2024	Full name of contributor out-of-state PAC (ID#: Michinock, Jessica	)		Amount of Contribution (\$)	\$20.00
	10/21/2024					φ20.00
		Contributor address; City; State; Zip Code				
		Round Rock, TX 78664				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
		gistered Nurse Anesthetist				
╞	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/14/2024	Moore, Tammy				\$83.33
		Contributor address; City; State; Zip Code				
		Houston, TX 77080				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Certified Rec	gistered Nurse Anesthetist				

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/18 Rpt: 19/38	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit	tee		00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	10/28/2024	Morales, Timothy				\$83.33
		6 Contributor address; City; State; Zip Code				,
		Contributor address, City, State, Zip Code				
		Missouri City, TX 77459				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	) ;)		
ľ		gistered Nurse Anesthetist		,		
╞						
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>*</b> 100.00
	11/05/2024	Mueller, Joseph				\$100.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78736				
	•	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor 🛛 out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	10/31/2024	Mueller, Sarah				\$30.00
		Contributor address; City; State; Zip Code				
		Inez, TX 77968				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/19/2024	Murphy, Yvonne				\$50.00
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78633				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Certified Reg	gistered Nurse Anesthetist				
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/27/2024	Nick, Michael				\$83.33
		Abernathy, TX 79311				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	( .)		
		gistered Nurse Anesthetist				
⊢						
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The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 10/18 Rpt: 20/38
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ciation of Nurse Anesthetists Political Action Commit		00069305
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
10/31/2024	Nugent, Hylda		\$83.33
	6 Contributor address; City; State; Zip Code		
	Weatherford, TX 76087-3820		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	() ()
Certified Reg	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/23/2024	Odell, Wendy		\$83.33
	Contributor address; City; State; Zip Code		
	Southlake, TX 76092		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)
Certified Reg	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/31/2024	Olson, David		\$83.33
	Contributor address; City; State; Zip Code		
	Ft worth, TX 76133		
	pation / Job title (See Instructions)	Employer (See Instructions)	
Certified Reg	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/22/2024	Omoni, Peter		\$83.33
	Contributor address; City; State; Zip Code		
	Katy, TX 77494	<u> </u>	
	Ipation / Job title (See Instructions)	Employer (See Instructions)	
	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/21/2024	Parker Sharp, William		\$41.67
	Contributor address; City; State; Zip Code		
	Amorillo TV 70124		
Drineinal ecou	Amarillo, TX 79124		<u> </u>
-	ipation / Job title (See Instructions)	Employer (See Instructions)	.)
	gistered Nurse Anesthetist		
1			

Ē	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/18 Rpt: 21/38	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		ciation of Nurse Anesthetists Political Action Commit			00069305	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	11/15/2024	Parnacott, Stewart				\$83.33
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77019				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Certified Reg	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/24/2024	Patel, Bhavika				\$83.33
		Contributor address; City; State; Zip Code				
		SugarLand, TX 77478				
		pation / Job title (See Instructions)	Employer (See Instructions	3)		
	Certified Rec	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/13/2024	Pham, Holly				\$100.00
		Contributor address; City; State; Zip Code				
		Temple, TX 76502				
	•	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
	Certified Reg	gistered Nurse Anesthetist		-		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/14/2024	Pichon, Arianne				\$41.67
		Contributor address; City; State; Zip Code				
		D. 4- TV 70010				
	Drineipol oppu	Buda, TX 78610	Employer (Coo Instructions	Ĺ		
		ipation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	)		
			<u> </u>			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	÷20.00
	11/24/2024	Rabe, Cora				\$83.33
		Contributor address; City; State; Zip Code				
		Lumble TV 77206-2999				
$\vdash$	Dringing oog	Humble, TX 77396-3888	Employer (Cool Instructions	<u>,</u>		
		ipation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	9		
$\vdash$		JSIEIEU NUISE AIIESIIIEIISI				

	The Instrue	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/18 Rpt: 22/38	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit	ttee		00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/22/2024	Rader, Haley				\$100.00
	ł	6 Contributor address; City; State; Zip Code				
		Houston, TX 77098				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/21/2024	Rao, Jacob				\$10.00
	Contributor address; City; State; Zip Code					
		Dallas, TX 75238				
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/29/2024 Reed, Grant				\$83.33	
	Contributor address; City; State; Zip Code		1			
		Sugarland, TX 77479				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certifiea Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/29/2024	Reed, Stephanie				\$83.33
		Contributor address; City; State; Zip Code				
		Sugar land, TX 77479				
┝	Dringing occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		gistered Nurse Anesthetist	Employer (See instructions	5)		
				<u> </u>		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	<b>*</b> 20.00
	11/11/2024	Reed, Troy				\$30.00
		Contributor address; City; State; Zip Code				
		New Braunfels, TX 78132				
┝	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> יו		
		gistered Nurse Anesthetist		"		
$\vdash$						

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/18 Rpt: 23/38	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit			00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	11/12/2024	Reidy, Catherine				\$83.33
	I	6 Contributor address; City; State; Zip Code		1		
		Granbury, TX 76049				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	ـــــــــــــــــــــــــــــــــــــ		
	Certified Reg	gistered Nurse Anesthetist				
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/17/2024	Resnick, Lillian				\$30.00
	Contributor address; City; State; Zip Code		1			
		Austin, TX 78735				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	上 3)		
		gistered Nurse Anesthetist		,		
⊢	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Γ	Amount of Contribution (\$)	
	10/31/2024	Ross, Brittaney	/		Allount of Contribution (4)	\$62.50
	10/01/202	-		ł		Ψ02.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75206				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	L 3)		
		gistered Nurse Anesthetist		,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	11/04/2024	Ross, Robert	/		Allount of Contribution (4)	\$83.33
				ł		Ψ00.00
		Contributor address; City; State; Zip Code				
		Texas, TX 76017				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	L 3)		
		gistered Nurse Anesthetist		,		
╞	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	10/31/2024	Rutherford, Karrie	,			\$20.00
	10,01,111	Contributor address; City; State; Zip Code		•		<b>4-0</b>
		Continuation address, City, State, Lip Code				
		Caldwell, TX 77836				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u>ا</u>		
		gistered Nurse Anesthetist		<i>'</i>		
<u> </u>						

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 14/18 Rpt: 24/38 FILER NAME Filer ID (Ethics Commission Filers) 2 3 Texas Association of Nurse Anesthetists Political Action Committee 00069305 4 Date Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/31/2024 Saenz, Melizza \$30.00 6 Contributor address; City; State; Zip Code Belton, TX 76513 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Certified Registered Nurse Anesthetist Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/26/2024 \$100.00 Sanders, Kay Contributor address; City; State; Zip Code Fort Worth, TX 76179 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/15/2024 \$62.50 Scudieri, Louise Contributor address; City; State; Zip Code Decatur, TX 76234 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/17/2024 Shaffer, Scott \$83.33 Contributor address; City; State; Zip Code Salida, CO 81201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/11/2024 Sheneman, Megan \$25.00 Contributor address; City; State; Zip Code Houston, TX 77008 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist

	The Instruc	ction Guide explains how to complete this fe	orm.	1	Total pages Schedule A1: Sch: 15/18 Rpt: 25/38	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit			00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/21/2024	Smit, Tammy				\$500.00
		6 Contributor address; City; State; Zip Code		1		
		cleburne, TX 76031				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/22/2024	Spence, Dennis				\$83.33
	Contributor address; City; State; Zip Code		1			
		Austin, TX 78757				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/18/2024	Stephenson, Malia				\$50.00
		Contributor address; City; State; Zip Code		1		
		Keller, TX 76248				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)	Ţ	Amount of Contribution (\$)	
	11/16/2024	Tabladillo, Meredith				\$30.00
		Contributor address; City; State; Zip Code		]		
		L				
	Drinsipal agou	League City, TX 77573		<u> </u>		
		pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	5)		
				1		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	±00.00
	11/12/2024	Talon, Mark				\$83.33
		Contributor address; City; State; Zip Code				
		Bayou Vista, TX 77563				
$\vdash$	Dringing occu	-	Employer (See Instructions	<u> </u>		
		pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	5)		
<u> </u>		JISTELEN MUISE ALLESTIETIST				

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 16/18 Rpt: 26/38 FILER NAME Filer ID (Ethics Commission Filers) 2 3 Texas Association of Nurse Anesthetists Political Action Committee 00069305 4 Date Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/31/2024 Thomas, Deborah \$83.34 6 Contributor address; City; State; Zip Code Hoy, TX 77074 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Certified Registered Nurse Anesthetist Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/04/2024 Thomas, Rodrick \$62.50 Contributor address; City; State; Zip Code Livingston, TX 77399 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/05/2024 Ulinski, Jessica \$83.33 Contributor address; City; State; Zip Code Georgetown, TX 78626 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/07/2024 Vera, Martha \$30.00 Contributor address; City; State; Zip Code Pearland, TX 77584 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/22/2024 Walden, Micah \$83.33 Contributor address; City; State; Zip Code Sulphur Springs, TX 75483 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist

	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 17/18 Rpt: 27/38	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit	tee		00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	11/22/2024	Walford, Brian				\$83.33
		6 Contributor address; City; State; Zip Code		1		
		Victoria, TX 77904				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/09/2024	Walker, Brian				\$41.67
	Contributor address; City; State; Zip Code					
		Harlingen, TX 78552				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/31/2024	Watts, Mary				\$83.33
		Contributor address; City; State; Zip Code				
		New Braunfels, TX 78132				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/18/2024	Whaley, Johanna				\$30.00
		Contributor address; City; State; Zip Code		1		
		Fort Worth, TX 76179				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/07/2024	Wilson, Ashley				\$100.00
		Contributor address; City; State; Zip Code		1		
		Corpus Christi, TX 78414				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 18/18 Rpt: 28/38 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Texas Association of Nurse Anesthetists Political Action Committee 00069305 Date 4 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/26/2024 Wilson, Diana \$30.00 6 Contributor address; City; State; Zip Code Cedar Creek, TX 78612 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Certified Registered Nurse Anesthetist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/23/2024 \$100.00 Yaney, Lana Contributor address; City; State; Zip Code Braintree, TX 02184 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/04/2024 Yarbrough, Haley \$83.33 Contributor address; City; State; Zip Code Port Lavaca, TX 77979 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/20/2024 \$83.33 bishop, Harold Contributor address; City; State; Zip Code Lufkin, TX 75904-6304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.				1	Total pages Sch: 1/1 Rp	Schedule C3: it: 29/38
2	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Texas Assoc	ciat	on of Nurse Anesthetists Political Action Committee		00069305	
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)	
	11/01/2024		Texas Association of Nurse Anesthetists			416.00
	Date		Corporation / Labor Organization name		Amount (\$)	
	10/26/2024		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: 30/38			
2	FILER NAME	FILER NAME			Filer ID	(Ethics Commission Filers)	
	Texas Assoc	Fexas Association of Nurse Anesthetists Political Action Committee			00069305		
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	11/08/2024		Texas Association of Nurse Anesthetists				400.00
	Date		Corporation / Labor Organization name		Amount (\$)		
	11/22/2024		Texas Association of Nurse Anesthetists				400.00

#### **EXPENDITURE CATEGORIES FOR BOX 8(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 Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee 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: 1/7 Rpt: 31/38 Texas Association of Nurse Anesthetists Political Action 00069305 4 Date 5 Payee name 11/04/2024 American Express Merchant Services 6 Amount (\$) Payee address; City; State; Zip Code 7 PO Box 53852 \$341.73 Expenditure from Phoenix, AZ 85072-3852 corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Credit card processing of campaign contributions. Complete ONLY if direct Candidate/Officeholder name Office sought Office held 9 expenditure to benefit C/OH Date Payee name 11/14/2024 Barbara Gervin-Hawkins Campaign Amount (\$) Payee address; City; State; Zip Code \$1,000.00 403 S WW White Rd. Suite 210 Expenditure from San Antonio, TX 78219 corporate funds PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign contribution. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/25/2024 Bryan Hughes for Texas Senate Amount (\$) Payee address; City: State; Zip Code \$2,500.00 PO Box 450 Expenditure from corporate funds Mineola, TX 75773 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign contribution. Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
<b>1</b> Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 2/7 Rpt: 32/38	Texas Association of Nurse Anesthetists Political Action00069305					
4 Date 11/15/2024	5 Payee name Caroline Harris for State Representative					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$1,000.00	PO Box 700					
Expenditure from corporate funds	Round Rock, TX 78680					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
11/12/2024	Charles Perry Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$2,500.00	P.O. Box 94806					
Expenditure from corporate funds	Lubbock, TX 79493					
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Campaign contribution.</li> </ul> </li> </ul>					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
11/15/2024	Charlie Geren Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,000.00	PO Box 1440					
Expenditure from corporate funds	Fort Worth, TX 76101					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reinfursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       -     Gift/Awards/Memorials Expense     Printing Expense					
<b>1</b> Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 3/7 Rpt: 33/38	Texas Association of Nurse Anesthetists Political Action     00069305					
4 Date	5 Payee name					
11/21/2024	Cole Hefner Campaign					
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 115 W. 1st Street					
Expenditure from corporate funds	Mount Pleasant, TX 75455					
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Campaign contribution.</li> </ul> </li> </ul>					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H					
Date	Payee name					
11/19/2024	Erin Gamez Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$500.00	777 E. Harrison Street					
Expenditure from corporate funds	2nd Floor Brownsville, TX 78520					
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Campaign contribution.</li> </ul> </li> </ul>					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H					
Date	Payee name					
11/19/2024	Friends of Donna Campbell					
Amount (\$) \$2,500.00	Payee address;     City;     State;     Zip Code       PO Box 171002					
Expenditure from corporate funds	San Antonio, TX 78217					
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Campaign contribution.</li> </ul> </li> </ul>					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H					

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
<b>1</b> Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 4/7 Rpt: 34/38	Texas Association of Nurse Anesthetists Political Action00069305					
4 Date	5 Payee name					
11/12/2024	Jared Patterson Campaign					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$1,000.00	PO Box 5419					
Expenditure from corporate funds	Frisco, TX 75035					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By					
	Candidate/Officeholder/Political Committee					
	Campaign contribution.					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
11/13/2024	Jeff Barry Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$500.00	4418 Broadway St.					
Expenditure from corporate funds	Pearland, TX 77581					
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Campaign contribution.</li> </ul> </li> </ul>					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
11/12/2024	John McQueeny Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$500.00	P.O. Box 100458					
Expenditure from corporate funds	Fort Worth, TX 76185					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Campaign contribution.					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
<b>1</b> Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 5/7 Rpt: 35/38	Texas Association of Nurse Anesthetists Political Action 00069305					
4 Date 11/13/2024	5 Payee name Keith Bell Campaign					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$1,000.00	PO BOX 1178					
Expenditure from corporate funds	Forney, TX 75126					
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Campaign contribution.</li> </ul> </li> </ul>					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
11/20/2024	Kevin Sparks Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,000.00	2600 Mockingbird Ln.					
Expenditure from corporate funds	Midland, TX 79705					
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Campaign contribution.</li> </ul> </li> </ul>					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
11/19/2024	Lois W. Kolkhorst Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$10,000.00	PO Box 2546					
Expenditure from corporate funds	Brenham, TX 77834					
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution.</li> </ul>					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					

1

8

9

Date

Date

11/13/2024

Amount (\$)

corporate funds

PURPOSE

OF

11/22/2024

Amount (\$)

corporate funds PURPOSE

OF

4 Date

11/15/2024

corporate funds PURPOSE

OF

6 Amount (\$)

#### **EXPENDITURE CATEGORIES FOR BOX 8(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 Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 6/7 Rpt: 36/38 Texas Association of Nurse Anesthetists Political Action 00069305 5 Payee name Mayes Middleton for Texas Senate Payee address; City; State; Zip Code \$1,000.00 PO Box 1526 Expenditure from Galveston, TX 77553 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign contribution. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Pat Curry Campaign Payee address; City; State; Zip Code \$500.00 204 Woodhew Drive Expenditure from Waco, TX 76712 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign contribution. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Ryan Guillen Campaign Payee address; City: State; Zip Code \$1,000.00 2504 Sable Palm Dr. Expenditure from Rio Grande City, TX 78582 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign contribution.

EXPENDITURE CATEGORIES FOR BOX 8(a)         Event Expense       Loan Repayment/Reimbursement       Solicitation/Fundraising Expense         Fees       Office Overhead/Rental Expense       Transportation Equipment & Related Expense         Food/Beverage Expense       Polling Expense       Travel in District         By -       Gift/Awards/Memorials Expense       Printing Expense       Travel Out of District         Legal Services       Salaries/Wages/Contract Labor       OTHER (enter a category not listed above	
L: 2 FILER NAME 3 Filer ID (Ethics Commission	r Filers)
Texas Association of Nurse Anesthetists Political Action     00069305	,
5 Payee name	
Terry Wilson Campaign	
7 Payee address; City; State; Zip Code	
D PO Box 489	
Marble Falls, TX 78654	
<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Campaign contribution.</li> </ul> </li> </ul>	
Candidate/Officeholder name Office sought Office held OH	
Pavee name	
Yvonne Davis Campaign	
Pavee address: City: State: Zin Code	
Dallas, TX 75232	
<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Campaign contribution.</li> </ul> </li> </ul>	
Candidate/Officeholder name Office sought Office held OH	
	Best Expanse       Loan Repayment/Paraluments       Solicitation/Enducing Expanse         Yacommittee       Legal Services       Different Services       Solicitation/Enducing Expanse         Yacommittee       Legal Services       Solicitation/Enducing Expanse       Transportation Equipment & Related Exp Trave for Jobisticit         2       FILER NAME       3       Filer ID       (Ethics Commission 00069305         5       Payee name       Terry Wilson Campaign       00069305         7       Payee address;       City;       State;       Zip Code         PO Box 489       Marble Falls, TX 78654       (a)       Category (See Categories listed at the top of this schedule)         Contributions/Donations Made By Candidate/Officeholder/Political Committee       (b)       Description Contribution.       Category (See Categories listed at the top of this schedule)         Payee name       Office sought       Office held       Office held         Payee name       Yvonne Davis Campaign       Payee name       Office sought       Office held         Payee name       Yvonne Davis Campaign       Payee address;       City;       State;       Zip Code         Payee name       Yvonne Davis Campaign       Payee address;       City;       State;       Zip Code         Payee address;       City;       Sta

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instruction Guide explains how to complete this form			ages Schedule K: ./1 Rpt: 38/38		
2				(Ethics Commission Fil	ers)	
	Texas Assoc	ciation of Nurse Anesthetists Political Action Committee		00069	305	
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
	10/31/2024	University Federal Credit Union				\$0.05
		<ul> <li>6 Address of person from whom amount is received; City; State; Zip Code</li> </ul>				
		Austin, TX 78704				
		7 Purpose for which amount is received Check if po	olitic	al cont	ribution returned to filer	
		Interest.				
⊨	Date	Name of person from whom amount is received			Amount (\$)	
	10/31/2024	University Federal Credit Union				\$0.02
	10/31/2024					φ0.0Z
		Address of person from whom amount is received; City; State; Zip Code				
		Austin, TX 78704				
			. 1949 -	-1 +	ile die een de meere eelde Ciere	
			DIITIC	al cont	ribution returned to filer	
_						