## MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM MPAC COVER SHEET PG 1

Th	e MPAC Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00069305	2 Total pages filed: 46
3	COMMITTEE NAME		·	OFFICE USE ONLY
	Texas Association	of Nurse Anesthetists Political Action Cor	nmittee	Date Received
				ELECTRONICALLY FILED
				01/06/2025
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	-
	ADDRESS	919 Congress Ave., Suite 720		
	_			
	Change of Address	Austin, TX 78701		Date Hand-delivered or Date Postmarked
5	CAMPAIGN	MS / MRS / MR FIRST	MI	
	TREASURER NAME	Ms. Andrea I	N.	Receipt # Amount
		NICKNAME LAST	SUFF	Date Processed
		Pee		Date Imaged
				, i i i i i i i i i i i i i i i i i i i
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;	STATE; ZIP CODE
	TREASURER MAILING	919 Congress Ave., Suite 720		
	ADDRESS			
	Change of Address	Austin, TX 78701		
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
	TREASURER PHONE	(512) 495-9004		
9	REPORT TYPE	X Monthly	10th day after campaign	Dissolution (Attach PAC-DR)
			L treasurer termination	
10	MONTHLY REPORT FILING	X January 5 Apr	il 5 📃 July 5	October 5
	DEADLINE			November 5
		February 5 May	7 5 August 5	
		March 5 Jun	e 5 September 5	December 5
11	PERIOD	Month Day Year	Mont	n Day Year
	COVERED	11/26/2024	THROUGH 12/2	5/2024
		GO	TO PAGE 2	
L Foi	rms 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 Filer ID	(Ethics Commission Filers)
Texas Association of N	urse Anesthetists Politi	cal Action Committee	00069305	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Brian Harrison State Represer	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	6,384.35
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	53,808.24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	49,160.20
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all inform under Title 15, Election Code.		
		Ms. Andr	rea N. Pee	
		Signature of Ca	mpaign Treasur	rer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	his the	day
of	_, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	er administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

MONTHLY FIL	LING GPAC R	EPORT:	PURPOSE		FORM MPAC		
					Page 3 of 46		
2 COMMITTEE NAME rexas Association of Nurs	se Anesthetists Politic	al Action Com	imittee	<b>13</b> Filer ID 00069305	(Ethics Commission Filers)		
4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Denise Villalobos State Rep	presentative			
(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.)		Dustin Burrows State Repre	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.)						
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported					
		B. Opposed					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	,	The Honorable Greg Abbott	Governor			

MONTHLY FI	LING GPAC F	REPORT:	PURPOSE			FORM MPAC
						Page 4 of 46
<b>12</b> COMMITTEE NAME Texas Association of Nur	rse Anesthetists Politic	al Action Com	mittee		13 Filer ID 00069305	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Dade Phelan Stat	e Representativ	/e	
(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	Judith Zaffirini Sta	ate 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.)		Trent Ashby State	e Representative	e	
(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:	PURPO	SE		FORM MPAC
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12 COMMITTEE NAME Texas Association of Nur	rse Anesthetists Politic	al Action Com	imittee		<b>13</b> Filer ID 00069305	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Angelia Orr S	tate Representativ	ve	
(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	Ramero Ramo	on State Represe	ntative	
(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.)		Trey Wharton	State Representa	ative	
(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
					Page 6 of 46
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Association of Nur	se Anesthetists Politic	al Action Com	nmittee	00069305	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Giovanni Capriglione 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			

COMMITTEE

COMMITTEE

(Attach lists on plain paper to complete this report if necessary.)

ACTIVITY

(Attach lists on plain paper to complete this report if necessary.)

ACTIVITY

## FORM MPAC

e Anesthetists Politic	al Action Com	mittee	00069305
1. Candidates (Identify by name or, if applicable, classify by party.)		Giovanni Capriglione State Rep	resentative
	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.)		Gary VanDeaver State Represe	ntative
	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.)		Robert Nichols State Senator	
	B. Opposed		

	2. Measures	A. Supported	
	(Describe by date and location of election and nature of issue.)		
		B. Opposed	
	3. Officeholders Assisted		
	(Identify by name or, if applicable, classify by part	ty.)	
Forme provided by	Toyac Ethioc Commission	www.ethics.state.tx.us	Ve
Forms provided by	Texas Ethics Commission	www.euncs.stdte.tx.us	ve

	LING GPAC R	EPORT:	PURPOSE		FORM MPAC ADDENDUM Page 7 of 46
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Association of Nur	se Anesthetists Politic	al Action Com	mittee	00069305	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Todd Hunter State Representa	ative	
(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			
(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.)		The Honorable Dan Patrick Lie	eutenant Govern	ior
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Stan Lambert State Represen	tative	
(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:	PURPO	SE		FORM MPAC
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<b>12</b> COMMITTEE NAME Texas Association of Nu	se Anesthetists Politic	cal 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.)	A. Supported	Hillary Hicklar	d State Represer	ntative	
(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.)		Jeff Leach St	ate Representativ	е	
(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.)		Will Metcalf S	State Representati	ve	
(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 R	REPORT:	PURPC	SE		FORM MPAC	
						Page 9 of 46	
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)	
Texas Association of Nur	se Anesthetists Politic	al Action Com	mittee		00069305	()	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Janie Lopez	State Represen	tative		
(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.)		Ann Johnso	n State Represe	epresentative		
(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.)		Drew Darby	State Represent	tative		
(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>						

MONTHLY FIL	LING GPAC R	EPORT:	PURPC	SE		FORM MPAC
						Page 10 of 46
2 COMMITTEE NAME rexas Association of Nurs	se Anesthetists Politic	al Action Com	mittee		13 Filer ID 00069305	(Ethics Commission Filers)
4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Venton Jone	s State Represen	tative	
(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	Jones Jolan	da State Represe	ntative	
(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.)		Cody Harris	State Representa	tive	
(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 FILING GPAC REPORT: PURPOSE

## FORM MPAC

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			13 Filer ID	(Ethics Commission Filers)
se Anesthetists Politic	al Action Com	mittee	00069305	
1. Candidates (Identify by name or, if applicable, classify by party.)		Kelly Hancock State Senator		
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders Assisted				
applicable, classify by party.)				
1. Candidates (Identify by name or, if applicable, classify by party.)		Cesar Blanco State Represent	ative	
	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	A. Supported	Ana Hernandez State Represe	entative	
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders Assisted				
	1. Candidates         (Identify by name or, if applicable, classify by party.)         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.)         1. Candidates         (Identify by name or, if applicable, classify by party.)         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.)         3. Officeholders         Assisted         (Identify by name or, if applicable, classify by party.)         1. Candidates         (Identify by name or, if applicable, classify by party.)         1. Candidates         (Identify by name or, if applicable, classify by party.)         1. Candidates         (Identify by name or, if applicable, classify by party.)         2. Measures         (Describe by date and location of election and nature of issue.)         3. Officeholders         3. Officeholders         (Describe by date and location of election and nature of issue.)	1. Candidates (Identify by name or, if applicable, classify by party.)A. SupportedB. Opposed2. Measures (Describe by date and location of election and nature of issue.)A. Supported3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)A. Supported1. Candidates (Identify by name or, if applicable, classify by party.)A. Supported2. Measures (Describe by date and location of election and nature of issue.)A. Supported3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)A. Supported1. Candidates (Identify by name or, if applicable, classify by party.)A. Supported3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)A. Supported3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)A. Supported3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)A. Supported3. Officeholders (Describe by date and location of election and nature of issue.)A. Supported3. Officeholders (Describe by date and location of election and nature of issue.)A. Supported1. Candidates (Describe by date and location of election and nature of issue.)A. Supported3. OpposedB. Opposed3. Officeholders (Describe by date and location of election and nature of issue.)B. Opposed3. Officeholders (Describe by date and location of election and nature of issue.)A. SupportedB. OpposedDeposed <td>(dentify by name or, if applicable, classify by party.)       B. Opposed         2. Measures       A. Supported         (Describe by date and location of election and nature of issue.)       B. Opposed         3. Officeholders       A. Supported         Assisted       A. Supported         (dentify by name or, if applicable, classify by party.)       B. Opposed         1. Candidates       A. Supported         (dentify by name or, if applicable, classify by party.)       B. Opposed         2. Measures       A. Supported         (Describe by date and location of election and nature of issue.)       A. Supported         2. Measures       A. Supported         (Describe by date and location of election and nature of issue.)       A. Supported         3. Officeholders       A. Supported         3. Officeholders       A. Supported         Assisted       A. Supported         (dentify by name or, if applicable, classify by party.)       B. Opposed         1. Candidates       A. Supported       Ana Hernandez State Represe         (dentify by name or, if applicable, classify by party.)       B. Opposed         2. Measures       A. Supported       Ana Hernandez State Represe         (Describe by date and location of election and nature of issue.)       B. Opposed         3. Officeholders<!--</td--><td>se Anesthetists Political Action Committee 00069305          1. Candidates         <ul> <li>(dentify by name or, if applicable, classify by party)</li> <li>B. Opposed</li> <li>(dentify by name or, if applicable, classify by party)</li> <li>B. Opposed</li> <li>(dentify by name or, if applicable, classify by party)</li> <li>B. Opposed</li> <li>(dentify by name or, if applicable, classify by party)</li> <li>B. Opposed</li> <li>(dentify by name or, if applicable, classify by party)</li> <li>B. Opposed</li> <li>Supported Cesar Blanco State Representative             <li>(dentify by name or, if applicable, classify by party)</li> <li>B. Opposed</li> <li>Opposed</li> <li>Supported Cesar Blanco State Representative</li> <li>(dentify by name or, if applicable, classify by party)</li> <li>B. Opposed</li> <li>Opposed</li> <li>Supported Cesar Blanco State Representative</li> <li>(dentify by name or, if applicable, classify by party)</li> <li>B. Opposed</li> <li>Opposed</li> <li>Supported Cesar Blanco State Representative</li> <li>(dentify by name or, if applicable, classify by party)</li> <li>B. Opposed</li> <li>Supported Cesar Blance State Representative</li> <li>(dentify by name or, if applicable, classify by party)</li> <li>B. Opposed</li> <li>Supported Ana Hernandez State Representative</li> <li>(dentify by name or, if applicable, classify by party)</li> <li>B. Opposed</li> <li>Candidates</li> <li>(dentify by name or, if applicable, classify by party)</li> <li>B. Opposed</li> <li>Supported Ana Hernandez State Representative</li> <li>(dentify by name or, if applicable, classify by party</li></li></ul></td></td>	(dentify by name or, if applicable, classify by party.)       B. Opposed         2. Measures       A. Supported         (Describe by date and location of election and nature of issue.)       B. Opposed         3. Officeholders       A. Supported         Assisted       A. Supported         (dentify by name or, if applicable, classify by party.)       B. Opposed         1. Candidates       A. Supported         (dentify by name or, if applicable, classify by party.)       B. Opposed         2. Measures       A. Supported         (Describe by date and location of election and nature of issue.)       A. Supported         2. Measures       A. Supported         (Describe by date and location of election and nature of issue.)       A. Supported         3. Officeholders       A. Supported         3. Officeholders       A. Supported         Assisted       A. Supported         (dentify by name or, if applicable, classify by party.)       B. Opposed         1. Candidates       A. Supported       Ana Hernandez State Represe         (dentify by name or, if applicable, classify by party.)       B. Opposed         2. Measures       A. Supported       Ana Hernandez State Represe         (Describe by date and location of election and nature of issue.)       B. Opposed         3. Officeholders </td <td>se Anesthetists Political Action Committee 00069305          1. Candidates         <ul> <li>(dentify by name or, if applicable, classify by party)</li> <li>B. Opposed</li> <li>(dentify by name or, if applicable, classify by party)</li> <li>B. Opposed</li> <li>(dentify by name or, if applicable, classify by party)</li> <li>B. Opposed</li> <li>(dentify by name or, if applicable, classify by party)</li> <li>B. Opposed</li> <li>(dentify by name or, if applicable, classify by party)</li> <li>B. Opposed</li> <li>Supported Cesar Blanco State Representative             <li>(dentify by name or, if applicable, classify by party)</li> <li>B. Opposed</li> <li>Opposed</li> <li>Supported Cesar Blanco State Representative</li> <li>(dentify by name or, if applicable, classify by party)</li> <li>B. Opposed</li> <li>Opposed</li> <li>Supported Cesar Blanco State Representative</li> <li>(dentify by name or, if applicable, classify by party)</li> <li>B. Opposed</li> <li>Opposed</li> <li>Supported Cesar Blanco State Representative</li> <li>(dentify by name or, if applicable, classify by party)</li> <li>B. Opposed</li> <li>Supported Cesar Blance State Representative</li> <li>(dentify by name or, if applicable, classify by party)</li> <li>B. Opposed</li> <li>Supported Ana Hernandez State Representative</li> <li>(dentify by name or, if applicable, classify by party)</li> <li>B. Opposed</li> <li>Candidates</li> <li>(dentify by name or, if applicable, classify by party)</li> <li>B. Opposed</li> <li>Supported Ana Hernandez State Representative</li> <li>(dentify by name or, if applicable, classify by party</li></li></ul></td>	se Anesthetists Political Action Committee 00069305          1. Candidates <ul> <li>(dentify by name or, if applicable, classify by party)</li> <li>B. Opposed</li> <li>(dentify by name or, if applicable, classify by party)</li> <li>B. Opposed</li> <li>(dentify by name or, if applicable, classify by party)</li> <li>B. Opposed</li> <li>(dentify by name or, if applicable, classify by party)</li> <li>B. Opposed</li> <li>(dentify by name or, if applicable, classify by party)</li> <li>B. Opposed</li> <li>Supported Cesar Blanco State Representative             <li>(dentify by name or, if applicable, classify by party)</li> <li>B. Opposed</li> <li>Opposed</li> <li>Supported Cesar Blanco State Representative</li> <li>(dentify by name or, if applicable, classify by party)</li> <li>B. Opposed</li> <li>Opposed</li> <li>Supported Cesar Blanco State Representative</li> <li>(dentify by name or, if applicable, classify by party)</li> <li>B. Opposed</li> <li>Opposed</li> <li>Supported Cesar Blanco State Representative</li> <li>(dentify by name or, if applicable, classify by party)</li> <li>B. Opposed</li> <li>Supported Cesar Blance State Representative</li> <li>(dentify by name or, if applicable, classify by party)</li> <li>B. Opposed</li> <li>Supported Ana Hernandez State Representative</li> <li>(dentify by name or, if applicable, classify by party)</li> <li>B. Opposed</li> <li>Candidates</li> <li>(dentify by name or, if applicable, classify by party)</li> <li>B. Opposed</li> <li>Supported Ana Hernandez State Representative</li> <li>(dentify by name or, if applicable, classify by party</li></li></ul>

MONTHLY FI	LING GPAC R	EPORT:	PURPOSE			FORM MPAC ADDENDUM Page 12 of 46
L2 COMMITTEE NAME				1	13 Filer ID	(Ethics Commission Filers)
Fexas Association of Nur	rse Anesthetists Politic	al Action Com	imittee		00069305	
4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Charles Schwertne	er State Senato	or	
(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	Greg Bonnen Sta	te Representativ	ve	
(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.)		James Talarico S	tate Representa	ative	
(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.)					
	1	1				

MONTHLY FI	LING GPAC F	REPORT:	PURPO	SE		FORM MPAC ADDENDUM Page 13 of 46
2 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
exas Association of Nur	se Anesthetists Politic	al Action Com	mittee		00069305	
4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Donna Howar	d State Represe	ntative	
(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	Jay Dean Sta	te Representative	9	
(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	Brian Birdwell	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.)					
	•					

## FORM MPAC

#### COVER SHEET PG 3 14 of 46

17 COMMITT Texas As	EE NAME sociation of Nurse Anesthetists Political Action Committee	18 Filer ID 00069305	(Ethics Commission Filers)
19 SCHEDUL			
NAME OF		SUBTOTAL AMOUNT	
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 5,072.41
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6. X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	<b>\$</b> 511.94
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$ 800.00
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	<b>\$</b> 53,808.24
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	<b>\$</b> 0.51

**SUBTOTALS - MPAC** 

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/17 Rpt: 15/46	
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 (\$)	
	12/14/2024	Abigail, Caswell				\$83.33
		6 Contributor address; City; State; Zip Code		1		
		Friendswood, TX 77546				
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 (\$)	
	12/21/2024	Amber, High				\$41.67
		Contributor address; City; State; Zip Code		1		
		Dickinson, TX 77539				
		apation / 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 (\$)	
	12/14/2024	Arianne, Pichon				\$41.67
		Contributor address; City; State; Zip Code		1		
		Buda, TX 78610		Ĺ		
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
		gistered Nurse Anesthetist		-		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/07/2024	Ashley, Wilson				\$100.00
		Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78414				
	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		gistered Nurse Anesthetist		5)		
╞			<u> </u>	Г	Amount of Contribution (¢)	
	Date 12/24/2024	Full name of contributor out-of-state PAC (ID#: Bhavika, Patel	)		Amount of Contribution (\$)	\$83.33
	12/24/2024			ł		Φ00.00
		Contributor address; City; State; Zip Code				
		SugarLand, TX 77478				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L		
		gistered Nurse Anesthetist	F 7 X	-,		
┝		<u></u>				

	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/17 Rpt: 16/46	
2	FILER NAME			3	Filer ID (Ethics Commission	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 (\$)	
	12/22/2024	Brian, Cornelius				\$83.33
	<b>* - , -</b> - ,	6 Contributor address; City; State; Zip Code		ł		+
		Burleson, TX 76028				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> ج)		
ľ		gistered Nurse Anesthetist		,		
╞			<u> </u>	1		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>* 41 C</b> 7
	12/07/2024	Brian, Gegel				\$41.67
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78258	<b>1</b>			
	-	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/22/2024	Brian, Walford				\$83.33
		Contributor address; City; State; Zip Code		1		
		Victoria, TX 77904				
	Principal occu	ipation / 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 (\$)	
	12/09/2024	Brian, Walker				\$41.67
		Contributor address; City; State; Zip Code		ł		
		Harlingen, TX 78552				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	1 5)		
	-	gistered Nurse Anesthetist		,		
╞	Date		<u> </u>	<del></del>	Amount of Contribution (\$)	
	Date 11/29/2024	Full name of contributor out-of-state PAC (ID#: Brittaney, Ross	)			\$30.00
	11/23/2024	-				φ30.00
		Contributor address; City; State; Zip Code				
		Dallas TV 75206				
		Dallas, TX 75206		Ĺ		
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				

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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/17 Rpt: 17/46	
2	FILER NAME			3	Filer ID (Ethics Commission	ı 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 (\$)	
	12/12/2024	Catherine, Reidy				\$83.33
	ļ	6 Contributor address; City; State; Zip Code		ł		
	ļ					
	ļ					
		Granbury, TX 76049				
8	Principal occu	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#:	)	Γ	Amount of Contribution (\$)	
	12/24/2024	Cora, Rabe				\$83.33
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Humble, TX 77396-3888				
		ipation / 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 (\$)	
	11/30/2024	Daniel, Hammonds				\$83.33
	1	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Midlothian, TX 76065				
		Ipation / Job title (See Instructions)	Employer (See Instructions	3)		
	Certineu Reț	gistered Nurse Anesthetist		<del>.                                    </del>		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/30/2024	David, Olson		]		\$83.33
	ļ	Contributor address; City; State; Zip Code		]		
	ļ					
		Ft worth, TX 76133				
_	Drincinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	-	gistered Nurse Anesthetist		5)		
╞			<u> </u>	<del>—</del>		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>400 00</b>
	11/28/2024	Debra, Krenek				\$30.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	Edinburg, TX 78541				
┝	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u>ال</u>		
		gistered Nurse Anesthetist		"		
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F	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/17 Rpt: 18/46	
2	FILER NAME			3	Filer ID (Ethics Commission	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 (\$)	
	12/07/2024	Deniz, Dishman				\$83.33
		6 Contributor address; City; State; Zip Code				
Ļ		Houston, TX 77027				
8		Ipation / Job title (See Instructions)	9 Employer (See Instructions	)		
		gistered Nurse Anesthetist	<u> </u>			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/26/2024	Diana, Wilson				\$30.00
		Contributor address; City; State; Zip Code				
		Cedar Creek, TX 78612				
$\vdash$	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 (\$)	
	11/28/2024	Douglas, Massey	/		,	\$83.33
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78260				
		ipation / Job title (See Instructions)	Employer (See Instructions)	)		
	Certified Reg	gistered Nurse Anesthetist	<u> </u>			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/07/2024	Garrett, Dupree				\$30.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76126				
$\vdash$	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 (\$)	
	11/27/2024	Gregory, Collins				\$83.33
		Contributor address; City; State; Zip Code				
		Granbury, TX 76049				
		ipation / 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: 5/17 Rpt: 19/46	
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 (\$)	
	12/22/2024	Haley, Rader			• •	\$100.00
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77098				
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 (\$)	
	12/04/2024	Haley, Yarbrough	/			\$83.33
						ψ00.00
		Contributor address; City; State; Zip Code				
		Port Lavaca, TX 77979				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ו		
		gistered Nurse Anesthetist		)		
╞			<u> </u>		Array at Contribution (f)	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	¢00.00
	12/20/2024	Harold, Bishop				\$83.33
		Contributor address; City; State; Zip Code				
		Lufkin, TX 75904-6304				
┝	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
		gistered Nurse Anesthetist		)		
╞						
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>*</b> 20.00
	12/24/2024	Hillary, Burkhardt				\$30.00
		Contributor address; City; State; Zip Code				
		Nederland TV 77697				
	Drinsipal acou	Nederland, TX 77627		<u> </u>		
		pation / Job title (See Instructions)	Employer (See Instructions	)		
		gistered Nurse Anesthetist	<u> </u>			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/13/2024	Holly, Pham				\$100.00
		Contributor address; City; State; Zip Code				
		Temple, TX 76502				
		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: 6/17 Rpt: 20/46	
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 (\$)	
	11/30/2024	Hylda, Nugent	/			\$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	;)		
		gistered Nurse Anesthetist		,		
			\ \		Amount of Contribution (\$)	
	Date 12/21/2024	Full name of contributor out-of-state PAC (ID#: Jacob, Rao	)		Amount of Contribution (\$)	\$10.00
	12/21/2024					\$10.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75238				
⊢	Principal occu		Employor (Soo Instructions	<u> </u>		
		pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	)		
╘						
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/18/2024	Jennifer, Andersen				\$41.67
		Contributor address; City; State; Zip Code				
		Midland, TX 79705				
		pation / Job title (See Instructions)	Employer (See Instructions	)		
	Certified Rec	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/30/2024	Jennifer, Anthony				\$83.33
		Contributor address; City; State; Zip Code				
		Texarkana, TX 75501				
	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 (\$)	
	11/30/2024	Jessica, Green				\$83.33
		Contributor address; City; State; Zip Code				
1		BULLARD, TX 75757				
F	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
1		gistered Nurse Anesthetist				
⊢						
1						

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/17 Rpt: 21/46	
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 (\$)	
	11/27/2024	Jessica, Michinock	,		,	\$20.00
	<b>**</b> , <b>*</b>	6 Contributor address; City; State; Zip Code				<b>T</b>
		Round Rock, TX 78664				
8	Principal occu	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 (\$)	
	12/05/2024	Jessica, Ulinski	/			\$83.33
	12/03/2027					φ00.00
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78626				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ן</u>		
		gistered Nurse Anesthetist		)		
┝			<u> </u>		Account of Contribution (¢)	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	ቀጋር በር
	12/18/2024	Johanna, Whaley				\$30.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76179				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	•	gistered Nurse Anesthetist		)		
╞			<u> </u>			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	ቀ1 00 00
	12/05/2024	Joseph, Mueller				\$100.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78736				
$\vdash$	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		gistered Nurse Anesthetist		)		
╘						
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>*</b> 20.00
	11/30/2024	Karrie, Rutherford				\$20.00
		Contributor address; City; State; Zip Code				
		Caldwell, TX 77836				
		ipation / Job title (See Instructions)	Employer (See Instructions	)		
	Certifiea Reț	gistered Nurse Anesthetist				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 8/17 Rpt: 22/46
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 (\$)
11/26/2024	Kathryn, Kakenmaster		\$83.33
	6 Contributor address; City; State; Zip Code		
	Keller, TX 76248		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	) 3)
	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
11/26/2024	Kay, Sanders	,	\$100.00
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76179		
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#:_	)	Amount of Contribution (\$)
12/20/2024	Kelsey, Albrecht	/	\$83.33
10,20,202	Contributor address; City; State; Zip Code		· · · · · · · · · · · · · · · · · · ·
	Continuation address, City, State, Zip Code		
	Houston, TX 77009-7252		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Certified Re	gistered Nurse Anesthetist		
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/03/2024	Leann, Northcutt		\$20.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78745		
Principal occu	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 (\$)
12/17/2024	Lillian, Resnick		\$30.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78735		
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: 9/17 Rpt: 23/46 2 FILER NAME Filer ID (Ethics Commission Filers) 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 (\$) 12/18/2024 Lina, Eisa 6 Contributor address; City; State; Zip Code Sugar Land, TX 77498 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#: 12/22/2024 Lisa, Blacketter 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#: 12/15/2024 Louise, Scudieri 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 (\$) 12/18/2024 Malia, Stephenson Contributor address; City; State; Zip Code Keller, TX 76248 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#: 12/17/2024 Mark, Hampton Contributor address; City; State; Zip Code

	Fort Worth, TX 76116		
Principal occupation / Job title (See Instructions)		Employer (See Instructions	)
Certified Registered Nurse Anesthetist			

\$41.67

\$30.00

\$62.50

\$50.00

\$83.33

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 10/17 Rpt: 24/46	
2	FILER NAME	NAME			Filer ID (Ethics Commission	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 (\$)	
	12/12/2024	Mark, Talon	,		/ who and or 2 cm	\$83.33
	1 <i>2)</i> 12, 24, 24	6 Contributor address; City; State; Zip Code				Ψ00.00
		Continuouor address, City, State, Zip Code				
		Bayou Vista, TX 77563				
	Principal occu		9 Employer (See Instructions	<u> </u> וו		
ľ		gistered Nurse Anesthetist		"		
				-		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	±00.00
	12/07/2024	Martha, Vera				\$30.00
		Contributor address; City; State; Zip Code				
		Pearland, TX 77584		Ļ		
		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 (\$)	
	11/30/2024	Mary Jo, Watts				\$83.33
		Contributor address; City; State; Zip Code		1		
		New Braunfels, TX 78132				
	Principal occu	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 (\$)	
	11/26/2024	Masson, Farmer				\$83.33
		Contributor address; City; State; Zip Code		ł		
		Kemp, TX 75143				
	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#:	)		Amount of Contribution (\$)	
	12/07/2024	Megan, Bullerwell			•••	\$30.00
	Contributor address; City; State; Zip Code					
	Contributor address, City, State, Zip Code					
		Bellaire, TX 77401				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
		gistered Nurse Anesthetist		,		
$\vdash$						

The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 11/17 Rpt: 25/46			
2	2 FILER NAME			3	Filer ID (Ethics Commission	ı 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 (\$)			
	12/11/2024	Megan, Sheneman				\$25.00		
		6 Contributor address; City; State; Zip Code						
		Houston, TX 77008						
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	5)				
	Certified Rec	gistered Nurse Anesthetist						
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)			
	11/30/2024	Melizza, Saenz				\$30.00		
		Contributor address; City; State; Zip Code						
		Belton, TX 76513						
		upation / Job title (See Instructions)	Employer (See Instructions	5)				
	Certified Reg	gistered Nurse Anesthetist						
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)			
	12/16/2024	Meredith, Tabladillo				\$30.00		
		Contributor address; City; State; Zip Code		1				
		League City, TX 77573		Ĺ				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)				
	Certifieu Rei	gistered Nurse Anesthetist						
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)			
	12/22/2024	Micah, Walden				\$83.33		
		Contributor address; City; State; Zip Code						
		Sulphur Springs, TX 75483						
$\vdash$	Dringingl occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>				
		gistered Nurse Anesthetist	Employer (See Instructions	5)				
╘				-				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<u>*00.00</u>		
	12/15/2024 Michael, Byars				\$83.33			
	Contributor address; City; State; Zip Code							
		HOUSTON, TX 77019						
$\vdash$	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> •)				
		gistered Nurse Anesthetist		"				
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<u> </u>						
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 12/17 Rpt: 26/46	
2	2 FILER NAME			3	Filer ID (Ethics Commission	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 (\$)	
	11/27/2024	Michael, Nick				\$83.33
		6 Contributor address; City; State; Zip Code				· · · · · ·
		Contributor address, City, State, Zip Code				
	ļ	Abernathy, TX 79311				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	L S)		
		gistered Nurse Anesthetist		-,		
╞	Date			Т	Amount of Contribution (\$)	
	11/28/2024	Full name of contributor out-of-state PAC (ID#: Peter, Okello	/			\$50.00
	11/20/2024					φ00.00
		Contributor address; City; State; Zip Code				
		Lubbock, TX 79423				
┝	Bringinal occu	pation / Job title (See Instructions)	Employor (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 (\$)	
	12/22/2024	Peter, Omoni				\$83.33
		Contributor address; City; State; Zip Code				
		Katy, TX 77494				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Certified Reç	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)	
	11/30/2024	Rachel, Davis				\$83.34
		Contributor address; City; State; Zip Code				
		Houston, TX 77057				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Certified Rec	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/04/2024	Robert, Ross				\$83.33
	Contributor address; City; State; Zip Code					
		Texas, TX 76017				
⊢	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		gistered Nurse Anesthetist	-,			
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	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 13/17 Rpt: 27/46		
2	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 (\$)		
	12/04/2024	Rodrick, Thomas				\$62.50	
		6 Contributor address; City; State; Zip Code					
		Livingston, TX 77399					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Certified Reg	jistered Nurse Anesthetist					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)		
	12/07/2024	Ryan, Johnson				\$30.00	
		Contributor address; City; State; Zip Code					
		···· F····					
		Houston, TX 77018					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Certified Reg	jistered Nurse Anesthetist					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)		
	12/21/2024 Rylee, Apodaca					\$83.33	
		Contributor address; City; State; Zip Code					
		Houston, TX 77004					
	-	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Certified Reg	jistered Nurse Anesthetist					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)		
	11/30/2024	Sarah, Mueller				\$30.00	
		Contributor address; City; State; Zip Code					
		Inez, TX 77968					
		pation / Job title (See Instructions)	Employer (See Instructions	)			
	Certified Reg	jistered Nurse Anesthetist					
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)		
	12/17/2024	Scott, Shaffer				\$83.33	
	Contributor address; City; State; Zip Code						
		Salida, CO 81201					
		pation / Job title (See Instructions)	Employer (See Instructions	)			
	Certified Registered Nurse Anesthetist						

The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 14/17 Rpt: 28/46			
2	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 (\$)		
	11/30/2024	Sonia, Estes			· · · · · · · · · · · · · · · · · · ·	\$30.00	
		6 Contributor address; City; State; Zip Code	,	1			
		Dallas, TX 75206					
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 (\$)		
	12/16/2024	Stephanie, Davenport			· · · · · · · · · · · · · · · · · · ·	\$30.00	
		Contributor address; City; State; Zip Code					
		The Woodlands, TX 77382					
	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#:	)		Amount of Contribution (\$)		
	12/22/2024	Steven, Frawley				\$83.33	
		Contributor address; City; State; Zip Code					
		Dallas, TX 75209					
	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#:	)		Amount of Contribution (\$)		
	12/15/2024	Steven, Leach				\$100.00	
		Contributor address; City; State; Zip Code		1			
		Bayou Vista, TX 77563					
		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 (\$)		
	12/15/2024	Stewart, Parnacott				\$83.33	
	Contributor address; City; State; Zip Code		1				
		Houston, TX 77019					
		pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Certified Registered Nurse Anesthetist						

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 15/17 Rpt: 29/46 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 (\$) 12/14/2024 Tammy, Moore \$83.33 6 Contributor address; City; State; Zip Code Houston, TX 77080 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#: 11/30/2024 Tamra, Kelly \$41.67 Contributor address; City; State; Zip Code Humble, TX 77346 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#: 12/20/2024 Tamra, Kelly \$30.00 Contributor address; City; State; Zip Code JERSEY VILLAGE, TX 77040 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 (\$) 12/21/2024 Tamra, Kelly \$62.50 Contributor address; City; State; Zip Code Humble, TX 77346 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#: 12/01/2024 Tanya, Carter \$83.33 Contributor address; City; State; Zip Code Dallas, TX 75235 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 16/17 Rpt: 30/46 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 (\$) 11/28/2024 Timothy, Morales \$83.33 6 Contributor address; City; State; Zip Code Missouri City, TX 77459 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#: 12/11/2024 Troy, Reed \$30.00 Contributor address; City; State; Zip Code New Braunfels, TX 78132 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#: 12/21/2024 Vaughna, Galvin \$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 Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/23/2024 Wendy, Odell \$83.33 Contributor address; City; State; Zip Code Southlake, TX 76092 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#: 12/21/2024 William, Sharp \$41.67 Contributor address; City; State; Zip Code amarillo, TX 79124 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 17/17 Rpt: 31/46 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Association of Nurse Anesthetists Political Action Committee 00069305 4 Amount of Contribution (\$) Date 5 Full name of contributor out-of-state PAC (ID#: 7 12/19/2024 \$50.00 Yvonne, Murphy 6 Contributor address; City; State; Zip Code Georgetown, TX 78633 8 Principal occupation / Job title (See Instructions) 9 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 Schedule C3: Sch: 1/1 Rpt: 32/46			
2	2 FILER NAME			3	Filer ID	(Ethics Commission Filers)	
	Texas Association of Nurse Anesthetists Political Action Committee			00069305			
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	12/01/2024		Texas Association of Nurse Anesthetists			416.00	
	Date		Corporation / Labor Organization name		Amount (\$)		
	11/26/2024		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: 33/46			
2	FILER NAME			3	Filer ID	(Ethics Commission Filers)	
	Texas Association of Nurse Anesthetists Political Action Committee				00069305		
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	12/06/2024		Texas Association of Nurse Anesthetists				400.00
	Date		Corporation / Labor Organization name		Amount (\$)		
	12/20/2024		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: 1/12 Rpt: 34/46 Texas Association of Nurse Anesthetists Political Action 00069305 4 Date 5 Payee name 12/02/2024 American Express Merchant Services 6 Amount (\$) Payee address; City; State; Zip Code 7 \$308.24 PO Box 53852 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 12/10/2024 Ana Hernandez Campaign Amount (\$) Payee address; City; State; Zip Code \$500.00 PO Box 15538 Expenditure from Houston, TX 77220 corporate funds 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 sought Office held expenditure to benefit C/OH Date Payee name 12/04/2024 Angelia Orr for Texas House Amount (\$) Payee address; City: State; Zip Code \$1,000.00 **PO Box 113** Expenditure from corporate funds Itasca, TX 76055 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 B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement S Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T Gift/Awards/Memorials Expense Printing Expense T	olicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District THER (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME 3 F	iler ID (Ethics Commission Filers)				
Sch: 2/12 Rpt: 35/46		0069305				
4 Date	5 Payee name					
12/09/2024	Ann Johnson Campaign					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$2,500.00	PO Box 56386					
Expenditure from corporate funds	Houston, TX 77256					
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE       Contributions/Donations Made By Candidate/Officeholder/Political Committee       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense       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	Payee name					
12/11/2024	Brian Birdwell for Texas SD 22					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,000.00	PO Box 1111					
Expenditure from corporate funds	Granbury, TX 76048					
PURPOSE OF EXPENDITURE		of Texas. Complete Schedule T. ficeholder living expense u <b>tion.</b>				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought DH	Office held				
Date	Payee name					
12/10/2024	Cesar Blanco Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,000.00	PO Box 27074					
Expenditure from corporate funds	El Paso, TX 79926					
PURPOSE OF EXPENDITURE		of Texas. Complete Schedule T. ficeholder living expense u <b>tion.</b>				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought DH	Office held				

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#### **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: 3/12 Rpt: 36/46 Texas Association of Nurse Anesthetists Political Action 00069305 4 Date 5 Payee name 12/10/2024 Cody Harris for State Representative 6 Amount (\$) Payee address; City; State; Zip Code \$1,000.00 100 Avenue A Expenditure from Palestine, TX 75801 corporate funds 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 sought Office held expenditure to benefit C/OH Date Payee name 12/03/2024 Dade Phelan Campaign Amount (\$) Payee address; City; State; Zip Code \$5,000.00 P.O. Box 848 Expenditure from Nederland, TX 77627 corporate funds 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 sought Office held expenditure to benefit C/OH Date Payee name 12/02/2024 Denise Villalobos Campaign Amount (\$) Payee address; City: State; Zip Code \$500.00 103330 Kingsbury Dri. Expenditure from corporate funds Corpus Christi, TX 78410 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

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#### **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: 4/12 Rpt: 37/46 Texas Association of Nurse Anesthetists Political Action 00069305 4 Date 5 Payee name 12/11/2024 Donna Howard Campaign 6 Amount (\$) Payee address; City; State; Zip Code 7 \$2,500.00 PO Box 5375 Expenditure from Austin, TX 78763-5375 corporate funds 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 sought Office held expenditure to benefit C/OH Date Payee name 12/09/2024 Drew Darby Campaign Amount (\$) Payee address; City; State; Zip Code \$1,000.00 P.O. Box 3284 Expenditure from San Angelo, TX 76902 corporate funds 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 sought Office held expenditure to benefit C/OH Date Payee name 12/02/2024 **Dustin Burrows Campaign** Amount (\$) Payee address; City: State; Zip Code \$2,500.00 10507 Quaker Avenue Suite 103 Expenditure from Lubbock, TX 79424 corporate funds 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					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 5/12 Rpt: 38/46	Texas Association of Nurse Anesthetists Political Action     00069305				
4 Date 12/04/2024	5 Payee name Gary VanDeaver Campaign				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$1,000.00	P.O. Box 866				
Expenditure from corporate funds	New Boston, TX 75570				
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/OF	Candidate/Officeholder name Office sought Office held H				
Date	Payee name				
12/04/2024	Giovanni Capriglione Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,000.00	P.O. BOX 92007				
Expenditure from corporate funds	Southlake, TX 76092				
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				
12/11/2024	Greg Bonnen Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$2,500.00	174 Calder Rd.				
+_,000100	Ste. 116				
Expenditure from corporate funds	League City, TX 77573				
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				

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense     Loan Repayment/Reimursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       y -     Gift/Awards/Memorials Expense     Printing Expense     Travel out of District			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 6/12 Rpt: 39/46	Texas Association of Nurse Anesthetists Political Action 00069305			
4 Date	5 Payee name			
12/06/2024	Hillary Hickland Campaign			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$500.00	6318 Brayson Oaks Court			
Expenditure from corporate funds	Belton, TX 76513			
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         Image: Contribution of the second state of the second s				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H			
Date	Payee name			
12/11/2024	James Talarico Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	PO Box 5850			
Expenditure from corporate funds	Round Rock, TX 78683			
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			
12/07/2024	Janie Lopez Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$500.00	PO Box 2073			
Expenditure from corporate funds	San Benito, TX 78586			
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	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       Glft/Awards/Memorials Expense     Printing Expense     Travel Out of District				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 7/12 Rpt: 40/46	Texas Association of Nurse Anesthetists Political Action 00069305				
4 Date	5 Payee name				
12/11/2024	Jay Dean for Texas				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$1,000.00	3822 Holly Ridge				
Expenditure from corporate funds	Longview, TX 75605				
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         (b) Description       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder Iving expense       Campaign contribution.					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
12/06/2024	Jeff Leach Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,000.00	P.O. Box 866186				
Expenditure from corporate funds	Plano, TX 75086				
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				
12/10/2024	Jolanda Jones Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,000.00	5445 Almeda Rd.				
	Suite 501				
Expenditure from corporate funds	Houston, TX 77004				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	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: 8/12 Rpt: 41/46	Texas Association of Nurse Anesthetists Political Action     00069305							
4 Date	5 Payee name							
12/04/2024	Ramon Romero Campaign							
6 Amount (\$)	7 Payee address; City; State; Zip Code							
\$1,000.00								
Expenditure from corporate funds	Fort Worth, TX 76101							
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							
12/05/2024	Robert Nichols Campaign							
Amount (\$)	Payee address; City; State; Zip Code							
\$1,000.00	P.O. Box 2347 Texas							
Expenditure from corporate funds	Jacksonville, TX 75766							
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 ONLY if direct         Candidate/Officeholder name         Office sought         Office held           expenditure to benefit C/OH								
Date	Payee name							
12/03/2024	Senator Judith Zaffirini Campaign							
Amount (\$)	Payee address; City; State; Zip Code							
\$2,000.00	PO Box 627							
Expenditure from corporate funds	Laredo, TX 78042							
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 By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Transportation Equipmed           Food/Beverage Expense         Polling Expense         Travel in District           By -         Gift/Awards/Memorials Expense         Printing Expense         Travel Out of District							
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethio	cs Commission Filers)						
Sch: 9/12 Rpt: 42/46	Texas Association of Nurse Anesthetists Political Action         00069305							
4 Date	5 Payee name							
12/06/2024	Stan Lambert Campaign							
6 Amount (\$)	7 Payee address; City; State; Zip Code							
\$1,000.00	\$1,000.00 P.O. Box #3752							
Expenditure from corporate funds	Abilene, TX 79604							
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 Check if Austin, TX, officeholder living expense Campaign contribution.	se						
	Campaign contribution.							
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
Date	Payee name							
12/02/2024	Texans for Brian Harrison							
Amount (\$)	Payee address; City; State; Zip Code							
\$1,000.00	661 E. Main St.							
<b>_</b>	#200-240							
Expenditure from corporate funds	Midlothian, TX 76065							
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.							
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
Date	Payee name							
12/11/2024	Texans for Charles Schwertner							
Amount (\$)	Payee address; City; State; Zip Code							
\$5,000.00	P.O. Box 2448							
Expenditure from corporate funds	Georgetown, TX 78627							
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE	Contributions/Donations Made By							
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Campaign contribution.	se						
	Campaign contribution.							
Complete <u>ONLY</u> if direct expenditure to benefit C/O	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								
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
Sch: 10/12 Rpt: 43/46	Texas Association of Nurse Anesthetists Political Action 00069305							
4 Date	5 Payee name							
12/05/2024	Texans for Dan Patrick							
6 Amount (\$)	7 Payee address; City; State; Zip Code							
\$5,000.00	\$5,000.00 PO Box 685085							
Expenditure from corporate funds	Austin, TX 78768							
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							
	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							
12/03/2024	Texans for Greg Abbott							
Amount (\$)	Payee address; City; State; Zip Code							
\$5,000.00	PO Box 308							
Expenditure from corporate funds	Austin, TX 78767							
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								
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
Date	Payee name							
12/05/2024	Texans for Kelly Hancock							
Amount (\$)	Payee address; City; State; Zip Code							
\$1,000.00	PO Box 821349							
Expenditure from corporate funds	North Richland Hills, TX 76182							
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee							
	Candidate/Onicenoide//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 By Candidate/Officeholder/Politica Credit Card Payment									
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
Sch: 11/12 Rpt: 44/46	Texas Association of Nurse Anesthetists Political Action00069305								
4 Date 12/03/2024	5 Payee name Texans for Trent Ashby								
6 Amount (\$)	7 Payee address; City; State; Zip Code								
\$500.00									
Expenditure from corporate funds	Lufkin, TX 75902								
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
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								
12/05/2024	Todd Hunter Campaign								
Amount (\$)	Payee address; City; State; Zip Code								
\$1,000.00	\$1,000.00 445 Cape Henry Drive								
Expenditure from corporate funds	Corpus Christi, TX 78412								
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								
12/04/2024	Trey Wharton Campaign								
Amount (\$)	Payee address; City; State; Zip Code								
\$500.00	P.O. Box 1242								
Expenditure from corporate funds	Huntsville, TX 77342								
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
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								

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		EXPENDITURE C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Loan Re Office O Polling B Printing Salaries	epayment/Reimbursement Iverhead/Rental Expense Expense Expense S/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
<b>1</b> Total pages Schedule F1:	2 FILER NAM	1F			3 Filer ID (Ethics Commissi	on Filers)		
Sch: 12/12 Rpt: 45/46		ociation of Nurse Ar	00069305					
4 Date	5 Payee nam	e			·			
12/10/2024		Venton Jones Campaign						
6 Amount (\$)	7 Payee add	ess; City;	State; Zip C	Code				
\$500.00	1075 Griff	in St.						
Expenditure from	West							
corporate funds	Dallas, TX	75215						
8 PURPOSE				(b) Description				
OF		See Categories listed at the to			outside of Texas. Complete Schedule T.			
EXPENDITURE		ons/Donations Made			n, TX, officeholder living expense			
		/Officeholder/Politica	a Commuee					
				Campaign co	ontribution.			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		fficeholder name	Office so	bught	Office held			
Date	Payee nam	е						
12/06/2024	Will Metca	lf Campaign						
Amount (\$)	Payee add	ess; City;	State; Zip C	Code				
\$1,000.00	P.O. Box	154						
Expenditure from corporate funds	Conroe, T	X 77305						
PURPOSE	(a) Category	See Categories listed at the to	p of this schedule)	(b) Description				
OF		ons/Donations Made		Check if travel	outside of Texas. Complete Schedule T.			
EXPENDITURE		/Officeholder/Politica		Check if Austin	n, TX, officeholder living expense			
				Campaign co	ontribution.			
				eapa.g.r e				
Complete <u>ONLY</u> if direct expenditure to benefit C/O		fficeholder name	Office so	Office held				

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

SCHEDULE K

I The Instruction Guide explains how to complete this form				pages Schedule K: 1/1 Rpt: 46/46		
2	FILER NAME Texas Assoc	siation of Nurse Anesthetists Political Action Committee	Filer I 0006	D (Ethics Commission Fi 9305	lers)	
4	Date 11/30/2024	<ul> <li>5 Name of person from whom amount is received University Federal Credit Union</li> <li>6 Address of person from whom amount is received; City; State; Zip Code</li> </ul>	<b>I</b>		8 Amount (\$)	\$0.49
		Austin, TX 78704				
		<ul> <li>Purpose for which amount is received Check i Interest.</li> </ul>	f politi	cal con	tribution returned to filer	
	Date 11/30/2024	Name of person from whom amount is received University Federal Credit Union Address of person from whom amount is received; City; State; Zip Code			Amount (\$)	\$0.02
		Austin, TX 78704 Purpose for which amount is received Check i	f politi	cal con	tribution returned to filer	
		Interest.				