GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	Guide explains how to complete this for	m.	1 Filer ID (Ethics Comr 0001736	mission Filers) 34		 Total pages file 25 	
3	COMMITTEE NAME						OFFICE U	SE ONLY
	Texas Nurses Ass	ociation Political Action Committee					Date Received ELECTRONICA 01/15/2025	
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CI	Y; STA	TE; ZIP CO	DDE		
	ADDRESS	4807 Spicewood Springs Road					Date Hand-delivered or I	Date Postmarked
	Change of Address	Bldg 3, Suite 100						
		Austin, TX 78759					Receipt #	Amount
							Date Processed	
							Date Imaged	
5	CAMPAIGN TREASURER	MS / MRS / MR FIRST					MI	
	NAME	Mrs. Serena						
		NICKNAME LAST					SUFFIX	
		Bumpus						
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEA	SE);	A	PT / SUITE #;	CITY;	STAT	TE; ZIP CODE
	STREET	4807 Spicewood Springs Road						
	ADDRESS	Bldg. 3 Suite 100						
	(Residence or Business)	Austin, TX 78759						
7	CAMPAIGN TREASURER	STREET OR PO BOX;		/	APT / SUITE #;	CITY;	ST/	ATE; ZIP CODE
	MAILING ADDRESS	4807 Spicewood Springs Road Bldg. 3 Suite 100						
	Change of Address	Austin, TX 78759						
8	CAMPAIGN	AREA CODE PHONE NUMBER		EXTENSION				
ľ	TREASURER PHONE	(512) 452-0645 x138						
9	REPORT	X January 15	30)th day before el	ection		Dissolution (Attach	PAC-DR)
	TYPE			h day before ele			10th day after cam	
		July 15		-	Cuon		termination	paigintieasurei
			R	unoff				
10	PERIOD COVERED	Month Day Year 10/27/2024	TI	HROUGH	Month 12/3	Day 31/2024	Year I	
	ELECTION	ELECTION DATE			ELECTION T			
	LECTION	Month Day Year	٦F	Primary			Other	
		11/05/2024	X	Seneral	Special			
			<u>~</u> `					
		C	i0 ⁻	TO PAGE 2				
Fo	rms provided by Te	xas Ethics Commission ww	w.e	hics.state.tx.	US		Versio	n V4.1.0.5dd2ace2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer II	D (Ethics Commission Filers)
Texas Nurses Association	on Political Action Com	nmittee	00017	7364
14 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.)			
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	\$	5 0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	5 15,797.69
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	5 0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	615.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	5 72,660.05
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	3 0.00
16 AFFIDAVIT	L			
		I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code.		
			-	
		Mrs. Sere Signature of Car		
		Signatule of Ca	πραιγπ Π	
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, tł	nis the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer adr	ministering oath	Printed name of officer administering oath	Title o	of officer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3 3 of 25

17 COMMITT	(Ethics Commission Filers)						
Texas Nu							
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT				
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4,722.00				
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$				
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	\$ 416.00				
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$ 10,659.69				
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$				
9.	SCHEDULE E: LOANS		\$				
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 615.25				
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.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$				

	The Instruc	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 1/16 Rpt: 4/25	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	Texas Nurse	es Association Political Action Committee			00017364	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	11/12/2024	Ashford, Lisa				\$10.00
		6 Contributor address; City; State; Zip Code				
		Ft Worth, TX 76114-4535				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Registered N	lurse				
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/12/2024	Ashford, Lisa				\$10.00
		Contributor address; City; State; Zip Code		ł		
		Ft Worth, TX 76114-4535				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Registered N	lurse				
F	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/12/2024	Baird, Becky				\$10.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75229-2473	1			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Registered N	iurse				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/12/2024	Baird, Becky				\$10.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75229-2473				
\vdash	Dringing occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Registered N)		
╞	-		<u> </u>	.		
	Date 11/12/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$40.00
	11/12/2024	Barker, Connie				Φ40.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78247				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Registered N			,		
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/16 Rpt: 5/25	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Nurse	s Association Political Action Committee			00017364	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/12/2024	Barker, Connie				\$40.00
		6 Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78247				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Registered N	lurse				
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/07/2024	Batcheller, Joyce			/ incunt of Continuation (+)	\$500.00
	11/01/2021	Contributor address; City; State; Zip Code				4000.00
		Contributor address, City, State, Zip Code				
		Austin, TX 78759				
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ນ		
	RN			,		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 4 = 0 0 0
	11/01/2024	Batchelor, Lori				\$150.00
		Contributor address; City; State; Zip Code				
		Lantana, TX 76226		Ļ		
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Sr. Director	Clinical Talent and Academic Partnerships				
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/12/2024	Bender, Melinda				\$10.00
		Contributor address; City; State; Zip Code		1		
		New Braunfels, TX 78132-4538				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Registered N	lurse				
	Date	Full name of contributor out-of-state PAC (ID#:_)	Ι	Amount of Contribution (\$)	
	12/12/2024	Bender, Melinda				\$10.00
		Contributor address; City; State; Zip Code				
		New Braunfels, TX 78132-4538				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	1 5)		
	Registered N			,		
\vdash						

	The Instrue	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/16 Rpt: 6/25	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Nurse	es Association Political Action Committee			00017364	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/30/2024	Bredimus, Brandon			• •	\$150.00
		6 Contributor address; City; State; Zip Code				-
		Midland, TX 79707-1429				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	L;)		
	Chief Nursing					
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/27/2024	Cadena, Agnes	/			\$150.00
		Contributor address; City; State; Zip Code				*±00
		Continuator address, City, State, Zip Code				
	1					
		Hutto, TX 78634				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
		ger-Wound Care		,		
╞	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	11/10/2024	Carter, Karee	/		Allount of Contribution (4)	\$150.00
	1111012021	Contributor address; City; State; Zip Code				Ψ100.00
		Continuation address, City, State, Zip Code				
		Alvin, TX 77511				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	. ;)		
	RN					
╞	Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/12/2024	Casburn, Sue "Sharon"				\$10.00
		Contributor address; City; State; Zip Code				
		Yantis, TX 75497-5482				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Registered N	lurse				
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/12/2024	Casburn, Sue "Sharon"			• •	\$10.00
		Contributor address; City; State; Zip Code				
		Yantis, TX 75497-5482				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	.		
	Registered N	lurse				
⊢						

Texas Nurses Association Political Action Committee 00017364					
Texas Nurses Association Political Action Committee 00017364 I Date 5 Full name of contributor	The Instruc	ction Guide explains how to complete this f	orm.		
Texas Nurses Association Political Action Committee 00017364 I Date 5 Full name of contributor out-of-state PAC (DDI	2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
11/12/2024 Chavez, Margie \$10.00 6 Contributor address: City: State; Zip Code S10.00 9 Employer (See Instructions) Perployer (See Instructions) Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Pate Full name of contributor out-of-state PAC (Dir Amount of Contribution (\$) 12/12/2024 Full name of contributor out-of-state PAC (Dir Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Registered Nurse Employer (See Instructions) Amount of Contribution (\$) \$10.00 Date Full name of contributor out-of-state PAC (Dir Amount of Contribution (\$) \$10.00 Date Full name of contributor out-of-state PAC (Dir Amount of Contribution (\$) \$10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$10.00 Registered Nurse Employer (See Instructions) \$10.00 12/12/2024 Daniels, Nancy S10.00 \$10.00 12/12/2024 Daniels, Nancy Amount of Contribution (\$) \$10.00 <	Texas Nurse	s Association Political Action Committee		00017364	
11/12/2024 Chavez, Margie \$10.00 6 Contributor address: City: State; Zip Code S10.00 9 Employer (See Instructions) Perployer (See Instructions) Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Pate Full name of contributor out-of-state PAC (Dir Amount of Contribution (\$) 12/12/2024 Full name of contributor out-of-state PAC (Dir Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Registered Nurse Employer (See Instructions) Amount of Contribution (\$) \$10.00 Date Full name of contributor out-of-state PAC (Dir Amount of Contribution (\$) \$10.00 Date Full name of contributor out-of-state PAC (Dir Amount of Contribution (\$) \$10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$10.00 Registered Nurse Employer (See Instructions) \$10.00 12/12/2024 Daniels, Nancy S10.00 \$10.00 12/12/2024 Daniels, Nancy Amount of Contribution (\$) \$10.00 <	4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
6 Contributor address: City: State; Zip Code Brownsville, TX 78520-9229 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Pagistered Nurse Amount of Contribution (\$) 12/12/2024 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (DP:	11/12/2024				\$10.00
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Principal occupation / Job title (See Instructions) Registered Nurse 9 Employer (See Instructions) Date 12/12/2024 Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) S10.00 Contributor address; City, State; Zip Code Amount of Contribution (\$) \$10.00 Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) 11/12/2024 Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$10.00 Registered Nurse Contributor address; City, State; Zip Code Amount of Contribution (\$) \$10.00 Date Full name of contributor out-of-state PAC (IDE:					
Principal occupation / Job title (See Instructions) Registered Nurse 9 Employer (See Instructions) Date 12/12/2024 Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) S10.00 Contributor address; City, State; Zip Code Amount of Contribution (\$) \$10.00 Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) 11/12/2024 Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$10.00 Registered Nurse Contributor address; City, State; Zip Code Amount of Contribution (\$) \$10.00 Date Full name of contributor out-of-state PAC (IDE:					
Registered Nurse Amount of Contributor aut-of-state PAC (DP:		Brownsville, TX 78520-9229			
Date Full name of contributor out-of-state PAC (ID#:			9 Employer (See Instructions)	·)	
12/12/2024 Chavez, Margie \$10.00 Contributor address; City; State; Zip Code Brownsville, TX 78520-9229 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor	Registered N	lurse			
Contributor address; City, State; Zip Code Brownsville, TX 78520-9229 Principal occupation / Job title (See Instructions) Registered Nurse Date 11/12/2024 Daniels, Nancy Contributor address; City, State; Zip Code San Antonio, TX 78217-4025 Principal occupation / Job title (See Instructions) Registered Nurse Date Jul name of contributor address; City, State; Zip Code San Antonio, TX 78217-4025 Principal occupation / Job title (See Instructions) Registered Nurse Date Jul name of contributor address; City, State; Zip Code San Antonio, TX 78217-4025 Principal occupation / Job title (See Instructions) Registered Nurse Date San Antonio, TX 78217-4025 Principal occupation / Job title (See Instructions) Registered Nurse Date Full name of contributor out-of-state PAC (ID#:	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Brownsville, TX 78520-9229 Principal occupation / Job title (See Instructions) Registered Nurse Date Full name of contributor out-of-state PAC (D#:	12/12/2024				\$10.00
Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instructions) Date 11/12/2024 Full name of contributor Daniels, Nancy out-of-state PAC (ID#:) Amount of Contribution (\$) \$10.00 Contributor address; City; State; Zip Code San Antonio, TX 78217-4025 Employer (See Instructions) Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instructions) Amount of Contribution (\$) \$10.00 Date 12/12/2024 Full name of contributor Daniels, Nancy out-of-state PAC (ID#:) Amount of Contribution (\$) \$10.00 Contributor address; City; State; Zip Code San Antonio, TX 78217-4025 Amount of Contribution (\$) \$10.00 Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instructions) \$10.00 Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instructions) \$10.00 Date 11/08/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$11/08/2024 Employer (See Instructions) Date 11/08/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$150.00 Contributor address; City; State; Zip Code Euless, TX 76040 Employer (See Instructions) \$150.00 Principal occupation / Job					
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Registered Nurse Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$10.00 11/12/2024 Daniels, Nancy Contributor address; City; State; Zip Code \$10.00 San Antonio, TX 78217-4025 Employer (See Instructions) \$10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$10.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$10.00 12/12/2024 Daniels, Nancy Contributor address; City; State; Zip Code Amount of Contribution (\$) \$10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$10.00 Registered Nurse Employer (See Instructions) \$10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$10.00 Date Full name of contributor out-of-state PAC (ID#:					
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11/12/2024 Daniels, Nancy \$10.00 Contributor address; City; State; Zip Code San Antonio, TX 78217-4025 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/12/2024 Daniels, Nancy San Antonio, TX 78217-4025 \$10.00 Contributor address; City; State; Zip Code San Antonio, TX 78217-4025 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$10.00 Registered Nurse Employer (See Instructions) \$10.00 Date Full name of contributor out-of-state PAC (ID#:	Registered in	lurse			
Contributor address; City; State; Zip Code San Antonio, TX 78217-4025 Principal occupation / Job title (See Instructions) Registered Nurse Date Full name of contributor out-of-state PAC (ID#;) Amount of Contribution (\$) 12/12/2024 Daniels, Nancy Contributor address; City; State; Zip Code San Antonio, TX 78217-4025 Principal occupation / Job title (See Instructions) Registered Nurse Date Principal occupation / Job title (See Instructions) Registered Nurse Date Pull name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) San Antonio, TX 78217-4025 Principal occupation / Job title (See Instructions) Registered Nurse Date Full name of contributor out-of-state PAC (ID#;)	Amount of Contribution (\$)	
San Antonio, TX 78217-4025 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Registered Nurse Out-of-state PAC (ID#) Date Full name of contributor out-of-state PAC (ID#) 12/12/2024 Daniels, Nancy Amount of Contribution (\$) 12/12/2024 Daniels, Nancy San Antonio, TX 78217-4025 Principal occupation / Job title (See Instructions) Employer (See Instructions) Registered Nurse Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#	11/12/2024				\$10.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Registered Nurse Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 12/12/2024 Daniels, Nancy Amount of Contribution (\$) Contributor address; City; State; Zip Code San Antonio, TX 78217-4025 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) 11/08/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/08/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/08/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/08/2024 Euless, TX 76040 Employer (See Instructions) \$150.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$150.00		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions) Registered Nurse Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 12/12/2024 Daniels, Nancy Amount of Contribution (\$) Contributor address; City; State; Zip Code San Antonio, TX 78217-4025 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) 11/08/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/08/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/08/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/08/2024 Euless, TX 76040 Employer (See Instructions) \$150.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$150.00					
Principal occupation / Job title (See Instructions) Employer (See Instructions) Registered Nurse Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 12/12/2024 Daniels, Nancy Amount of Contribution (\$) Contributor address; City; State; Zip Code San Antonio, TX 78217-4025 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) 11/08/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/08/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/08/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/08/2024 Euless, TX 76040 Employer (See Instructions) \$150.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$150.00		San Antonia TV 79217-1025			
Registered Nurse Full name of contributor	Dringing occur		Employer (See Instructions)	A	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/12/2024 Daniels, Nancy \$10.00 Contributor address; City; State; Zip Code San Antonio, TX 78217-4025 Principal occupation / Job title (See Instructions) Employer (See Instructions) Registered Nurse Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) 11/08/2024 Full name of contributor out-of-state PAC (ID#:) Mount of Contribution (\$) \$150.00 Contributor address; City; State; Zip Code \$150.00 Euless, TX 76040 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)				·)	
12/12/2024 Daniels, Nancy \$10.00 Contributor address; City; State; Zip Code San Antonio, TX 78217-4025 Principal occupation / Job title (See Instructions) Employer (See Instructions) Registered Nurse Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 11/08/2024 Denny, Andrew \$150.00 Contributor address; City; State; Zip Code Employer (See Instructions) Euless, TX 76040 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Contributor address; City; State; Zip Code San Antonio, TX 78217-4025 Principal occupation / Job title (See Instructions) Registered Nurse Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) 11/08/2024 Contributor address; City; State; Zip Code Euless, TX 76040 Principal occupation / Job title (See Instructions) Employer (See Instructions) Enployer (See Instructions))	Amount of Contribution (\$)	¢10.00
San Antonio, TX 78217-4025 Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/08/2024 Denny, Andrew \$150.00 Contributor address; City; State; Zip Code Euless, TX 76040 \$150.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$150.00	12/12/2024	-			\$10.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Registered Nurse Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) 11/08/2024 Denny, Andrew Contributor address; City; State; Zip Code \$150.00 Euless, TX 76040 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; ∠ıp Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions) Registered Nurse Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) 11/08/2024 Denny, Andrew Contributor address; City; State; Zip Code \$150.00 Euless, TX 76040 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Employer (See Instructions) Registered Nurse Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) 11/08/2024 Denny, Andrew Contributor address; City; State; Zip Code \$150.00 Euless, TX 76040 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		San Antonio, TX 78217-4025			
Registered Nurse Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/08/2024 Denny, Andrew \$150.00 Contributor address; City; State; Zip Code Euless, TX 76040 \$150.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	Principal occu		Employer (See Instructions	;)	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/08/2024 Denny, Andrew \$150.00 Contributor address; City; State; Zip Code Euless, TX 76040 Principal occupation / Job title (See Instructions) Employer (See Instructions)				,	
11/08/2024 Denny, Andrew \$150.00 Contributor address; City; State; Zip Code Euless, TX 76040 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Euless, TX 76040 Principal occupation / Job title (See Instructions) Employer (See Instructions)			/		\$150.00
Euless, TX 76040 Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
		Euless, TX 76040			
Vice President of Accreditation	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
	Vice Preside	nt of Accreditation			
			<u>.</u>		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/16 Rpt: 8/25	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Nurse	s Association Political Action Committee			00017364	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/01/2024	Dobson, Rebecca				\$150.00
		6 Contributor address; City; State; Zip Code				+200.00
		Contributor address, City, State, Zip Code				
		Lake Jackson, TX 77566				
	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>ו</u>		
ľ	-	tient Experience and Magnet Certification		"		
╘				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/10/2024	Downing, Melissa				\$150.00
		Contributor address; City; State; Zip Code				
		Huffman, TX 77336	i			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Registered N	lurse				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/19/2024	Falcon, Erica				\$150.00
		Contributor address; City; State; Zip Code				
		Spring, TX 77381				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Registered N	lurse				
	Date	Full name of contributor out-of-state PAC (ID#:_	·		Amount of Contribution (\$)	
	12/06/2024	Fife, Kristen				\$150.00
		Contributor address; City; State; Zip Code		1		
		Wilson, TX 79381				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	- 5)		
	Women Vete	eran Program Manager				
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	11/12/2024	Gaudette, Lauren)		/ incant of Contribution (+)	\$10.00
						+20.00
		Contributor address, City, State, Zip Code				
1		Nacogdoches, TX 75964-7180				
⊢	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> រ)		
1	FNP			·)		
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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 6/16 Rpt: 9/25	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Nurse	s Association Political Action Committee			00017364	-
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/12/2024	Gaudette, Lauren	/		(1)	\$10.00
	12,12,2021					\$10.00
		6 Contributor address; City; State; Zip Code				
		Nacogdoches, TX 75964-7180				
ŀ	Drincipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
ľ	FNP	pation / Job tille (See Instructions)		>)		
╘				-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/16/2024	Greene, Pamela				\$25.00
		Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78412	i			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Nurse					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/16/2024	Greene, Pamela				\$25.00
		Contributor address; City; State; Zip Code		1		
		Corpus Christi, TX 78412				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Nurse					
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/12/2024	Hahn, Gale				\$150.00
		Contributor address; City; State; Zip Code				
		Friendswood, TX 77546				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Director Mag	net Program / Adjunct Faculty				
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/12/2024	Herman, Candice				\$10.00
		Contributor address; City; State; Zip Code				
		Contributor address, Oty, State, Zip Code				
		Dallas, TX 75231				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	1 5)		
	Registered N			,		
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/16 Rpt: 10/25	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		es Association Political Action Committee			00017364	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/12/2024	Herman, Candice				\$10.00
		6 Contributor address; City; State; Zip Code				
		Dallas, TX 75231				
8			9 Employer (See Instructions	5)		
	Registered N	lurse				
_	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/12/2024	Inglis, Toni				\$10.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78703-5402				
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Registered N	lurse				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/12/2024	Inglis, Toni				\$10.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78703-5402				
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Registered N	lurse	<u> </u>			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/12/2024	Johnson, Celeste				\$10.00
		Contributor address; City; State; Zip Code				
		Carland TV 75042 1421				
	Dringinal occu	Garland, TX 75043-1431 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Registered N		Employer (See instructions	5)		
⊨				1		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	ቀ10 00
	12/12/2024	Johnson, Celeste				\$10.00
		Contributor address; City; State; Zip Code				
		Garland, TX 75043-1431				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ار،</u>		
	Registered N			<i>י</i> י		
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The Instru	iction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 8/16 Rpt: 11/25	
2 FILER NAME	:		3 Filer ID (Ethics Commission Filer	rs)
	- es Association Political Action Committee		00017364	5)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
12/16/2024			\$15	50.00
	6 Contributor address; City; State; Zip Code			
	Wheeler TV 70006			
Dringinglocg	Wheeler, TX 79096	Employer (See Instructions)	A	
	upation / Job title (See Instructions) istant Professor	9 Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/31/2024	Koerber-Timmons, Karen		\$15	50.00
	Contributor address; City; State; Zip Code			
	Garrison, TX 75946			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	s)	
Assistant Pr	rofessor of Nursing			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/01/2024			\$15	50.00
	Contributor address; City; State; Zip Code			
	El Paso, TX 79938			
-	upation / Job title (See Instructions)	Employer (See Instructions)		
Associate P	rofessor/Program Director			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/11/2024	Loera, Gloria		\$5	50.00
	Contributor address; City; State; Zip Code			
	El Paso, TX 79938			
	upation / Job title (See Instructions)	Employer (See Instructions)	;)	
Associate P	rofessor/Program Director			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/11/2024	Loera, Gloria		\$5	50.00
	Contributor address; City; State; Zip Code			
	El Paso, TX 79938			
-	upation / Job title (See Instructions)	Employer (See Instructions)	<i>;</i>)	
Associate P	rofessor/Program Director			
i i				

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/16 Rpt: 12/25	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		s Association Political Action Committee			00017364	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/18/2024	Martinez, Dollye				\$150.00
		6 Contributor address; City; State; Zip Code		1		
		Midland, TX 79706-9282				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Nurse Leade	r				
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	11/13/2024	May, Leah				\$150.00
		Contributor address; City; State; Zip Code				
		contributor address, city, state, zip code				
		Round Rock, TX 78664				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ເ</u>		
		er Director of Programs and CE		-)		
╞				<u> </u>	Amount of Contribution (ft)	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢150.00
	11/02/2024					\$150.00
		Contributor address; City; State; Zip Code				
	Deinsinglasse	Dallas, TX 75248	Frankriger (On a handmadian			
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	President			_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/12/2024	Merian, Merry				\$20.00
		Contributor address; City; State; Zip Code]		
		Wimberly, TX 78676-3027				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Registered N	lurse				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/12/2024	Merian, Merry				\$20.00
		Contributor address; City; State; Zip Code				
		Wimberly, TX 78676-3027				
F	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Registered N	lurse				
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 10/16 Rpt: 13/25
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	es Association Political Action Committee		00017364
4 Date	5 Full name of contributor out-of-state PAC (ID#: Miller_loyce)	7 Amount of Contribution (\$)
11/12/2024	Miller, Joyce		\$30.0
	6 Contributor address; City; State; Zip Code		
	Odessa, TX 79765		
		9 Employer (See Instructions))
Registered N	Nurse		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/12/2024	Miller, Joyce		\$30.0
	Contributor address; City; State; Zip Code		
	Odessa, TX 79765		
	upation / Job title (See Instructions)	Employer (See Instructions))
Registered N	Nurse		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/29/2024	Moon, Michael		\$6.0
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78232-4137		
	upation / Job title (See Instructions)	Employer (See Instructions))
Professor			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
12/17/2024	Moon, Michael		\$6.0
1	Contributor address; City; State; Zip Code		
1			
1			
L	San Antonio, TX 78232-4137	,]	
-	upation / Job title (See Instructions)	Employer (See Instructions))
Professor		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/12/2024	Morrell, Patricia		\$20.0
1	Contributor address; City; State; Zip Code		
1			
L	Winnie, TX 77665	J	
	upation / Job title (See Instructions)	Employer (See Instructions))
RN			
1			

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 11/16 Rpt: 14/25	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	es Association Political Action Committee		00017364
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/12/2024	Morrell, Patricia		\$20.0
	6 Contributor address; City; State; Zip Code		
	Winnie, TX 77665		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))
RN			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/09/2024	Parker, Cheryl		\$10.0
	Contributor address; City; State; Zip Code		
	Tyler, TX 75701		
-	apation / Job title (See Instructions)	Employer (See Instructions))
Clinical Asso	ociate Professor		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/09/2024	Parker, Cheryl		\$10.0
	Contributor address; City; State; Zip Code		
	Tyler, TX 75701		<u> </u>
-	ipation / Job title (See Instructions) ociate Professor	Employer (See Instructions))
		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/26/2024	Pearson, Anthony		\$10.0
	Contributor address; City; State; Zip Code		
	Dallas, TX 75219		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions))
Registered N)
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
12/26/2024	Pearson, Anthony	/	\$10.0 \$10.0
10,20,202	Contributor address; City; State; Zip Code		
	Dallas, TX 75219		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions))
Registered N			

The Instruc	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 12/16 Rpt: 15/25		
2 FILER NAME		3 Filer ID (Ethics Commission	n Filers)	
Texas Nurse	es Association Political Action Committee		00017364	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
10/29/2024	Pilkington, Laurel			\$150.00
	6 Contributor address; City; State; Zip Code			
	Belton, TX 76513			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))	
DNP Program	m Coordinator, Assistant Professor			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
11/04/2024	Potvin, Cassandra			\$150.00
	Contributor address; City; State; Zip Code			
	Salado, TX 76571			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Trauma Serv	vice Line Director			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/12/2024	Powers, Rebekah			\$20.00
	Contributor address; City; State; Zip Code			
	Midland, TX 79703			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Registered N	Jurse			
Date	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)	
12/12/2024	Powers, Rebekah			\$20.00
	Contributor address; City; State; Zip Code			
ſ				
	Midland, TX 79703		-	
	Ipation / Job title (See Instructions)	Employer (See Instructions))	
Registered N	1	<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/04/2024	Richardson, Crissie			\$150.00
	Contributor address; City; State; Zip Code			
	Salado, TX 76571		·	
	Ipation / Job title (See Instructions)	Employer (See Instructions))	
Director of N	ursing			

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 13/16 Rpt: 16/25	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Texas Nurse	es Association Political Action Committee	00017364	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
11/12/2024	Sanders, Kay		\$40.0
	6 Contributor address; City; State; Zip Code		
	Ft. Worth, TX 76179-4004		
-	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Registered N	lurse		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/12/2024	Sanders, Kay		\$40.0
	Contributor address; City; State; Zip Code		
	Ft. Worth, TX 76179-4004		
	pation / Job title (See Instructions)	Employer (See Instructions)	
Registered N	lurse		
Date	ate Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)
11/01/2024	Strzelecki, Cindy		\$150.0
	Contributor address; City; State; Zip Code		
	Windcrest, TX 78239-2505		
•	pation / Job title (See Instructions)	Employer (See Instructions))
RN, Complia			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/26/2024	Tietze, Mari		\$10.0
	Contributor address; City; State; Zip Code		
	Irving, TX 75029		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	.) ;)
Nurse Inform			, ,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/26/2024	Tietze, Mari		\$10.0
	Contributor address; City; State; Zip Code		
	Irving, TX 75029		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	· · · · · · · · · · · · · · · · · · ·
Nurse Inform	naticist		

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	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 14/16 Rpt: 17/25		
2	FILER NAME	ER NAME			Filer ID (Ethics Commission	n Filers)
	Texas Nurse	es Association Political Action Committee			00017364	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/16/2024	Tolls, Lisa				\$150.00
	l	6 Contributor address; City; State; Zip Code		1		
Ļ		Temple, TX 76502		Ĺ		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
		fessional Development Specialist, RN	<u> </u>	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	±15.00
	11/12/2024	Tschirch, Poldi				\$15.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77018-2013				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 5)		
	Registered N			-,		
╞	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Γ	Amount of Contribution (\$)	
	12/12/2024	Tschirch, Poldi	/		Allount of Contribution (+)	\$15.00
	 , -	Contributor address; City; State; Zip Code				-
		Houston, TX 77018-2013				
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Registered N	Jurse				
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/12/2024	Vitek, Laura				\$25.00
		Contributor address; City; State; Zip Code]		
		Houston, TX 77036-4001				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ו</u>		
	Registered N			<i>)</i>		
╞	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	12/12/2024	Vitek, Laura	/			\$25.00
	Contributor address; City; State; Zip Code					*
		Houston, TX 77036-4001				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Registered N	lurse				

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 15/16 Rpt: 18/25		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	3)	
Texas Nurse	es Association Political Action Committee		00017364	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
11/11/2024	Watson, James Jeffrey		\$50	0.00
	6 Contributor address; City; State; Zip Code			
	Lubbock, TX 79413-4805			
	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Registered N	Nurse			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/11/2024	Watson, James Jeffrey		\$50	0.00
	Contributor address; City; State; Zip Code			
Driv single easy	Lubbock, TX 79413-4805		、 、	
	Ipation / Job title (See Instructions)	Employer (See Instructions)	
Registered N		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/12/2024	Willmann, James		\$30	0.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78759-4930			
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>)</u>	
Attorney)	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)	
11/12/2024	Woolbert, Lynda	/		0.00
11/1 <i>11/1002</i> .	Contributor address; City; State; Zip Code			0.00
	Contributor address, City, State, Lip Code			
	West Columbia, TX 77486-9640			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
PNP				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
12/12/2024	Woolbert, Lynda			0.00
	Contributor address; City; State; Zip Code			
	West Columbia, TX 77486-9640			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	
PNP				

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	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 16/16 Rpt: 19/25		
2	2 FILER NAME				Filer ID (Ethics Commission	Filers)
ľ	Texas Nurses Association Political Action Committee				00017364	1 11(13)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/11/2024	Zelanko, Jeanie				\$25.00
		6 Contributor address; City; State; Zip Code				
		Mesquite, TX 75150-6012				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Registered N	lurse				
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/11/2024	Zelanko, Jeanie				\$25.00
	12/11/2024					φ25.00
		Contributor address; City; State; Zip Code				
		Mesquite, TX 75150-6012				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Registered N	lurse				
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/11/2024)			\$15.00
	11/11/2024	Zolnierek, Cynthia				ΦT2.00
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78626				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Registered N	lurse				
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/11/2024	Zolnierek, Cynthia			(1)	\$15.00
	12/11/2024	-				\$10.00
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78626				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Registered N	lurse				
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MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.		1	Total pages S Sch: 1/1 Rp	Schedule C3: t: 20/25		
2	2 FILER NAME			3	Filer ID	(Ethics Commission Filers)	
Texas Nurses Association Political Action Committee				00017364			
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	10/31/2024		Texas Nurses Association			41	16.00

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: 21/25		
2	2 FILER NAME 3 Texas Nurses Association Political Action Committee 3		3	Filer ID 00017364	(Ethics Commission Filers)	
4	Date 10/31/2024	5	Corporation / Labor Organization name Texas Nurses Association	6	Amount (\$)	3,551.68
	Date 11/30/2024		Corporation / Labor Organization name Texas Nurses Association		Amount (\$)	3,413.12
	Date 12/31/2024		Corporation / Labor Organization name Texas Nurses Association		Amount (\$)	3,694.89

Forms provided by Texas Ethics Commission

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Rep Fees Office Ovr Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement rrhead/Rental Expense pense vpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)	
Sch: 1/4 Rpt: 22/25	Texas Nurses Association Political Action Com	mittee	00017364	
4 Date	5 Payee name			
10/30/2024	Nguyen, Trang			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$150.00	5252 W University Dr			
Expenditure from corporate funds	McKinney, TX 75071			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Return of Donation		de of Texas. Complete Schedule T.	
		Voided Transact	officeholder living expense	
		Volueu Transact		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	I Candidate/Officeholder name Office sou H	ght	Office held	
Date	Payee name			
10/31/2024	PAYA			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$45.00	12120 Sunset Hills Road Suite 500			
\$ 10100				
Expenditure from corporate funds	Reston, VA 20190			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		de of Texas. Complete Schedule T. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ght	Office held	
Date	Payee name			
10/31/2024	PAYA			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$76.24	12120 Sunset Hills Road Suite 500			
φr0.24				
Expenditure from corporate funds	Reston, VA 20190			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		de of Texas. Complete Schedule T.	
		Credit Card Fees	officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ght	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGORIES F	.,					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By	Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printin	epayment/Reimbursement Overhead/Rental Expense Expense g Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District				
Candidate/Officeholder/Politica Credit Card Payment	5	s/Wages/Contract Labor	OTHER (enter a category not listed above)				
	The Instruction Guide explains how to	· · · · · · · · · · · · · · · · · · ·					
1 Total pages Schedule F1:			Filer ID (Ethics Commission Filers)				
Sch: 2/4 Rpt: 23/25		Texas Nurses Association Political Action Committee 00017364					
4 Date	5 Payee name						
11/30/2024	PAYA						
6 Amount (\$)	7 Payee address; City; State; Zip	Code					
\$45.00	12120 Sunset Hills Road Suite 500						
Expenditure from corporate funds	Reston, VA 20190						
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
EXPENDITURE	Fees		side of Texas. Complete Schedule T. X, officeholder living expense				
		Bank Draft Fee					
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office s	ought	Office held				
expenditure to benefit C/O							
Date	Payee name						
12/31/2024	РАҮА						
Amount (\$)	Payee address; City; State; Zip	Code					
\$45.00	12120 Sunset Hills Road Suite 500						
Expenditure from corporate funds	Reston, VA 20190						
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
OF EXPENDITURE	Fees		side of Texas. Complete Schedule T.				
			X, officeholder living expense				
		Bank Draft Fee					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s H	ougnt	Office held				
Date	Payee name						
11/30/2024	PAYA						
Amount (\$)	Payee address; City; State; Zip	Code					
\$175.98	12120 Sunset Hills Road Suite 500						
+1.0.00							
Expenditure from corporate funds	Reston, VA 20190						
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
OF EXPENDITURE	Accounting/Banking		side of Texas. Complete Schedule T.				
-		Credit Card Fee	X, officeholder living expense				
		Cieuli Calu Fei					
Complete ONUM Statis		ave lat					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s H	ougnt	Office held				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense		an Repayment/Reimbursement	Solicitation/Fundraising Expense	
Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Food/Beverage Expense Po Gift/Awards/Memorials Expense Pr	fice Overhead/Rental Expense Illing Expense inting Expense alaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how			
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)	
Sch: 3/4 Rpt: 24/25	Texas Nurses Association Political Action	Committee	00017364	
4 Date	5 Payee name	· · ·		
12/31/2024	ΡΑΥΑ			
6 Amount (\$)	7 Payee address; City; State; Z	ip Code		
\$75.91	12120 Sunset Hills Road Suite 500			
Expenditure from corporate funds	Reston, VA 20190			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedul			
EXPENDITURE	Accounting/Banking		side of Texas. Complete Schedule T. K, officeholder living expense	
		Credit Card Fee		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		e sought	Office held	
Date	Payee name			
10/31/2024	Texas Nurses Association			
Amount (\$)	Payee address; City; State; Z	ip Code		
\$0.41	4807 Spicewood Springs Road Bldg 3 Su	ite 100		
X Expenditure from corporate funds	Austin, TX 78759			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedul			
EXPENDITURE	Office Overhead/Rental Expense		side of Texas. Complete Schedule T. K, officeholder living expense	
		Equipment leas		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ce sought	Office held	
Date	Payee name			
11/26/2024	Texas Nurses Association			
Amount (\$)	Payee address; City; State; Z	ip Code		
\$0.41	4807 Spicewood Springs Road Bldg 3 Su	ite 100		
X Expenditure from corporate funds	Austin, TX 78759			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedul			
EXPENDITURE	Office Overhead/Rental Expense		side of Texas. Complete Schedule T. K, officeholder living expense	
		Equipment leas		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ce sought	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

Fees

Advertising Expense Accounting/Banking

Consulting Expense

Credit Card Payment

12/01/2024

Expenditure from

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

corporate funds

6 Amount (\$)

Sch: 4/4 Rpt: 25/25

1

4 Date

Х

8

9

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Total pages Schedule F1: 2 FILER NAME

\$0.41

5

7

Payee name

Payee address;

Austin, TX 78759

SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Texas Nurses Association Political Action Committee 00017364 **Texas Nurses Association** City; State; Zip Code 4807 Spicewood Springs Road Bldg 3 Suite 100 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense Check if Austin, TX, officeholder living expense Equipment lease Candidate/Officeholder name Office sought Office held

Date 11/30/2024	Payee name Texas Nurses Foundation		
Amount (\$) \$0.89	Payee address; City; Stat 4807 Spicewood Springs Road Bldg 3	ate; Zip Code 3 Suite 100	
Expenditure from corporate funds	Austin, TX 78759		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Accounting/Banking	schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office sought Office held	