#### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00069305 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Association of Nurse Anesthetists Political Action Committee Date Received **ELECTRONICALLY FILED** 02/05/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 919 Congress Ave., Suite 720 Change of Address Austin, TX 78701 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Andrea N. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Pee CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 919 Congress Ave., Suite 720 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX; APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 919 Congress Ave., Suite 720 MAILING **ADDRESS** Change of Address Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 495-9004 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 12/26/2024 01/25/2025

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

# FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME			13 File		(Ethics Commission Filers)
Texas Association of	Nurse Anesthetists Politi	cal Action Committee	000	69305	
4 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this		B. Opposed			
report if necessary.)					
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders     Assisted				
	(Identify by name or, if applicable, classify by party.)				
.5 CONTRIBUTION TOTALS		O POLITICAL CONTRIBUTIONS (OTHER OR GUARANTEES OF LOANS, OR	THAN		
	CONTRIBUTIONS N	IADE ELECTRONICALLY) qualifies for the higher itemization threshold		\$	0.00
	2. TOTAL POLITICA		0.4110)	\$	6,472.68
EXPENDITURE	<del>  `</del>	DGES, LOANS, OR GUARANTEES OF LO D POLITICAL EXPENDITURES	UANS)		
TOTALS	J. TOTAL GIVITLIWIZE	OF OLITICAL EXILENDITORES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	269.37
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF T G PERIOD	HE LAST DAY	\$	47,052.07
OUTSTANDING LOAN TOTALS	1 · · · · · · · · · · · · · · · · · · ·	AMOUNT OF ALL OUTSTANDING LOAN: REPORTING PERIOD	S AS OF THE	\$	0.00
6 AFFIDAVIT				<u> </u>	
		I swear, or affirm, under per true and correct and include under Title 15, Election Coc	es all information r	at the ac equired	ccompanying report is to be reported by me
			Ma Androa N. I	200	
			Ms. Andrea N. I ture of Campaign		er
45517 1107 11	DV 07114D / 0511	Oig.i.d.	auto or ourripaign	rreadai	<b>.</b>
AFFIX NOTAL	RY STAMP / SEAL ABOVE				
					day
of	, 20, to certify	which, witness my hand and seal of office.			
Signature of officer	administering oath	Printed name of officer administering oath	n Title	of office	er administering oath

#### **SUBTOTALS - MPAC**

## FORM MPAC COVER SHEET PG 3

		3 of 24
17 COMMITTEE NAME 18	Filer ID (E	Ethics Commission Filers)
Texas Association of Nurse Anesthetists Political Action Committee	00069305	
19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	5,160.74
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	<b>5</b>
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	<b>B</b>
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	B
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION	ON OR	<b>5</b>
6. X SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANI	IZATION \$	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 ORC	GANIZATION \$	<b>5</b>
9. SCHEDULE E: LOANS	\$	<b>5</b>
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	269.37
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	<b>5</b>
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	S \$	<b>B</b>
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	<b>B</b>
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S \$	<b>5</b>
15. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RET	TURNED \$	0.07

	MONEI	ARY POLITICAL CO	NTRIBUTIO	NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/17 Rpt: 4/24	
2	FILER NAME	iation of Nurse Anesthetists Polit	ical Action Committ	96	3	Filer ID (Ethics Commission 00069305	Filers)
_					Ļ		
4	Date 01/20/2025	<ul><li>5 Full name of contributor</li></ul>	out-of-state PAC (ID#:_	)	,	Amount of Contribution (\$)	\$83.33
		Houston, TX 77009-7252	Zip Gode				
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Certified Reg	istered Nurse Anesthetist					
_	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/18/2025	Andersen, Jennifer	` _	,		( )	\$41.67
		Contributor address; City; State;	Zin Code				
		Contributor address, City, State,	Zip Code				
		Midland, TX 79705					
		pation / Job title (See Instructions)		Employer (See Instructions	()		
	Certified Reg	Certified Registered Nurse Anesthetist					
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/31/2024	Anthony, Jennifer					\$83.33
		Contributor address; City; State;	Zip Code				
		Texarkana, TX 75501					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Certified Reg	istered Nurse Anesthetist					
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/21/2025	Apodaca, Rylee	out of state 1710 (IBII	/		7 mileant of Continuation (4)	\$83.33
	01/21/2020		Zin Codo				Ψ00.00
		Contributor address; City; State;	Zip Code				
		Houston, TX 77004					
	Princinal occu	pation / Job title (See Instructions)		Employer (See Instructions	.) 		
	•	stered Nurse Anesthetist		Employer (God mandadiona	,		
						A	
	Date	<b>—</b>	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>#</b> 00.00
	01/20/2025	Bishop, Harold					\$83.33
		Contributor address; City; State;	Zip Code				
		Lufkin, TX 75904-6304			Ļ		
		pation / Job title (See Instructions)		Employer (See Instructions	<b>(</b> )		
	Certified Reg	jistered Nurse Anesthetist					
	<u> </u>				_		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	)NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/17 Rpt: 5/24	
2	FILER NAME	ciation of Nurse Anesthetists	Political Action Commit	ttoo	3	Filer ID (Ethics Commission 00069305	Filers)
_					L		
4	Date 01/22/2025	<ul><li>5 Full name of contributor Blacketter, Lisa</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	\$30.00
		Port Lavaca, TX 77979					
8		pation / Job title (See Instruction	s)	9 Employer (See Instructions	<b>s</b> )		
	Certified Reg	gistered Nurse Anesthetist					
	Date 01/07/2025	Full name of contributor Bullerwell, Megan Contributor address; City; S	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$30.00
	Dringing con	Bellaire, TX 77401		Employer (See Instructions			
		pation / Job title (See Instruction: gistered Nurse Anesthetist	5)	Employer (See Instructions	5)		
	<u> </u>				_		
	Date 01/24/2025	Full name of contributor Burkhardt, Hillary	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$30.00
		Contributor address; City; S  Nederland, TX 77627	tate; Zip Code				
	Principal occu	pation / Job title (See Instruction:	s)	Employer (See Instructions	<u></u>		
	Certified Reg	gistered Nurse Anesthetist					
	Date 01/15/2025	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$83.33
	01/13/2023	Byars, Michael  Contributor address; City; State; Zip Code					φ03.33
		HOUSTON, TX 77019					
	•	pation / Job title (See Instruction: gistered Nurse Anesthetist	S)	Employer (See Instructions	s)		
	Date	Full name of contributor	out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	01/01/2025	Carter, Tanya					\$83.33
		Contributor address; City; S	tate; Zip Code				
		Dallas, TX 75235			L		
		pation / Job title (See Instruction gistered Nurse Anesthetist	s)	Employer (See Instructions	5)		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	)NS		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains hov	to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/17 Rpt: 6/24	
2	FILER NAME	ciation of Nurse Anesthetists I	Political Action Commit	tee	3	Filer ID (Ethics Commission 00069305	ı Filers)
4	Date 01/14/2025	<ul> <li>5 Full name of contributor         Caswell, Abigail</li> <li>6 Contributor address; City; S</li> </ul>	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$83.33
8		Friendswood, TX 77546 pation / Job title (See Instructions gistered Nurse Anesthetist	s)	9 Employer (See Instructions	<u> </u> 5)		
	Date 12/27/2024	Full name of contributor Collins, Gregory Contributor address; City; S Granbury, TX 76049	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$83.33
		pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u> 5)		
	Date 01/22/2025	Full name of contributor Cornelius, Brian Contributor address; City; S	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$83.33
		Burleson, TX 76028					
		pation / Job title (See Instructions gistered Nurse Anesthetist	s)	Employer (See Instructions	5)		
	Date 01/16/2025	Full name of contributor out-of-state PAC (ID#:)  Davenport, Stephanie  Contributor address; City; State; Zip Code  The Woodlands, TX 77382				Amount of Contribution (\$)	\$30.00
	•	pation / Job title (See Instructions gistered Nurse Anesthetist	s)	Employer (See Instructions	5)		
	Date 12/31/2024	Full name of contributor Davis, Rachel Contributor address; City; S Houston, TX 77057	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$83.34
		pation / Job title (See Instructions gistered Nurse Anesthetist	s)	Employer (See Instructions	5)		

	MONEI	ARY POLITICAL CO	NIRIBUTIO	ONS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/17 Rpt: 7/24	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	iation of Nurse Anesthetists Polit	ical Action Commit	tee		00069305	
4	Date 01/07/2025	5 Full name of contributor			7	Amount of Contribution (\$)	\$83.33
		Houston, TX 77027					
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Certified Reg	istered Nurse Anesthetist					
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	01/07/2025	Dupree, Garrett					\$30.00
		Contributor address; City; State;	Zip Code				
		Fort Worth, TX 76126					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Certified Req	jistered Nurse Anesthetist					
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	01/18/2025	Eisa, Lina					\$41.67
		Contributor address; City; State;	Zip Code				
		0 1 7 7 77 400					
		Sugar Land, TX 77498			Ļ		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Сеппеа ке	jistered Nurse Anesthetist					
	Date	_	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	12/31/2024	Estes, Sonia					\$30.00
		Contributor address; City; State;	Zip Code				
		Dellas TV 75200					
	D: : 1	Dallas, TX 75206			$\overline{\Gamma}$		
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Certilled Re(	jistered Nurse Anesthetist					
	Date	<b>—</b>	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	12/26/2024	Farmer, Masson					\$83.33
		Contributor address; City; State;	Zip Code				
		V TV 75140					
	<u> </u>	Kemp, TX 75143			Ĺ		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Cerunea Re(	jistered Nurse Anesthetist					

	MONEI	ARY POLITICAL C	CONTRIBUTIO	ONS		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how	to complete this for	orm.	1	Total pages Schedule A1: Sch: 5/17 Rpt: 8/24	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists F	olitical Action Commit	tee	3	Filer ID (Ethics Commission 00069305	ı Filers)
4	Date 01/22/2025	<ul><li>5 Full name of contributor Frawley, Steven</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:_ ate; Zip Code		7	Amount of Contribution (\$)	\$83.33
8		Dallas, TX 75209 pation / Job title (See Instructions gistered Nurse Anesthetist	)	9 Employer (See Instructions	<u> </u> ;)		
	Date 01/21/2025	Full name of contributor Galvin, Vaughna Contributor address; City; St				Amount of Contribution (\$)	\$83.33
		Benbrook, TX 76126-4451 pation / Job title (See Instructions gistered Nurse Anesthetist		Employer (See Instructions	<u> </u> 5)		
	Date 01/07/2025	Full name of contributor Gegel, Brian Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$41.67
	Principal occu	San Antonio, TX 78258 pation / Job title (See Instructions	)	Employer (See Instructions	  -  s)		
	Certified Reg	gistered Nurse Anesthetist					
	Date 12/31/2024	Full name of contributor Green, Jessica Contributor address; City; St Bullard, TX 75757	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$83.33
	•	pation / Job title (See Instructions gistered Nurse Anesthetist	)	Employer (See Instructions	<u> </u> 5)		
	Date 12/31/2024	Full name of contributor Hammonds, Daniel Contributor address; City; St Midlothian, TX 76065	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$83.33
		pation / Job title (See Instructions gistered Nurse Anesthetist	)	Employer (See Instructions	5)		
			<del></del>				

	MONEI	ARY POLITICAL CON	NIRIBUTIO	INS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to o	complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/17 Rpt: 9/24	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Politic	al Action Commit	ee	3	Filer ID (Ethics Commission 00069305	Filers)
4	Date		ut-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
-	01/21/2025	High, Amber  6 Contributor address; City; State; Z			-	, and an equal (4)	\$41.67
		Dickinson, TX 77539	.iμ Code				
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	<u> </u>		
	Certified Reg	istered Nurse Anesthetist					
	Date	Full name of contributor 0	ut-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	01/07/2025	Johnson, Ryan					\$30.00
		Contributor address; City; State; Z	ip Code				
		Haveter TV 77040					
	Delicalization	Houston, TX 77018		Faralassa (Osas kastaustisas	Ĺ		
		pation / Job title (See Instructions) pistered Nurse Anesthetist		Employer (See Instructions	5)		
					_	Assessment of Oscatalla discrete	
	Date 12/26/2024	Full name of contributor 0  Kakenmaster, Kathryn	ut-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$83.33
	12/20/2024	Contributor address; City; State; Z	'in Codo				Ψ03.33
		Continuator address, City, State, 2	ip Code				
		Keller, TX 76248					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Certified Reg	istered Nurse Anesthetist					
	Date	Full name of contributor 0	ut-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	12/31/2024	Kelly, Tamra					\$41.67
		Contributor address; City; State; Z	ip Code				
		Humble, TX 77346					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	.) 		
	•	istered Nurse Anesthetist		Employer (See mandenons	')		
	Date		ut-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	01/20/2025	Kelly, Tamra	ut-01-3tate 1 AC (1D#			randant of Contribution (4)	\$30.00
		Contributor address; City; State; Z	in Code				
		,	,				
		Jersey Village, TX 77040					
		pation / Job title (See Instructions)		Employer (See Instructions	()		
	Certified Reg	jistered Nurse Anesthetist					

	MONEI	ARY POLITICAL C	ONTRIBUTIO	INS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/17 Rpt: 10/24	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Po	olitical Action Commit	ree	3	Filer ID (Ethics Commission 00069305	n Filers)
4	Date 01/21/2025	<ul> <li>5 Full name of contributor [Kelly, Tamra</li> <li>6 Contributor address; City; Sta</li> </ul>	out-of-state PAC (ID#:_ te; Zip Code	)	7	Amount of Contribution (\$)	\$62.50
8		Humble, TX 77346 pation / Job title (See Instructions) gistered Nurse Anesthetist		9 Employer (See Instructions	5)		
	Date 12/28/2024	Full name of contributor [ Krenek, Debra  Contributor address; City; Sta  Edinburg, TX 78541	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$30.00
		pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	<u> </u>		
	Date 01/15/2025	Full name of contributor [ Leach, Steven Contributor address; City; Sta	out-of-state PAC (ID#:_ te; Zip Code	)		Amount of Contribution (\$)	\$100.00
		Bayou Vista, TX 77563 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 01/14/2025	Full name of contributor [ Lower, Patrick  Contributor address; City; Sta	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	)		
	Date 12/28/2024	Full name of contributor Massey, Douglas Contributor address; City; Sta San Antonio, TX 78260	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$83.33
		pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/17 Rpt: 11/24	
2	FILER NAME				3	Filer ID (Ethics Commission	r Filers)
	Texas Assoc	iation of Nurse Anesthetists Po	olitical Action Commit	tee		00069305	
4	Date 12/27/2024	<ul> <li>5 Full name of contributor [         Michinock, Jessica</li> <li>6 Contributor address; City; Sta</li> </ul>	out-of-state PAC (ID#:_  te; Zip Code		7	Amount of Contribution (\$)	\$20.00
		Round Rock, TX 78664					
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist					
	Date 12/28/2024	Full name of contributor [ Moore, Robert Contributor address; City; Sta	out-of-state PAC (ID#:_ te; Zip Code	)		Amount of Contribution (\$)	\$83.33
		Fort Worth, TX 76116					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Certified Reg	sistered Nurse Anesthetist					
	Date	Full name of contributor	out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	01/14/2025	Moore, Tammy	_				\$83.33
		Contributor address; City; Sta	te; Zip Code				
		Houston, TX 77080					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Certified Reg	jistered Nurse Anesthetist					
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	12/28/2024	Morales, Timothy  Contributor address; City; Sta	te; Zip Code				\$83.33
		Missouri City, TX 77459					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Certified Reg	sistered Nurse Anesthetist					
	Date	Full name of contributor	out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	01/05/2025	Mueller, Joseph					\$100.00
		Contributor address; City; Sta	te; Zip Code				
		Austin, TX 78736					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Certified Reg	jistered Nurse Anesthetist					

	MONEI	ARY POLITICAL CO	NTRIBUTIO	ONS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/17 Rpt: 12/24	
2	FILER NAME	indian of Name Amenda adian Deliai	! ^-! 0		3	Filer ID (Ethics Commission	Filers)
_		iation of Nurse Anesthetists Politic		tee	L	00069305	
4	Date 12/31/2024	<ul> <li>Full name of contributor</li> <li>Mueller, Sarah</li> <li>Contributor address; City; State;</li> </ul>	out-of-state PAC (ID#:  Zip Code	)	7	Amount of Contribution (\$)	\$30.00
	Dringing Loggy	Inez, TX 77968		O Employer (Con Instructions			
ŏ		pation / Job title (See Instructions) pistered Nurse Anesthetist		9 Employer (See Instructions	5)		
					_		
	Date 01/19/2025	Full name of contributor  Murphy, Yvonne  Contributor address; City; State;	out-of-state PAC (ID#:_  Zip Code			Amount of Contribution (\$)	\$50.00
		Georgetown, TX 78633					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u>		
	Certified Reg	Certified Registered Nurse Anesthetist					
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/27/2024	Nick, Michael					\$83.33
		Contributor address; City; State;	Zip Code				
		Abernathy, TX 79311			Ĺ		
		pation / Job title (See Instructions) pistered Nurse Anesthetist		Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	12/31/2024	Nugent, Hylda  Contributor address; City; State;	Zip Code				\$83.33
		Weatherford, TX 76087-3820	-				
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist		Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	01/23/2025	Odell, Wendy					\$83.33
		Contributor address; City; State; Southlake, TX 76092	Zip Code				
	Principal occu	pation / Job title (See Instructions)	T	Employer (See Instructions	<u>L</u>		
		istered Nurse Anesthetist		, -, -, ( mondono)	,		

	MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete th	nis form.	1	Total pages Schedule A1: Sch: 10/17 Rpt: 13/24	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action Cor	mmittee	3	Filer ID (Ethics Commission 00069305	ı Filers)
4	Date 12/28/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$50.00
	Dringing Loon	Lubbock, TX 79423	0 Employer/Coo Instructional	<u></u>		
0		pation / Job title (See Instructions) histered Nurse Anesthetist	9 Employer (See Instructions	5)		
	Date 12/31/2024	Full name of contributor out-of-state PAC ( Olson, David  Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$83.33
	Delicalization	Ft worth, TX 76133	Fundament (On a landounting	<u> </u>		
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	S)		
	Date 01/22/2025	Full name of contributor out-of-state PAC ( Omoni, Peter  Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$83.33
		Katy, TX 77494				
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	s)		
	Date 01/21/2025	Full name of contributor out-of-state PAC ( Parker Sharp, William  Contributor address; City; State; Zip Code  Amarillo, TX 79124	(ID#:)		Amount of Contribution (\$)	\$41.67
	•	oation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	s)		
	Date 01/15/2025	Full name of contributor out-of-state PAC ( Parnacott, Stewart  Contributor address; City; State; Zip Code  Houston, TX 77019	, (ID#:)		Amount of Contribution (\$)	\$83.33
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	s)		
			l			

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 11/17 Rpt: 14/24		
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action Committe	ee	3	Filer ID (Ethics Commission 00069305	n Filers)
4	Date 01/24/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$83.33
_	Deire diesel en en	SugarLand, TX 77478				
8		pation / Job title (See Instructions) istered Nurse Anesthetist	9 Employer (See Instructions	)		
	Date 01/13/2025	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occur	Temple, TX 76502 pation / Job title (See Instructions)	Employer (See Instructions	)		
Certified Registered Nurse Anesthetist				,		
	Date 01/14/2025	Full name of contributor out-of-state PAC (ID#:Pichon, Arianne  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$41.67
		Buda, TX 78610				
		oation / Job title (See Instructions) istered Nurse Anesthetist	Employer (See Instructions	)		
	Date 01/24/2025	Full name of contributor out-of-state PAC (ID#:_Rabe, Cora  Contributor address; City; State; Zip Code  Humble, TX 77396-3888			Amount of Contribution (\$)	\$83.33
		oation / Job title (See Instructions) istered Nurse Anesthetist	Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  01/22/2025 Rader, Haley  Contributor address; City; State; Zip Code  Houston, TX 77098			Amount of Contribution (\$)	\$100.00	
		pation / Job title (See Instructions) istered Nurse Anesthetist	Employer (See Instructions	)		

MONETARY POLITICAL CONTRIBUTIONS				<b>■ A1</b>			
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/17 Rpt: 15/24	
2	FILER NAME Texas Assoc	ciation of Nurse Anesthetists	Political Action Commit	tee	3	Filer ID (Ethics Commission 00069305	ı Filers)
4	Date 01/21/2025	<ul><li>5 Full name of contributor Rao, Jacob</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$10.00
8		Dallas, TX 75238 pation / Job title (See Instruction gistered Nurse Anesthetist	s)	9 Employer (See Instructions	<u> </u> s)		
	Date 01/11/2025	Full name of contributor  Reed, Troy  Contributor address; City; S	·			Amount of Contribution (\$)	\$30.00
		New Braunfels, TX 78132 pation / Job title (See Instruction gistered Nurse Anesthetist		Employer (See Instructions	<u> </u> ;)		
	Date 01/12/2025	Full name of contributor Reidy, Catherine Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$83.33
		Granbury, TX 76049 pation / Job title (See Instruction	5)	Employer (See Instructions	<u> </u> s)		
_	Date 01/17/2025	Full name of contributor Resnick, Lillian Contributor address; City; S Austin, TX 78735	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$30.00
	•	pation / Job title (See Instruction gistered Nurse Anesthetist	s)	Employer (See Instructions	s)		
	Date 12/29/2024	Full name of contributor Ross, Brittaney Contributor address; City; S Dallas, TX 75206	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$30.00
		pation / Job title (See Instruction gistered Nurse Anesthetist	5)	Employer (See Instructions	5)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 13/17 Rpt: 16/24		
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action Comm	ittee	3	Filer ID (Ethics Commission 00069305	n Filers)
4	Date 01/04/2025			7	Amount of Contribution (\$)	\$83.33
_		Texas, TX 76017		_		
8		pation / Job title (See Instructions) histered Nurse Anesthetist	9 Employer (See Instructions	s)		
	Date 12/31/2024	Full name of contributor out-of-state PAC (ID# Rutherford, Karrie  Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$20.00
	Principal occu	Caldwell, TX 77836 pation / Job title (See Instructions)	Employer (See Instructions	;) 		
	•	pistered Nurse Anesthetist	Employer (See Instructions	P)		
	Date 12/31/2024	Full name of contributor out-of-state PAC (ID# Saenz, Melizza  Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$30.00
		Belton, TX 76513				
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	s)		
	Date 12/26/2024	Full name of contributor out-of-state PAC (ID# Sanders, Kay  Contributor address; City; State; Zip Code  Fort Worth, TX 76179	:)		Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  01/15/2025 Scudieri, Louise  Contributor address; City; State; Zip Code  Decatur, TX 76234			Amount of Contribution (\$)	\$62.50	
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	5)		
			•			

MONETARY POLITICAL CONTRIBUTIONS				<b>■ A1</b>			
	The Instru	ction Guide explains hov	w to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/17 Rpt: 17/24	
2	FILER NAME Texas Assoc	ciation of Nurse Anesthetists	Political Action Commit	ttee	3	Filer ID (Ethics Commission 00069305	ı Filers)
4	Date 01/17/2025	<ul><li>5 Full name of contributor Shaffer, Scott</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$83.33
8		Salida, CO 81201 pation / Job title (See Instruction gistered Nurse Anesthetist	s)	9 Employer (See Instructions	<u> </u> 5)		
	Date 01/11/2025	Full name of contributor Sheneman, Megan Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instruction gistered Nurse Anesthetist	s)	Employer (See Instructions	<u>(</u>		
	Date 01/22/2025	Full name of contributor Spence, Dennis Contributor address; City; S	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$83.33
		Austin, TX 78757					
		pation / Job title (See Instruction gistered Nurse Anesthetist	s)	Employer (See Instructions	5)		
	Date 01/18/2025	Full name of contributor Stephenson, Malia Contributor address; City; S Keller, TX 76248	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instruction gistered Nurse Anesthetist	s)	Employer (See Instructions	5)		
	Date 01/16/2025	Full name of contributor Tabladillo, Meredith Contributor address; City; S League City, TX 77573	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$30.00
		pation / Job title (See Instruction gistered Nurse Anesthetist	s)	Employer (See Instructions	5)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 15/17 Rpt: 18/24		
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action Commit	tee	3	Filer ID (Ethics Commission 00069305	Filers)
4	Date 01/12/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$83.33
_	Deinsinal assu	Bayou Vista, TX 77563	O Familia var (Cara Instructiona	$\overline{\Gamma}$		
8	•	pation / Job title (See Instructions) pistered Nurse Anesthetist	9 Employer (See Instructions	5)		
	Date 01/04/2025	Full name of contributor out-of-state PAC (ID#:_ Thomas, Rodrick Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$62.50
		Livingston, TX 77399				
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	5)		
	Date 01/05/2025	Full name of contributor out-of-state PAC (ID#:_ Ulinski, Jessica Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$83.33
		Georgetown, TX 78626				
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	5)		
	Date 01/07/2025	Full name of contributor out-of-state PAC (ID#:_ Vera, Martha Contributor address; City; State; Zip Code  Pearland, TX 77584	)		Amount of Contribution (\$)	\$30.00
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	)		
	Date 01/22/2025	Full name of contributor out-of-state PAC (ID#:_ Walden, Micah Contributor address; City; State; Zip Code Sulphur Springs, TX 75483			Amount of Contribution (\$)	\$83.33
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	5)		

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A				
	The Instru	ction Guide explains how t	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 16/17 Rpt: 19/24	
2	FILER NAME	iction of Nurse Aposthetists De	litical Action Commit	100	3	Filer ID (Ethics Commission	n Filers)
		iation of Nurse Anesthetists Po	_	lee		00069305	
4	Date 01/22/2025			7	Amount of Contribution (\$)	\$83.33	
8	Principal occu	Victoria, TX 77904 pation / Job title (See Instructions)		Employer (See Instructions	)		
Ü		gistered Nurse Anesthetist		5 Employer (See manuchons	,		
	Date 01/09/2025	Full name of contributor Walker, Brian  Contributor address; City; Stat	out-of-state PAC (ID#:_ e; Zip Code			Amount of Contribution (\$)	\$41.67
		Harlingen, TX 78552					
		pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	)		
	Date 12/31/2024	Full name of contributor  Watts, Mary Jo  Contributor address; City; Stat	out-of-state PAC (ID#:_ e; Zip Code			Amount of Contribution (\$)	\$83.33
		New Braunfels, TX 78132					
		pation / Job title (See Instructions)  yistered Nurse Anesthetist		Employer (See Instructions	)		
	Date 01/18/2025	Full name of contributor Whaley, Johanna Contributor address; City; Stat	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$30.00
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	)		
	Date 01/07/2025	Full name of contributor Wilson, Ashley Contributor address; City; Stat	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	)		

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE	<b>A1</b>
	The Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 17/17 Rpt: 20/24	
2	FILER NAME  Texas Association of Nurse Anesthetists Political Action Committee	3	Filer ID (Ethics Commission 00069305	Filers)
4			Amount of Contribution (\$)	\$30.00
_	Cedar Creek, TX 78612  Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)	) )		
8	Principal occupation / Job title (See Instructions)  Certified Registered Nurse Anesthetist  9 Employer (See Instruction	nis)		
	Date Full name of contributor out-of-state PAC (ID#:)  101/04/2025 Yarbrough, Haley  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$83.33
	Port Lavaca, TX 77979			
	Principal occupation / Job title (See Instructions)  Certified Registered Nurse Anesthetist  Employer (See Instruction	ns)		

## 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: 21/24			
2		iation of Nurse Anesthetists Political Action Committee	3	Filer ID 00069305	(Ethics Commission Filers)	
4	Date	5 Corporation / Labor Organization name	6	Amount (\$)		
L	01/01/2025	Texas Association of Nurse Anesthetists			416.00	
Г	Date	Corporation / Labor Organization name		Amount (\$)		
	12/26/2024	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: 22/24			
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action Committee	3	Filer ID 00069305	(Ethics Commission Filers)		
4	Date 01/03/2025	5 Corporation / Labor Organization name Texas Association of Nurse Anesthetists	6	Amount (\$)	4	400.00	
	Date 01/17/2025	Corporation / Labor Organization name Texas Association of Nurse Anesthetists		Amount (\$)	4	400.00	

#### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions? Donations Made By Candidate/Officeholder/Political Co

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 23/24	Texas Association of Nurse Anesthetists Political Action 00069305
4 Date	5 Payee name
01/02/2025	American Express Merchant Services
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$267.67	PO Box 53852
Expenditure from corporate funds	Phoenix, AZ 85072-3852
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Credit card processing of campaign contributions.
	3 · · · · · · · · · · · · · · · · · · ·
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/02/2025	University Federal Credit Union
Amount (\$)	Payee address; City; State; Zip Code
\$1.70	P.O. Box 9350
Expenditure from corporate funds	Austin, TX 78766
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Bank analysis fee.
	Dank analysis lee.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

#### INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 24/24 2 FILER NAME Filer ID (Ethics Commission Filers) Texas Association of Nurse Anesthetists Political Action Committee 00069305 8 Amount (\$) Date Name of person from whom amount is received 12/31/2024 \$0.05 University Federal Credit Union 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78704 Purpose for which amount is received ☐ Check if political contribution returned to filer Interest. Amount (\$) Name of person from whom amount is received Date 12/31/2024 University Federal Credit Union \$0.02 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78704 Purpose for which amount is received Check if political contribution returned to filer Interest.