#### 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** 03/05/2025 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 X March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 01/26/2025 02/25/2025

**GO TO PAGE 2** 

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME				13 Filer ID	) (Ethics Commission File	ers)
Texas Association of Nu	se Anesthetists Politi	cal Action Comm	ittee	00069	•	
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				
	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.)					
.5 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	OR GUARANTEES  MADE ELECTRONIC	CALLY)	\$		0.00
	2. TOTAL POLITICA (OTHER THAN PLEI		ONS R GUARANTEES OF LOANS)	\$	14,82	23.80
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPE	ENDITURES	\$		0.00
	4. TOTAL POLITICA	L EXPENDITUR	ES	\$	29	95.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN		MAINTAINED AS OF THE LAST	T DAY \$	60,10	03.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL A LAST DAY OF THE		OUTSTANDING LOANS AS OF OD	THE \$		0.00
6 AFFIDAVIT				·		
		true	ear, or affirm, under penalty of p and correct and includes all info er Title 15, Election Code.			
			Ms. And	drea N. Pe	ee	
			Signature of Ca	ampaign Tre	easurer	-
AFFIX NOTARY S	STAMP / SEAL ABOVE					
Sworn to and subscribed b	efore me, by the said		,	this the	day	
of,						
Signature of officer adm	inistering oath	Printed name of of	ficer administering oath	Title of	f officer administering oath	_

#### **SUBTOTALS - MPAC**

## FORM MPAC COVER SHEET PG 3

				- LICOII	3 of 38
		EE NAME sociation of Nurse Anesthetists Political Action Committee	<b>18</b> Filer ID 00069305	(Ethics Comr	mission Filers)
		E SUBTOTALS SCHEDULE		SUBTO	TAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	13,511.86
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.			\$		
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$	
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	\$	511.94
7.	X		\$	800.00	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	295.33
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.		\$			
15.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	0.52

	MONEI	ARY POLITICAL (	CONTRIBUTIO	)NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/31 Rpt: 4/38	
2	FILER NAME	:	Delitical Asticus Communit		3	Filer ID (Ethics Commission	n Filers)
_		ciation of Nurse Anesthetists			L	00069305	
4	Date 02/14/2025	<ul><li>5 Full name of contributor Abigail, Caswell</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	\$83.33
		Friendswood, TX 77546					
8	Principal occu	pation / Job title (See Instruction	S)	9 Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist					
_	Date	Full name of contributor	out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	02/20/2025	Adam, Watters		,			\$30.00
			Ctate: Zin Code		ł		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Contributor address; City; State; Zip Code						
		Lindale, TX 75771					
		pation / Job title (See Instruction	s)	Employer (See Instructions	s)		
	Certified Reg	gistered Nurse Anesthetist					
	Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)		
	02/24/2025	Aiya, Wommack					\$83.33
		Contributor address; City; S	State; Zip Code		1		
		Naples, TX 75568					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	s)		
	Certified Reg	gistered Nurse Anesthetist					
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	02/20/2025	Amanda, McKinney	_				\$30.00
		Contributor address; City; S	State; Zip Code		1		
		, , , , , , , , , , , , , , , , , , ,	, р				
		Cypress, TX 77429					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist					
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Π	Amount of Contribution (\$)	
	02/03/2025	Amanda, Watts	_				\$250.00
		Contributor address; City; S	State: Zip Code		ł		
		, , , , , , , , , , , , , , , , , , ,	, р				
		Plano, TX 75023					
	Principal occu	nation / Job title (See Instruction	s)	Employer (See Instructions	5)		
		gistered Nurse Anesthetist			-		
				<u> </u>			

	MONEI	ARY POLITICAL CONTRIBUTION		SCHEDUL	E <b>A1</b>	
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 2/31 Rpt: 5/38	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		iation of Nurse Anesthetists Political Action Commi			00069305	
4	Date 02/21/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$41.67
8	Principal occu	Dickinson, TX 77539 pation / Job title (See Instructions)	9 Employer (See Instructions	)		
		jistered Nurse Anesthetist	, ,,, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
	Date 02/21/2025	Full name of contributor out-of-state PAC (ID#: Amber, Ponder  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$83.33
	Dringing con	Abilene, TX 79606 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		pation / 300 title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	)		
	Date 02/20/2025	Full name of contributor out-of-state PAC (ID#: Amy, Sheppard Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Fort Worth, TX 76111				
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	)		
	Date 02/21/2025	Full name of contributor out-of-state PAC (ID#: Anthony, Vo  Contributor address; City; State; Zip Code  Austin, TX 78717	)		Amount of Contribution (\$)	\$83.33
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	)		
	Date 02/14/2025	Full name of contributor out-of-state PAC (ID#: Arianne, Pichon Contributor address; City; State; Zip Code Buda, TX 78610			Amount of Contribution (\$)	\$41.67
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	)		

	MONEI	ARY POLITICAL CONTRIBI	UHO	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete	this fo	orm.	1	Total pages Schedule A1: Sch: 3/31 Rpt: 6/38	
2	FILER NAME	iation of Nurse Anesthetists Political Action (	Committ	too.	3	Filer ID (Ethics Commission 00069305	n Filers)
				lee			
4	Date 02/20/2025	<ul> <li>Full name of contributor</li></ul>	AC (ID#:_	)	7	Amount of Contribution (\$)	\$83.33
•	Dringing conu	Frisco, TX 75035		Employer /See Instructions			
8		pation / Job title (See Instructions) istered Nurse Anesthetist		9 Employer (See Instructions	)		
	Certilled Ret	Istered Nurse Ariestrietist					
	Date 02/07/2025	Full name of contributor out-of-state PA Ashley, Wilson Contributor address; City; State; Zip Code	AC (ID#:	)		Amount of Contribution (\$)	\$100.00
		Corpus Christi, TX 78414					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Certified Reg	istered Nurse Anesthetist					
	Date 02/03/2025	Full name of contributor out-of-state PA Ben, Scarbro  Contributor address; City; State; Zip Code	AC (ID#:	)		Amount of Contribution (\$)	\$83.33
		Coppe, TX 75019					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>.                                    </u>		
		istered Nurse Anesthetist		h 13 (	,		
	Date 02/20/2025	Full name of contributor out-of-state PA Beth, Heathington  Contributor address; City; State; Zip Code  Georgetown, TX 78633	AC (ID#:_	)		Amount of Contribution (\$)	\$30.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Certified Reg	istered Nurse Anesthetist					
	Date 02/24/2025	Full name of contributor out-of-state PA Bhavika, Patel  Contributor address; City; State; Zip Code	AC (ID#:_	)		Amount of Contribution (\$)	\$83.33
	Dringing!	SugarLand, TX 77478		Employer (Coo Instruction	<u></u>		
		pation / Job title (See Instructions) istered Nurse Anesthetist		Employer (See Instructions	)		

	MONEI	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/31 Rpt: 7/38	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	iation of Nurse Anesthetists Political Action Commit	tee		00069305	
4	Date 02/21/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$41.67
Ω	Principal occu	McAllen, TX 78504 pation / Job title (See Instructions)	9 Employer (See Instructions			
0		istered Nurse Anesthetist	5 Employer (See Instructions	,		
	Date 02/22/2025	Full name of contributor out-of-state PAC (ID#:_ Brian, Cornelius Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$83.33
		Burleson, TX 76028				
		pation / Job title (See Instructions) histered Nurse Anesthetist	Employer (See Instructions	)		
	Date 01/27/2025	Full name of contributor			Amount of Contribution (\$)	\$500.00
		Fredericksburg, TX 78624				
	•	oation / Job title (See Instructions) istered Nurse Anesthetist	Employer (See Instructions	)		
	Date 02/22/2025	Full name of contributor out-of-state PAC (ID#:_Brian, Walford  Contributor address; City; State; Zip Code  Victoria, TX 77904			Amount of Contribution (\$)	\$83.33
	•	oation / Job title (See Instructions) istered Nurse Anesthetist	Employer (See Instructions	)		
	Date 02/09/2025	Full name of contributor out-of-state PAC (ID#:_Brian, Walker  Contributor address; City; State; Zip Code  Harlingen, TX 78552	)		Amount of Contribution (\$)	\$41.67
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	ONS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/31 Rpt: 8/38	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists P	olitical Action Commit	tee	3	Filer ID (Ethics Commission 00069305	Filers)
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	02/07/2025						\$41.67
		6 Contributor address; City; Sta	ıte; Zip Code				
Q	Principal occu	San Antonio, TX 78258 pation / Job title (See Instructions)		9 Employer (See Instructions	·/_		
0		gistered Nurse Anesthetist		5 Employer (See manuchons	)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Г	Amount of Contribution (\$)	
	01/29/2025	Brittaney, Ross	_ ` -			,	\$30.00
		Contributor address; City; Sta	ite; Zip Code				
		Dallas, TX 75206					
		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 (\$)	ቀርር ጋጋ
	02/12/2025	Catherine, Reidy Contributor address; City; Sta	ute: 7in Code				\$83.33
		Contributor address, City, Sta	ite, Σiρ Code				
		Granbury, TX 76049					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist					
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	02/21/2025	Catherine, Smith					\$83.33
		Contributor address; City; Sta	te; Zip Code				
		Manvel, TX 77578					
	•	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 (\$)	<b>#00.00</b>
	02/24/2025	Contributor address: City Str	uto: 7in Codo				\$83.33
		Contributor address; City; Sta	ite, zip Code				
		Humble, TX 77396-3888					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Certified Reg	jistered Nurse Anesthetist					

	MONEI	ARY POLITICAL (	CONTRIBUTIO	)NS		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/31 Rpt: 9/38	
2	FILER NAME Texas Assoc	siation of Nurse Anesthetists	Political Action Commit	tee	3	Filer ID (Ethics Commission 00069305	ı Filers)
4	Date 02/21/2025	<ul><li>5 Full name of contributor Cristina, Garza</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$75.00
8		Mansfield, TX 76064 pation / Job title (See Instruction: gistered Nurse Anesthetist	s)	9 Employer (See Instructions	<u> </u> s)		
	Date 01/31/2025	Full name of contributor Daniel, Hammonds Contributor address; City; S Midlothian, TX 76065	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$83.33
		pation / Job title (See Instruction: gistered Nurse Anesthetist	5)	Employer (See Instructions	<u>l</u> s)		
	Date 01/31/2025	Full name of contributor David, Olson Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$83.33
		Ft worth, TX 76133 pation / Job title (See Instruction: gistered Nurse Anesthetist	5)	Employer (See Instructions	  -  s)		
	Date 02/19/2025	Full name of contributor  DeaAnn, Martin  Contributor address; City; S  Parker, TX 75002	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$41.67
	•	Pation / Job title (See Instruction Distered Nurse Anesthetist	5)	Employer (See Instructions	<u>l</u> 5)		
	Date 01/28/2025	Full name of contributor  Debra, Krenek  Contributor address; City; S  Edinburg, TX 78541	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$30.00
		pation / Job title (See Instruction: gistered Nurse Anesthetist	5)	Employer (See Instructions	5)		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how	to complete this for	orm.	1	Total pages Schedule A1: Sch: 7/31 Rpt: 10/38	
2	FILER NAME	iation of Nurse Anesthetists F	Political Action Commit	tee	3	Filer ID (Ethics Commission 00069305	Filers)
_					<u> </u>		
4	Date 02/07/2025	<ul><li>5 Full name of contributor</li><li>Deniz, Dishman</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:_ ate; Zip Code		 	Amount of Contribution (\$)	\$83.33
		Houston, TX 77027					
8		pation / Job title (See Instructions	)	9 Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist					
	Date 01/26/2025	Full name of contributor Diana P., Wilson Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code	)		Amount of Contribution (\$)	\$30.00
		Cedar Creek, TX 78612					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	<u></u>		
	Certified Reg	jistered Nurse Anesthetist					
	Date Full name of contributor out-of-state PAC (ID#:		)	Г	Amount of Contribution (\$)		
	01/28/2025	Douglas, Massey				(.,	\$83.33
		Contributor address; City; St	ate; Zip Code				
		San Antonio, TX 78260					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Certified Reg	istered Nurse Anesthetist					
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	02/22/2025	Edelmiro, Morales Jr Contributor address; City; St	ate; Zip Code				\$83.33
		Harlingen, TX 78552					
	•	pation / Job title (See Instructions gistered Nurse Anesthetist	)	Employer (See Instructions	<u> </u> ;)		
					_		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	<b>44.07</b>
	02/23/2025	Editha, Flemming					\$41.67
		Contributor address; City; St	ate; Zip Code				
		Manvel, TX 77578					
	Dringing coor	pation / Job title (See Instructions	)	Employer (See Instructions	· /		
		pation / Job title (See Instructions gistered Nurse Anesthetist	)	Employer (See Instructions	)		
	Ceruneu Ret	gistered Nurse Allestrictist					

	MONEI	NETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how t	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/31 Rpt: 11/38		
2	FILER NAME	intion of Nurse Aposthatists Del	itiaal Aatian Cammit	100	3	Filer ID (Ethics Commission	n Filers)	
		iation of Nurse Anesthetists Pol	_	lee		00069305		
4	Date 02/20/2025	<ul><li>5 Full name of contributor Edwin, Valverde</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:_ e; Zip Code	)	7	Amount of Contribution (\$)	\$500.00	
	Drive in all and	Friendswood, TX 77546	1	O. Faralassa (O. a. Instantian				
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)			
	Сеппеа кед	jistered Nurse Anesthetist						
	Date 02/20/2025	Full name of contributor  Ericka, Whittaker  Contributor address; City; State	out-of-state PAC (ID#:_ e; Zip Code			Amount of Contribution (\$)	\$30.00	
		Midland, TX 79707						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>.                                    </u>			
	Certified Reg	istered Nurse Anesthetist						
	Date	Full name of contributor	out-of-state PAC (ID#:_	1		Amount of Contribution (\$)		
	02/03/2025	Erin, McLaughlin	_ out of state 1710 (1511	/		7 anount of Continuous (4)	\$83.33	
	02,00,2020	Contributor address; City; State	o: Zin Codo				400.00	
		Coppell, TX 75019						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()			
	Certified Reg	jistered Nurse Anesthetist						
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)		
	02/20/2025	Erin, McLaughlin  Contributor address; City; State	· –			(4)	\$30.00	
		Frisco, TX 75035						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>.                                    </u>			
	Certified Reg	istered Nurse Anesthetist						
	Date	Full name of contributor	out-of-state PAC (ID#:_			Amount of Contribution (\$)		
	02/21/2025	Evangeline, Tomongha					\$62.50	
		Contributor address; City; State	e; Zip Code					
		Katy, TX 77494						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions				
	Certified Reg	istered Nurse Anesthetist						

	MONEI	DNETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruc	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/31 Rpt: 12/38		
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)	
	Texas Assoc	iation of Nurse Anesthetists Politic	cal Action Commit	tee		00069305		
4	Date	<b>—</b>	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)		
	02/07/2025	Garrett, Dupree					\$30.00	
		6 Contributor address; City; State; 2	Zip Code					
_	Driveries Lessus	Fort Worth, TX 76126	-	O Francis von (Coo Instructions				
ŏ		pation / Job title (See Instructions) patistered Nurse Anesthetist		9 Employer (See Instructions	)			
	Date	_	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	Ф1 000 00	
	02/01/2025	Grant, Van Meter					\$1,000.00	
		Contributor address; City; State; 2	zip Code					
		Victoria, TX 77904						
		pation / Job title (See Instructions)		Employer (See Instructions	)			
	Certified Registered Nurse Anesthetist							
Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)				
	01/27/2025	Greg, Collins					\$83.33	
		Contributor address; City; State; 2	Zip Code					
		Granbury, TX 76049						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)			
	•	istered Nurse Anesthetist			,			
	Date		out-of-state PAC (ID#:_	,		Amount of Contribution (\$)		
	02/22/2025	Haley, DeLaGarza	out-of-state PAC (ID#	)		Amount of Contribution (\$)	\$100.00	
	02/22/2020	Contributor address; City; State; 2	 7in Code				Ψ100.00	
		Contributor address, City, State, 2	ip Code					
		Houston, TX 77098						
	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 (\$)		
	02/22/2025	Haley, Jordan					\$10.00	
		Contributor address; City; State; 2	Zip Code					
		Belton, TX 76513						
		oation / Job title (See Instructions)		Employer (See Instructions	)			
	Certified Reg	istered Nurse Anesthetist						

	MONET	NETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to cor	mplete this fo	orm.	1	Total pages Schedule A1: Sch: 10/31 Rpt: 13/38	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	iation of Nurse Anesthetists Political	Action Commit	tee		00069305	
4	Date 02/04/2025	Haley, Yarbrough	f-state PAC (ID#:_	)	7	Amount of Contribution (\$)	\$83.33
		6 Contributor address; City; State; Zip Contributor address; City; City; State; Zip Contributor address; City; C	Jode				
8		pation / Job title (See Instructions)		9 Employer (See Instructions	)		
	Certified Reg	istered Nurse Anesthetist					
	Date	Full name of contributor out-o	f-state PAC (ID#:_	)		Amount of Contribution (\$)	
	02/20/2025	Hannah, Diaz					\$360.00
		Contributor address; City; State; Zip (	Code				
		Harlingen, TX 78550					
		pation / Job title (See Instructions)		Employer (See Instructions	)		
	Certified Registered Nurse Anesthetist						
	Date Full name of contributor out-of-state PAC		f-state PAC (ID#:_	)		Amount of Contribution (\$)	<b>#02.22</b>
	02/20/2025	Harold, Bishop					\$83.33
		Contributor address; City; State; Zip C	⊃ode				
		Lufkin, TX 75904-6304					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Certified Reg	istered Nurse Anesthetist					
	Date	Full name of contributor out-o	f-state PAC (ID#:_	)		Amount of Contribution (\$)	
	02/24/2025	Hillary, Burkhardt					\$30.00
		Contributor address; City; State; Zip G	Code				
		Nederland, TX 77627					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	•	istered Nurse Anesthetist			•		
	Date	Full name of contributor out-o	f-state PAC (ID#:_			Amount of Contribution (\$)	
	02/13/2025	Holly, Pham					\$100.00
		Contributor address; City; State; Zip (	Code				
		Temple, TX 76502					
	Principal occu	pation / Job title (See Instructions)	l	Employer (See Instructions	)		
		istered Nurse Anesthetist			,		
_							

	MONEI	ARY POLITICAL CONTRIBU	JIIONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete	this form.	1	Total pages Schedule A1: Sch: 11/31 Rpt: 14/38	
2	FILER NAME			1	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	iation of Nurse Anesthetists Political Action C	committee		00069305	
4	Date 01/31/2025	<ul> <li>Full name of contributor</li></ul>	C (ID#:)	7	Amount of Contribution (\$)	\$83.33
Q	Principal occu	Weatherford, TX 76087-3820 pation / Job title (See Instructions)	9 Employer (See Instructions	e)		
0		istered Nurse Anesthetist	5 Employer (See instructions	5)		
	Date 02/21/2025	Full name of contributor out-of-state PAG Jacob, Rao Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$10.00
		Dallas, TX 75238				
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	s)		
	Date 02/20/2025	Full name of contributor out-of-state PAG Jane, Laidlaw  Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$83.33
		Dallas, TX 75214				
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	s)		
	Date 02/20/2025	Full name of contributor out-of-state PAG Jane, Wessel  Contributor address; City; State; Zip Code  Austin, TX 78717	C (ID#:)		Amount of Contribution (\$)	\$200.00
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	s)		
	Date 02/03/2025	Full name of contributor out-of-state PAG Jason, Morningstar  Contributor address; City; State; Zip Code  Coppell, TX 75019	C (ID#:)		Amount of Contribution (\$)	\$83.33
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	s)		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	DNS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/31 Rpt: 15/38	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation of Nurse Anesthetists	Political Action Commit	ttee		00069305	
4	Date 02/18/2025	<ul><li>5 Full name of contributor</li><li>Jennifer, Andersen</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	\$41.67
		Midland, TX 79705	, ,				
8		pation / Job title (See Instruction	s)	9 Employer (See Instructions	s)		
	Certified Reg	gistered Nurse Anesthetist					
	Date 01/31/2025	Full name of contributor Jennifer, Anthony	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$83.33
		Contributor address; City; S	State; Zip Code				
		Texarkana, TX 75501					
		pation / Job title (See Instruction gistered Nurse Anesthetist	S)	Employer (See Instructions	S)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	<u> </u>	Г	Amount of Contribution (\$)	
	02/20/2025	Jennifer, Leuellen	Uni-or-state PAC (ID#			Amount of Continuation (4)	\$41.67
		Contributor address; City; S	State; Zip Code				
		Manvel, TX 77578					
	•	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 (\$)	
	02/22/2025	Jennifer, Lorenzo  Contributor address; City; S	State; Zip Code				\$83.33
		Collinsville, TX 76233					
	•	pation / Job title (See Instruction gistered Nurse Anesthetist	s)	Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	01/31/2025	Jessica, Green					\$83.33
		Contributor address; City; S	State; Zip Code				
		BULLARD, TX 75757					
		pation / Job title (See Instruction gistered Nurse Anesthetist	s)	Employer (See Instructions	s)		
				1			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 13/31 Rpt: 16/38	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action Committ	ee	3	Filer ID (Ethics Commission 00069305	Filers)
4	Date 01/27/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$20.00
0	Dringing! goog	Round Rock, TX 78664	Employer (See Instructions			
0		pation / Job title (See Instructions) istered Nurse Anesthetist	9 Employer (See Instructions	)		
	Date 02/05/2025	Full name of contributor			Amount of Contribution (\$)	\$83.33
		Georgetown, TX 78626				
		pation / Job title (See Instructions) istered Nurse Anesthetist	Employer (See Instructions	)		
	Date 02/21/2025	Full name of contributor out-of-state PAC (ID#:_ Jessica, Zacek  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$30.00
		Houston, TX 77024				
		oation / Job title (See Instructions) istered Nurse Anesthetist	Employer (See Instructions	)		
	Date 02/20/2025	Full name of contributor out-of-state PAC (ID#:_ Jill, Remshardt Contributor address; City; State; Zip Code Sherman, TX 75090			Amount of Contribution (\$)	\$25.00
		oation / Job title (See Instructions) istered Nurse Anesthetist	Employer (See Instructions	)		
	Date 02/18/2025	Full name of contributor out-of-state PAC (ID#:_ Johanna, Whaley  Contributor address; City; State; Zip Code  Fort Worth, TX 76179			Amount of Contribution (\$)	\$30.00
		oation / Job title (See Instructions) istered Nurse Anesthetist	Employer (See Instructions	)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	)NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this for	orm.	1	Total pages Schedule A1: Sch: 14/31 Rpt: 17/38	
2	FILER NAME Texas Assoc	ciation of Nurse Anesthetists P	olitical Action Commit	tee	3	Filer ID (Ethics Commission 00069305	n Filers)
4	Date 02/20/2025	<ul><li>Full name of contributor Jose, Corpus</li><li>Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:_ ate; Zip Code		7	Amount of Contribution (\$)	\$83.33
8	Principal occu	Perrysburg, OH 43551 upation / Job title (See Instructions)		9 Employer (See Instructions	 		
		gistered Nurse Anesthetist					
	Date 02/05/2025	Full name of contributor  Joseph, Mueller  Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code		•	Amount of Contribution (\$)	\$100.00
L		Austin, TX 78736					
		pation / Job title (See Instructions) gistered Nurse Anesthetist	)	Employer (See Instructions	s)		
	Date 02/01/2025	Full name of contributor Joseph, Rodrigeuez  Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code	)		Amount of Contribution (\$)	\$30.00
		Phoenix, TX 85013-3635					
	•	upation / Job title (See Instructions) gistered Nurse Anesthetist	)	Employer (See Instructions	5)		
	Date 01/30/2025	Full name of contributor Josh, Webster  Contributor address; City; Sta			•	Amount of Contribution (\$)	\$100.00
	•	upation / Job title (See Instructions) gistered Nurse Anesthetist	)	Employer (See Instructions	5)		
	Date 01/31/2025	Full name of contributor Karrie, Rutherford Contributor address; City; Sta	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$20.00
		upation / Job title (See Instructions) gistered Nurse Anesthetist	)	Employer (See Instructions	5)		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	)NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/31 Rpt: 18/38	
2	FILER NAME	iation of Nurse Anesthetists F	Political Action Commit	too	3	Filer ID (Ethics Commission 00069305	n Filers)
_					Ļ		
4	Date 01/26/2025	<ul><li>5 Full name of contributor Kathryn J. K., Kinne</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	\$83.33
		Keller, TX 76248					
8		pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)		
	Certified Reg	jistered Nurse Anesthetist					
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	01/26/2025	Kay, Sanders	_				\$100.00
		Contributor address; City; S	tate: Zip Code		l		
			, _,р				
		Fort Worth, TX 76179					
		pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Certified Rec	jistered Nurse Anesthetist					
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	02/20/2025	Kaylan, Vollmering					\$62.50
		Contributor address; City; S	tate; Zip Code		1		
		Victoria, TX 77904					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Certified Reg	istered Nurse Anesthetist					
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	02/20/2025	Kelsey, Albrecht				(1)	\$83.33
		Contributor address; City; S	tate: 7in Code		l		
		Contributor address, City, S	tate, Zip Code				
		Houston, TX 77009-7252					
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	<u> </u>		
	•	jistered Nurse Anesthetist	,	, , , (	,		
	Date	Full name of contributor	D and of otata DAC (ID)	)	Т	Amount of Contribution (\$)	
			out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$83.33
	02/21/2025	Kenny, Corder					Φ03.33
		Contributor address; City; S	tate; Zip Code				
		Abilana TV 70606					
	Data da 1	Abilene, TX 79606		F	<u></u>		
		pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Certified Reg	jistered Nurse Anesthetist					

	MONEI	ARY POLITICAL C		SCHEDUL	E <b>A1</b>		
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 16/31 Rpt: 19/38	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists P	olitical Action Commit	tee	3	Filer ID (Ethics Commission 00069305	n Filers)
4	Date 02/25/2025	<ul> <li>5 Full name of contributor</li> <li>Kenny, Corder</li> <li>6 Contributor address; City; Sta</li> </ul>	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$117.00
8		Abilene, TX 79606 pation / Job title (See Instructions) gistered Nurse Anesthetist		9 Employer (See Instructions	5)		
	Date 02/20/2025	Full name of contributor  Kevin, Culpepper  Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$50.00
		Fort Worth, TX 76102 pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	5)		
	Date 02/21/2025	Full name of contributor Kim, Morris  Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$30.00
		Crowley, TX 76036 pation / Job title (See Instructions)	1	Employer (See Instructions	5)		
	Date 02/20/2025	Full name of contributor Korde, Smith Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code	)		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	)		
	Date 02/21/2025	Full name of contributor Kristen, Booth Contributor address; City; Sta	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$30.00
		pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUL	E <b>A1</b>	
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/31 Rpt: 20/38	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action Commit	tee	3	Filer ID (Ethics Commission 00069305	n Filers)
4	Date 02/03/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$20.00
_	Dringing! aggr	Austin, TX 78745	O Employer (See Instructions			
0		pation / Job title (See Instructions) istered Nurse Anesthetist	9 Employer (See Instructions	')		
	Date 02/21/2025	Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$200.00
	Principal occu	McKinney, TX 75069  pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Certified Reg	istered Nurse Anesthetist				
	Date 02/20/2025	Full name of contributor out-of-state PAC (ID#:_Lilian, Guadamuz  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00
		Boerne, TX 78015				
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	5)		
	Date 02/21/2025	Full name of contributor out-of-state PAC (ID#:_Lillian, Moya  Contributor address; City; State; Zip Code  Houston, TX 77025			Amount of Contribution (\$)	\$62.50
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	()		
	Date 02/17/2025	Full name of contributor out-of-state PAC (ID#:_Lillian, resnick  Contributor address; City; State; Zip Code  Austin, TX 78735			Amount of Contribution (\$)	\$30.00
		oation / Job title (See Instructions) istered Nurse Anesthetist	Employer (See Instructions	i)		

	MONEI	ARY POLITICAL CO	VIRIBUTIO	NS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to o	complete this fo	orm.	1	Total pages Schedule A1: Sch: 18/31 Rpt: 21/38	
2	FILER NAME	indiana of Nicora According to Deliai			3	Filer ID (Ethics Commission	Filers)
		iation of Nurse Anesthetists Politic		ee —————		00069305	
4	Date 02/18/2025	<ul> <li>5 Full name of contributor</li></ul>	out-of-state PAC (ID#:  Zip Code	)	7	Amount of Contribution (\$)	\$41.67
8	Principal occur	Sugar Land, TX 77498 pation / Job title (See Instructions)		Employer (See Instructions			
Ü		istered Nurse Anesthetist		• Employer (See mondenons	,		
	Date 02/22/2025	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$30.00
	Dringing coou	Port Lavaca, TX 77979  pation / Job title (See Instructions)	Ī	Employer (See Instructions			
		istered Nurse Anesthetist		Employer (See Instructions	)		
	Date 02/15/2025	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$62.50
		Decatur, TX 76234					
		pation / Job title (See Instructions) sistered Nurse Anesthetist		Employer (See Instructions	)		
	Date 02/21/2025	Full name of contributor of Malaniy, Ilya  Contributor address; City; State; Z  Plano, TX 75093	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$30.00
		oation / Job title (See Instructions) istered Nurse Anesthetist		Employer (See Instructions	)		
	Date 02/18/2025	Full name of contributor of Malia, Stephenson  Contributor address; City; State; Z	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) pistered Nurse Anesthetist		Employer (See Instructions	)		

	MONEI	ARY POLITICAL CO	NIRIBUTIO	INS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 19/31 Rpt: 22/38	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	iation of Nurse Anesthetists Poli	tical Action Committ	ee		00069305	
4	Date 02/06/2025	<ul><li>5 Full name of contributor Mark, Bergeron</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#: ; Zip Code	)	7	Amount of Contribution (\$)	\$83.33
8	Principal occu	Houston, TX 77006 pation / Job title (See Instructions)		Employer (See Instructions	)		
Ü		gistered Nurse Anesthetist		5 Employer (See mandenons	')		
	Date 02/17/2025	Full name of contributor  Mark, Hampton  Contributor address; City; State  Fort Worth, TX 76116	out-of-state PAC (ID#:_ ; Zip Code	)		Amount of Contribution (\$)	\$83.33
	Dringinal occu	pation / Job title (See Instructions)		Employer (See Instructions	·/		
		jistered Nurse Anesthetist		Employer (See mstructions	')		
	Date 02/12/2025	Full name of contributor  Mark, Talon  Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$83.33
		Bayou Vista, TX 77563					
		pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	5)		
	Date 02/07/2025	Full name of contributor  Martha, Vera  Contributor address; City; State  Pearland, TX 77584	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$30.00
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	5)		
	Date 01/31/2025	Full name of contributor  Mary Jo, Watts  Contributor address; City; State  New Braunfels, TX 78132	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$83.33
		pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	()		

	MONET	ARY POLITICAL (	ONS		SCHEDUL	E <b>A1</b>	
	The Instru	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 20/31 Rpt: 23/38	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists I	Political Action Commit	tee	3	Filer ID (Ethics Commission 00069305	n Filers)
4	Date 01/26/2025	<ul><li>5 Full name of contributor Masson, Farmer</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$83.33
		Kemp, TX 75143					
8		pation / Job title (See Instructions gistered Nurse Anesthetist	3)	9 Employer (See Instructions	5)		
	Date 02/07/2025	Full name of contributor Megan, Bullerwell Contributor address; City; S	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$30.00
	Principal occu	Bellaire, TX 77401 pation / Job title (See Instructions	5)	Employer (See Instructions	 s)		
		gistered Nurse Anesthetist	,	, . , · (	,		
	Date 02/11/2025	Full name of contributor Megan, Sheneman Contributor address; City; S		)		Amount of Contribution (\$)	\$25.00
		Houston, TX 77008					
		pation / Job title (See Instructions gistered Nurse Anesthetist	5)	Employer (See Instructions	5)		
	Date 02/21/2025	Full name of contributor Megan, Williams Contributor address; City; S Richmond, TX 77406		)		Amount of Contribution (\$)	\$365.00
		pation / Job title (See Instructions gistered Nurse Anesthetist	5)	Employer (See Instructions	5)		
	Date 01/30/2025	Full name of contributor Melanie, Black Contributor address; City; S Round rock, TX 78681	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$83.33
	·	pation / Job title (See Instructions gistered Nurse Anesthetist	5)	Employer (See Instructions	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how	to complete this for	orm.	1	Total pages Schedule A1: Sch: 21/31 Rpt: 24/38	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists P	olitical Action Commit	tee	3	Filer ID (Ethics Commission 00069305	Filers)
4	Date 01/31/2025	<ul> <li>5 Full name of contributor Melizza, Saenz</li> <li>6 Contributor address; City; St.</li> </ul>	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$30.00
_	Dringing! aggs	Belton, TX 76513	<b>\</b>	0 Employer (See Instructions	<u></u>		
8		pation / Job title (See Instructions gistered Nurse Anesthetist	)	9 Employer (See Instructions	5)		
	Date 02/21/2025	Full name of contributor  Meredith, Paloian  Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$30.00
	Principal occu	Katy, TX 77494 pation / Job title (See Instructions	<b>N</b>	Employer (See Instructions	·/_		
		gistered Nurse Anesthetist	)	Employer (See instructions	)		
	Date 02/16/2025	Full name of contributor  Meredith, Tabladillo  Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$30.00
		League City, TX 77573					
		pation / Job title (See Instructions gistered Nurse Anesthetist	)	Employer (See Instructions	5)		
	Date 02/22/2025	Full name of contributor Micah, Walden Contributor address; City; St				Amount of Contribution (\$)	\$83.33
	•	pation / Job title (See Instructions gistered Nurse Anesthetist	)	Employer (See Instructions	5)		
	Date 02/15/2025	Full name of contributor Michael, Byars Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$83.33
		pation / Job title (See Instructions gistered Nurse Anesthetist	)	Employer (See Instructions	5)		

	MONEI	ARY POLITICAL CONT	RIBUTIO	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to com	plete this fo	orm.	1	Total pages Schedule A1: Sch: 22/31 Rpt: 25/38	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	iation of Nurse Anesthetists Political A	ction Commit	tee		00069305	
4	Date	<b>—</b>	state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	02/21/2025	Michael, Cooney					\$30.00
		6 Contributor address; City; State; Zip C Keller, TX 76248	ode				
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	<u>.</u>		
		istered Nurse Anesthetist		c Employer (See mediadione	,		
	Date		state PAC (ID#:	,		Amount of Contribution (\$)	
	02/03/2025	Michael, Nesmith	state FAC (ID#	J		Amount of Contribution (4)	\$500.00
	02,00,2020	Contributor address; City; State; Zip C	 nde				4000.00
	Driveries Lessus	Pasadena, TX 77505	1	Familia var (Cala Instructions	_		
		pation / Job title (See Instructions) pistered Nurse Anesthetist		Employer (See Instructions	)		
	Date	Full name of contributor out-of-	state PAC (ID#:	)		Amount of Contribution (\$)	\$83.33
	01/27/2025						Φ03.33
		Contributor address; City; State; Zip C	oue				
		Abernathy, TX 79311					
	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 (\$)	
	02/21/2025	Michael, Ombongi					\$62.50
		Contributor address; City; State; Zip C	ode				
		McKinney, TX 75071	· · · · · · · · · · · · · · · · · · ·				
	•	pation / Job title (See Instructions)		Employer (See Instructions	<b>(</b> )		
	Certified Reg	istered Nurse Anesthetist					
	Date	Full name of contributor out-of-	state PAC (ID#:_			Amount of Contribution (\$)	
	02/21/2025	Nariman, Alaskarov					\$10.00
		Contributor address; City; State; Zip C	ode				
		El Dago TV 70000					
	Dringing!	El Paso, TX 79938	<del></del> 1	Employer (Coo !notweet!			
		pation / Job title (See Instructions) pistered Nurse Anesthetist		Employer (See Instructions	)		
	Ceruneu Rel	istered ivalse Aliestrietist					

	MONEI	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 23/31 Rpt: 26/38	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		iation of Nurse Anesthetists Political Action Commit	tee		00069305	
4	Date 02/20/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$83.33
8	Principal occu	Spring, TX 77379 Dation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Certified Reg	istered Nurse Anesthetist				
	Date 02/24/2025	Full name of contributor	)		Amount of Contribution (\$)	\$50.00
		Pearland, TX 77584				
		pation / Job title (See Instructions) histered Nurse Anesthetist	Employer (See Instructions	)		
	Date 01/28/2025	Full name of contributor  out-of-state PAC (ID#:_ Peter, Okello  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00
		Lubbock, TX 79423				
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	)		
	Date 02/22/2025	Full name of contributor out-of-state PAC (ID#:_ Peter, Omoni Contributor address; City; State; Zip Code  Katy, TX 77494	)		Amount of Contribution (\$)	\$83.33
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	)		
	Date 01/31/2025	Full name of contributor out-of-state PAC (ID#:_Rachel, Davis  Contributor address; City; State; Zip Code  Houston, TX 77057	)		Amount of Contribution (\$)	\$83.34
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 24/31 Rpt: 27/38	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action Commi	ittee	3	Filer ID (Ethics Commission 00069305	ı Filers)
4	Date 02/20/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Rikysha, Smith</li> <li>Contributor address; City; State; Zip Code</li> </ul>	_	7	Amount of Contribution (\$)	\$30.00
_	Deinsinal assu	Spring, TX 77379	O Familia var (Cas Instructions	_		
8		pation / Job title (See Instructions) gistered Nurse Anesthetist	9 Employer (See Instructions	5)		
	Date 02/20/2025	Full name of contributor out-of-state PAC (ID#: Robert, Bourgeois  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$83.33
	D: : 1	Sugar Land, TX 77479	T = 1 (0 1	Ĺ		
	•	pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	5)		
	Date 02/22/2025	Full name of contributor out-of-state PAC (ID#: Robert, Moore  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00
		Fort Worth, TX 76116				
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	5)		
	Date 02/04/2025	Full name of contributor out-of-state PAC (ID#: Robert, Ross Contributor address; City; State; Zip Code Arlington, TX 76017	)		Amount of Contribution (\$)	\$83.33
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	5)		
	Date 02/21/2025	Full name of contributor out-of-state PAC (ID#: Robyn, Ward  Contributor address; City; State; Zip Code  Aledo, TX 76008			Amount of Contribution (\$)	\$83.33
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	)		
			ı			

	MONEI	ARY POLITICAL CONTRIBU	JHONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete t	this form.	1	Total pages Schedule A1: Sch: 25/31 Rpt: 28/38	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	iation of Nurse Anesthetists Political Action Co	ommittee	┖	00069305	
4	Date 02/04/2025	<ul> <li>Full name of contributor</li></ul>	C (ID#:)	7	Amount of Contribution (\$)	\$62.50
8	Principal occu	Livingston, TX 77399 pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Certified Reg	istered Nurse Anesthetist				
	Date 02/21/2025	Full name of contributor out-of-state PAC Royce, Hollier  Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$30.00
		Tomball, TX 77375				
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	s)		
	Date 02/07/2025	Full name of contributor out-of-state PAC Ryan, Johnson Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$30.00
		Houston, TX 77018				
		pation / Job title (See Instructions) istered Nurse Anesthetist	Employer (See Instructions	s)		
	Date 02/21/2025	Full name of contributor out-of-state PAC Rylee, Apodaca Contributor address; City; State; Zip Code Houston, TX 77004	C (ID#:)		Amount of Contribution (\$)	\$83.33
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	s)		
	Date 02/20/2025	Full name of contributor out-of-state PAC Sabrina, Schroeder  Contributor address; City; State; Zip Code  Austin, TX 78744	C (ID#:)		Amount of Contribution (\$)	\$30.00
		pation / Job title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	s)		

	MONEI	ARY POLITICAL CONTRIBUT	IONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete thi	is form.	1	Total pages Schedule A1: Sch: 26/31 Rpt: 29/38	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		iation of Nurse Anesthetists Political Action Com	nmittee	┖	00069305	
4	Date 01/31/2025	<ul> <li>Full name of contributor  out-of-state PAC (II Sarah, Mueller</li> <li>Contributor address; City; State; Zip Code</li> </ul>	D#:)	7	Amount of Contribution (\$)	\$30.00
		Inez, TX 77968				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Certified Reg	istered Nurse Anesthetist				
_	Date	Full name of contributor  out-of-state PAC (II	D#: )	Π	Amount of Contribution (\$)	
	02/17/2025	Scott, Shaffer			( )	\$83.33
		Contributor address; City; State; Zip Code				
		Salida, CO 81201				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Certified Reg	istered Nurse Anesthetist				
	Date	Full name of contributor  ut-of-state PAC (II	D#:)		Amount of Contribution (\$)	
	02/21/2025	Sean, Jastillano				\$100.00
		Contributor address; City; State; Zip Code				
		Richardson, TX 75082				
	Principal occu	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Certified Reg	istered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (II	D#:)	Π	Amount of Contribution (\$)	
	01/31/2025	Sonia, Estes				\$30.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75206				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Certified Reg	istered Nurse Anesthetist				
	Date	Full name of contributor  ut-of-state PAC (II	D#:)		Amount of Contribution (\$)	
	02/16/2025	Stephanie, Davenport				\$30.00
		Contributor address; City; State; Zip Code		]		
		The Woodlands, TX 77382				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
		pation 7 300 title (See Instructions) pistered Nurse Anesthetist	Employer (See Instructions	رد		
	20.300					

	MONEI	ARY POLITICAL CONTRI	BUTIC	)NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to compl	ete this f	orm.	1	Total pages Schedule A1: Sch: 27/31 Rpt: 30/38	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	iation of Nurse Anesthetists Political Action	on Commit	ttee		00069305	
4	Date 01/29/2025	<ul> <li>Full name of contributor  uut-of-stat</li> <li>Stephanie, Reed</li> <li>Contributor address; City; State; Zip Code</li> </ul>	e PAC (ID#:_	)	7	Amount of Contribution (\$)	\$83.33
		Sugar land, TX 77479					
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Certified Reg	istered Nurse Anesthetist					
	Date	<b>—</b>	e PAC (ID#:_	)		Amount of Contribution (\$)	
	02/20/2025	Stephen, Schaefer					\$30.00
		Contributor address; City; State; Zip Code					
		New Braunfels, TX 78132					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Certified Reg	istered Nurse Anesthetist					
	Date	Full name of contributor out-of-stat	e PAC (ID#:_	)		Amount of Contribution (\$)	
	02/22/2025	Steven, Frawley					\$83.33
		Contributor address; City; State; Zip Code	<b>;</b>				
		Dallas, TX 75209					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
		istered Nurse Anesthetist		, ,, , (	,		
	Date	Full name of contributor  out-of-stat	e PAC (ID#:_	)	Г	Amount of Contribution (\$)	
	02/15/2025	Steven, Leach	o . 7.0 (.z	,		(+)	\$100.00
		Contributor address; City; State; Zip Code					
		, , , , , , , , , , , , , , , , , , ,					
		Bayou Vista, TX 77563					
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Certified Reg	istered Nurse Anesthetist					
	Date	<b>—</b>	e PAC (ID#:_	)		Amount of Contribution (\$)	
	02/15/2025	Stewart, Parnacott					\$83.33
		Contributor address; City; State; Zip Code	<b>:</b>				
		Houston, TX 77019					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	:) [		
		istered Nurse Anesthetist			,		

	MONEI	ARY POLITICAL CO	DNTRIBUTIO	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 28/31 Rpt: 31/38	
2	FILER NAME  Texas Association of Nurse Anesthetists Political Action Committee		3	Filer ID (Ethics Commission 00069305	Filers)		
4	Date 02/01/2025	<ul> <li>5 Full name of contributor T'Anya, Carter</li> <li>6 Contributor address; City; State</li> </ul>	out-of-state PAC (ID#:_ ;; Zip Code	)	7	Amount of Contribution (\$)	\$83.33
8		Dallas, TX 75235 pation / Job title (See Instructions) gistered Nurse Anesthetist		9 Employer (See Instructions	<u> </u>		
	Date 02/14/2025	Full name of contributor  Tammy, Moore  Contributor address; City; State  Houston, TX 77080	out-of-state PAC (ID#:_ ; Zip Code	)		Amount of Contribution (\$)	\$83.33
		pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	<u> </u> 5)		
	Date 01/31/2025	Full name of contributor  Tamra, Kelly  Contributor address; City; State	out-of-state PAC (ID#:_ ;; Zip Code			Amount of Contribution (\$)	\$41.67
		Humble, TX 77346 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 02/20/2025	Full name of contributor Tamra, Kelly Contributor address; City; State	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$30.00
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	s)		
	Date 02/21/2025	Full name of contributor Tamra, Kelly Contributor address; City; State Humble, TX 77346	out-of-state PAC (ID#:_ ;; Zip Code	)		Amount of Contribution (\$)	\$62.50
		pation / Job title (See Instructions) gistered Nurse Anesthetist		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this	s fori	m.	1	Total pages Schedule A1: Sch: 29/31 Rpt: 32/38	
2	FILER NAME Texas Assoc	iation of Nurse Anesthetists Political Action Com	mittee	)	3	Filer ID (Ethics Commission 00069305	n Filers)
4	Date 02/22/2025	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$41.67
•	Principal occur	Arlington, TX 76001 pation / Job title (See Instructions)	ام	Employer (See Instructions	_		
0		istered Nurse Anesthetist	l <sup>9</sup>	Employer (See instructions	')		
	Date 02/20/2025	Full name of contributor out-of-state PAC (ID Thomas, Reynolds  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$62.50
		Burleson, TX 76028					
		pation / Job title (See Instructions) pistered Nurse Anesthetist		Employer (See Instructions	i)		
	Date 01/28/2025	Full name of contributor out-of-state PAC (ID Timothy, Morales  Contributor address; City; State; Zip Code	D#:	)		Amount of Contribution (\$)	\$83.33
		Missouri City, TX 77459					
		pation / Job title (See Instructions) pistered Nurse Anesthetist		Employer (See Instructions	)		
	Date 02/20/2025	Full name of contributor out-of-state PAC (ID Tina, Dores  Contributor address; City; State; Zip Code  Laredo, TX 78045				Amount of Contribution (\$)	\$83.33
		pation / Job title (See Instructions) pistered Nurse Anesthetist		Employer (See Instructions	5)		
	Date 02/04/2025	Full name of contributor out-of-state PAC (ID Toni, Hogan  Contributor address; City; State; Zip Code  Fredericksburg, TX 78624				Amount of Contribution (\$)	\$500.00
		oation / Job title (See Instructions) istered Nurse Anesthetist		Employer (See Instructions	i)		

	MONEI	ARY POLITICAL CONTRIBU	UTIONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete	this form.	1	Total pages Schedule A1: Sch: 30/31 Rpt: 33/38	
2	FILER NAME	iation of Nurse Anesthetists Political Action C	Committee	3	Filer ID (Ethics Commission 00069305	n Filers)
_				+-		
4	Date 02/20/2025	<ul> <li>Full name of contributor  out-of-state PA Trisha, Stroderd</li> <li>Contributor address; City; State; Zip Code</li> </ul>	AC (ID#:)	<b>'</b>	Amount of Contribution (\$)	\$30.00
		Spring, TX 77389				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ıs)		
	Certified Reg	istered Nurse Anesthetist				
_	Date	Full name of contributor  out-of-state PA	AC (ID#:	Τ	Amount of Contribution (\$)	
	02/11/2025	Troy, Reed		1	(,)	\$30.00
	02, 22, 2020					400.00
		Contributor address; City; State; Zip Code		1		
				1		
		New Braunfels, TX 78132				
	Princinal occu	pation / Job title (See Instructions)	Employer (See Instruction	) 		
		istered Nurse Anesthetist	Employer (See motraction)	13)		
				_	A	
	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	<b>#</b> 00.00
	02/21/2025	Vaughna, Galvin				\$83.33
		Contributor address; City; State; Zip Code				
				1		
		D. J. W. J. TV 70400 4454				
		Benbrook, TX 76126-4451	1 - 1 - 1	Ļ		
		pation / Job title (See Instructions)	Employer (See Instruction	IS)		
	Certified Reg	istered Nurse Anesthetist				
	Date	Full name of contributor  ut-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	02/23/2025	Wendy, Odell				\$83.33
		Contributor address; City; State; Zip Code		1		
		Southlake, TX 76092				
	•	pation / Job title (See Instructions)	Employer (See Instruction	ıs)		
	Certified Reg	istered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	01/30/2025	Wendy, Stewart				\$150.00
		Contributor address; City; State; Zip Code		1		
		, , , ,				
		Colleyville, TX 76034				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ıs)		
		istered Nurse Anesthetist	, , ,	•		

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE	<b>A1</b>
	The Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 31/31 Rpt: 34/38	
2	FILER NAME  Texas Association of Nurse Anesthetists Political Action Committee	3	Filer ID (Ethics Commission 00069305	Filers)
4		7	Amount of Contribution (\$)	\$41.67
_	amarillo, TX 79124			
8	Principal occupation / Job title (See Instructions)  Certified Registered Nurse Anesthetist  9 Employer (See Instructions)	ons)		
	Date O2/19/2025 Full name of contributor out-of-state PAC (ID#:) Yvonne, Murphy Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$50.00
	Georgetown, TX 78633  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ons)		
	Certified Registered Nurse Anesthetist			

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instru	ction Guide explains how to complete this form.	1	Total pages S Sch: 1/1 Rp	Schedule C3: t: 35/38
2 FILER NAME Texas Assoc	ciation of Nurse Anesthetists Political Action Committee	3	Filer ID 00069305	(Ethics Commission Filers)
4 Date 02/01/2025	5 Corporation / Labor Organization name Texas Association of Nurse Anesthetists	6	Amount (\$)	416.00
Date 01/26/2025	Corporation / Labor Organization name Texas Association of Nurse Anesthetists		Amount (\$)	95.94

### NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

⊢						
	The Instru	tion Guide explains how to complete this form.	Total pages Schedule C4: Sch: 1/1 Rpt: 36/38			
2	FILER NAME	3	3 Filer ID (Ethics Commission Filers)			
	Texas Assoc	iation of Nurse Anesthetists Political Action Committee	00069305			
4	Date	5 Corporation / Labor Organization name	6 Amount (\$)			
L	01/31/2025	Texas Association of Nurse Anesthetists	400.00			
Г	Date	Corporation / Labor Organization name	Amount (\$)			
	02/14/2025	Texas Association of Nurse Anesthetists	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 Committee 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

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	y - Gift/Awards/Memorials Expense Printing E Legal Services Salaries/A  The Instruction Guide explains how to co	Vages/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 37/38	Texas Association of Nurse Anesthetists Politic	cal Action 00069305
4 Date	5 Payee name	
02/03/2025	American Express Merchant Services	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$295.33	PO Box 53852	
Evponditure from		
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
		g
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	Laght Office held
expenditure to benefit C/O		g.i.

#### 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: 38/38 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 01/31/2025 \$0.50 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 01/31/2025 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. Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.0e302ce0