MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC Instructio	The MPAC Instruction Guide explains how to complete this form. 1 Filer ID 2 Total pages filed: 1 (Ethics Commission Filers) 110						
		00069305	119				
3 COMMITTEE NAM			OFFICE USE ONLY				
i exas Associatio	n of Nurse Anesthetists Political Action Cor	nmittee	Date Received ELECTRONICALLY FILED 06/05/2025				
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 919 Congress Ave., Suite 720	CITY; STATE; ZIP					
5 CAMPAIGN	Austin, TX 78701 MS / MRS / MR FIRST	MI	Date Hand-delivered or Date Postmarked				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR PRS / Ms. Andrea N		Receipt # Amount				
	NICKNAME LAST	SUFFIX	Date Processed				
	Pee		Date Imaged				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) 919 Congress Ave., Suite 720 Austin, TX 78701	; APT / SUITE #; CITY; ST/	ATE; ZIP CODE				
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; 919 Congress Ave., Suite 720 Austin, TX 78701	APT / SUITE #; CITY; ST	ATE; ZIP CODE				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 495-9004	EXTENSION					
9 REPORT TYPE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)				
10 MONTHLY REPORT FILING DEADLINE	January 5 Apri February 5 May March 5 X June	5 August 5	 October 5 November 5 December 5 				
11 PERIOD COVERED	Month Day Year 04/26/2025	THROUGH Month 05/25/2	Day Year 2025				
		TO PAGE 2					
⊢orms provided by T	exas Ethics Commission www.e	thics.state.tx.us	Version V4.1.0.e02d6221				

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)		
Texas Association of Nu	urse Anesthetists Polition	cal Action Committee	0006930	5		
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00		
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	77,172.30		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00		
	4. TOTAL POLITICA	L EXPENDITURES	\$	4,605.66		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	202,973.22		
OUTSTANDING LOAN TOTALS		MOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00		
16 AFFIDAVIT	•					
		I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code.	rjury, that the nation require	accompanying report is ed to be reported by me		
		Ms. Andr	ea N. Pee			
		Signature of Car	npaign Treas	urer		
AFFIX NOTARY	STAMP / SEAL ABOVE					
Sworn to and subscribed	before me, by the said	, tł	nis the	day		
		which, witness my hand and seal of office.				
Signature of officer ad	ninistering oath	Printed name of officer administering oath	Title of of	icer administering oath		
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.e02d6221		

FORM MPAC

COVER SHEET PG 3 3 of 119

17 COMMITT		18 Filer ID	(Ethics Commission Filers)				
	sociation of Nurse Anesthetists Political Action Committee	00069305	Γ				
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT				
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 76,372.30				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS						
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION	R	\$				
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$				
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$				
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$ 800.00				
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$				
9.	SCHEDULE E: LOANS		\$				
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 4,605.66				
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$				
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$ 0.51				

SUBTOTALS - MPAC

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/113 Rpt: 4/119	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit	tee		00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	04/28/2025	Abraham, Bibin				\$250.00
		6 Contributor address; City; State; Zip Code				
		· · · · · · · · · · · · · · · · · · ·				
		Irving, TX 75063				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/10/2025	Abraham, Bibin				\$100.00
		Contributor address; City; State; Zip Code				
		Irving, TX 75063				
	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 (\$)	
	05/22/2025	Adambi, Tika				\$83.33
		Contributor address; City; State; Zip Code				
		Keller, TX 76248				
	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 (\$)	
	04/27/2025	Adcock, Jennifer				\$100.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78750				
	•	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 (\$)	
	04/30/2025	Agbahiwe, Krystal				\$83.33
		Contributor address; City; State; Zip Code				
		Manvel, TX 77578				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Re	gistered Nurse Anesthetist				

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 2/113 Rpt: 5/119	
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
Texas Assoc	ciation of Nurse Anesthetists Political Action Commit		00069305	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
05/05/2025	Alaskarov, Nariman			\$30.00
	6 Contributor address; City; State; Zip Code			
	El Paso, TX 79938			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> ٤)	
Certified Reg	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/26/2025	Albrecht, Kelsey			\$50.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77009			
Principal occu	Jupation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
	gistered Nurse Anesthetist		,	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
05/10/2025	Albrecht, Kelsey	/	Amount of Contribution (9)	\$83.33
00/10/2020	-			Ψ00.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77009			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
	gistered Nurse Anesthetist		,	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
04/26/2025	Alderfer, Leah	/		\$100.00
04/20/2020	Contributor address; City; State; Zip Code			Ψ100.00
	Contributor address, City, State, Zip Code			
	San Antonio, TX 78249			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۱)	
·	gistered Nurse Anesthetist		7	
Date	-		Amount of Contribution (\$)	
04/26/2025	Full name of contributor out-of-state PAC (ID#: Ali, Navroz)	.,	\$100.00
04/20/2020				φ100.00
	Contributor address; City; State; Zip Code			
	Sugar Land, TX 77479			
Principal occur	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
-	gistered Nurse Anesthetist		' /	
Certifica reg				

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/113 Rpt: 6/119	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit	ttee		00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	04/26/2025	Allore, Stefany				\$100.00
		6 Contributor address; City; State; Zip Code				
	ļ					
	ļ					
		San Antonio, TX 78245				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/26/2025	Altuna, Carolyn				\$200.00
		Contributor address; City; State; Zip Code				
	ļ					
	ļ					
		Austin, TX 78723				
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Certified Rec	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/29/2025	Altuna, Carolyn				\$200.00
		Contributor address; City; State; Zip Code				
	ļ					
	ļ					
		Austin, TX 78723				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certifieu Reț	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/07/2025	Alva, Taylor				\$83.33
		Contributor address; City; State; Zip Code				
	ļ					
		Pearland, TX 77584				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		gistered Nurse Anesthetist		9		
⊨			<u> </u>	_		
	Date 05/21/2025	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$83.33
	05/21/2025	Alva, Taylor				ФО Э.ЭЭ
		Contributor address; City; State; Zip Code				
		Pearland, TX 77584				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions			
		gistered Nurse Anesthetist		,		
\vdash		<u></u>				

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/113 Rpt: 7/119	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit	ttee		00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/27/2025	Amador, Cindy				\$100.00
	ļ	6 Contributor address; City; State; Zip Code				
	ļ					
	ļ					
		Manvel, TX 77578				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/14/2025	Amanda, White				\$250.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ					
		Corinth, TX 76210				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/18/2025	Andersen, Jenni				\$41.67
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ					
		Midland, TX 79705				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certifieu Reț	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/18/2025	Andersen, Jennifer				\$83.33
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	Midland, TX 79705				
<u> </u>	Dringingl occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		gistered Nurse Anesthetist	Employer (See Instructions	5)		
╘			<u> </u>	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 200.00
	04/27/2025	Anderson, Terri				\$200.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	Boerne, TX 78015				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> יו		
		gistered Nurse Anesthetist		<i>י</i> י		
\vdash						

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/113 Rpt: 8/119	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit			00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
ľ	05/25/2025	Andrews, Lynn	/	·	, where or equilibrium (,	\$25.00
	00,20,200					*-* ····
		6 Contributor address; City; State; Zip Code				
		Flower Mound, TX 76226				
8	Principal occu		9 Employer (See Instructions	;)		
-		gistered Nurse Anesthetist		,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	04/30/2025	Anesthesia, JC	/			\$1,000.00
	04/30/2023					Φ1,000.00
		Contributor address; City; State; Zip Code				
		Graham, TX 76450				
	Dringing occu		Employer (See Instructions	<u> </u>		
		ipation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	5)		
				-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/26/2025	Anthony, Jennifer				\$100.00
	I	Contributor address; City; State; Zip Code				
		Texarkana, TX 75501				
	-	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/30/2025	Anthony, Jennifer				\$83.33
	I	Contributor address; City; State; Zip Code				
		Texarkana, TX 75501				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	05/21/2025	Apodaca, Rylee				\$83.33
	I	Contributor address; City; State; Zip Code				
		Houston, TX 77004				
⊢	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	;)		
		gistered Nurse Anesthetist				
⊢		<u></u>				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 6/113 Rpt: 9/119 FILER NAME Filer ID (Ethics Commission Filers) 2 3 Texas Association of Nurse Anesthetists Political Action Committee 00069305 4 Date Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/27/2025 Appel, Jessica \$25.00 6 Contributor address; City; State; Zip Code Fort Worth, TX 76110 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Certified Registered Nurse Anesthetist Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/26/2025 Ashu, Dixie \$41.67 Contributor address; City; State; Zip Code San Antonio, TX 78245 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/26/2025 Atkinson, Melanie \$100.00 Contributor address; City; State; Zip Code Dallas, TX 75238 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/03/2025 \$250.00 Atwood, Deborah Contributor address; City; State; Zip Code Georgetown, TX 78628 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/26/2025 \$100.00 Aycock, Karen Contributor address; City; State; Zip Code Kerrville, TX 78028 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist

	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/113 Rpt: 10/119	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
_		ciation of Nurse Anesthetists Political Action Commit			00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/24/2025	Bagos, Jesus				\$83.33
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77045				
8			9 Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/24/2025	Baker, Forrest				\$41.67
		Contributor address; City; State; Zip Code				
		Argyle, TX 76226				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/04/2025	Balogun, Damilola				\$83.33
		Contributor address; City; State; Zip Code				
		Houston, TX 77054				
		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 (\$)	
	04/29/2025	Barkley, Kristin				\$83.33
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76126				
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/29/2025	Barr, Mark				\$83.33
		Contributor address; City; State; Zip Code				
		Houston, TX 77019				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 8/113 Rpt: 11/119
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Texas Association of Nurse Anesthetists Political Action Committee	00069305
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/28/2025 Barrera, David	\$200.00
6 Contributor address; City; State; Zip Code	
San Antonio, TX 78255	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruction	15)
Certified Registered Nurse Anesthetist	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/03/2025 Barton, Louis	\$83.33
Contributor address; City; State; Zip Code	
Brownsville, TX 78520	
Principal occupation / Job title (See Instructions) Employer (See Instruction	 ns)
Certified Registered Nurse Anesthetist	13)
	Amount of Contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) 04/26/2025 Bazan, Erica	\$41.67
Contributor address; City; State; Zip Code	
Contributor address, City, State, Zip Code	
Katy, TX 77493	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ls)
Certified Registered Nurse Anesthetist	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/30/2025 Bedia, Jennifer	\$30.00
Contributor address; City; State; Zip Code	
Spring, TX 77388	
Principal occupation / Job title (See Instructions) Employer (See Instruction	
Certified Registered Nurse Anesthetist	15)
	Amount of Contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) 04/27/2025 Beeman, Travis	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code	
Continuation address, City, State, Zip Code	
Azle, TX 76020	
Principal occupation / Job title (See Instructions) Employer (See Instruction	 ns)
Certified Registered Nurse Anesthetist	

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/113 Rpt: 12/119	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	iation of Nurse Anesthetists Political Action Committ	ee		00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/26/2025	Bell, Leslie				\$100.00
		6 Contributor address; City; State; Zip Code				
		Contributor address, City, State, Zip Code				
		McKinney, TX 75069				
ŀ	Principal occu		9 Employer (See Instructions	<u>ا</u>		
ľ		jistered Nurse Anesthetist		<i>י</i> י		
	Centilieu Reț					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/26/2025	Bennett, Tristan				\$100.00
		Contributor address; City; State; Zip Code				
		Texarkana, TX 75503				
	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 (\$)	
	05/06/2025	Bergeron, Mark)			\$83.33
	00/00/2020	-				\$00.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77006				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	•	jistered Nurse Anesthetist		"		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/27/2025	Bernasor, Maelen				\$500.00
		Contributor address; City; State; Zip Code				
		Temple, TX 76504				
	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 (\$)	
	04/26/2025	Bertoncini, Kristen				\$100.00
		Contributor address; City; State; Zip Code				
		Needville, TX 77461				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ເ</u>		
	•	jistered Nurse Anesthetist		,		
⊢						
1						

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/113 Rpt: 13/119	
2	FILER NAME			3	Filer ID (Ethics Commission	1 Filers)
		ciation of Nurse Anesthetists Political Action Commit			00069305	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/29/2025	Bertrand, Anita				\$83.33
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77004				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
		gistered Nurse Anesthetist				
⊢	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	—	Amount of Contribution (\$)	
	05/11/2025	Bird, Elizabeth	'		Allount of Contribution (*)	\$100.00
	03/11/2020		ļ			Φ100.00
		Contributor address; City; State; Zip Code				
	Detroinel eco	Keene, NH 03431		Ĺ		
		upation / Job title (See Instructions)	Employer (See Instructions	;)		
		gistered Nurse Anesthetist	<u> </u>	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/20/2025	Bishop, Harold				\$83.33
		Contributor address; City; State; Zip Code	1			
		Lufkin, TX 75904-6304				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Certified Reg	gistered Nurse Anesthetist	l			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/26/2025	Bison, Jeremy				\$100.00
		Contributor address; City; State; Zip Code	,			
		Dallas, TX 75243				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
		gistered Nurse Anesthetist				
╞	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	_	Amount of Contribution (\$)	
	04/30/2025	Black, Melanie	'		Allount of Contribution (+)	\$83.33
	0-10012020					Ψ00.00
		Contributor address; City; State; Zip Code				
		Round rock, TX 78681				
┝	Dringing oog			\square		
		upation / Job title (See Instructions)	Employer (See Instructions	<i>i</i>)		
	Certineu Rei	gistered Nurse Anesthetist	<u> </u>			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/113 Rpt: 14/119	
2	FILER NAME			3	Filer ID (Ethics Commission	ו Filers)
		ciation of Nurse Anesthetists Political Action Commit			00069305	·
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	04/26/2025	Blacketter, Lisa				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		Port Lavaca, TX 77979				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor Out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	05/22/2025	Blacketter, Lisa			,	\$30.00
		Contributor address; City; State; Zip Code		•		• -
		Port Lavaca, TX 77979				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		gistered Nurse Anesthetist				
╞	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Τ	Amount of Contribution (\$)	
	04/27/2025	Blair, Kristi	/		Amount of Contribution (*)	\$100.00
	04/21/2020			•		Ψ100.00
		Contributor address; City; State; Zip Code				
		Weatherford, TX 76085				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	•	gistered Nurse Anesthetist		-,		
╞	Date		<u> </u>	Π	Amount of Contribution (\$)	
	05/24/2025	Full name of contributor out-of-state PAC (ID#: Bohner, Mishawna)			\$83.33
	0312412020			-		φ00.00
		Contributor address; City; State; Zip Code				
		Rockwall, TX 75087				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
		gistered Nurse Anesthetist		-,		
╞	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Τ	Amount of Contribution (\$)	
	05/21/2025	Booth, Kristen	/			\$30.00
	0012112020			-		Ψ00.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77027				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	د) ا		
		gistered Nurse Anesthetist		"		
┝						

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/113 Rpt: 15/119	
2	FILER NAME			3	Filer ID (Ethics Commission	i Filers)
	Texas Assor	ciation of Nurse Anesthetists Political Action Commit			00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	05/20/2025	Bourgeois, Scott				\$83.33
	-	6 Contributor address; City; State; Zip Code				
		Sugar Land, TX 77479				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/17/2025	Bowden, Shyanne			· · · · · · · · · · · · · · · · · · ·	\$30.00
	-	Contributor address; City; State; Zip Code				
		Fort Worth, TX 76108				
\vdash	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
		gistered Nurse Anesthetist				
⊨	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	04/27/2025	Boyko, Lesley	/		Allount of Contribution (4)	\$100.00
	07/21/2020	Contributor address; City; State; Zip Code				Ψ100.00
		Continuation address, City, State, Lip Code				
		Galveston, TX 77551				
⊢	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
		gistered Nurse Anesthetist				
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	04/26/2025	Boytim, Julie	/			\$200.00
	0	Contributor address; City; State; Zip Code				+
		College Sta, TX 77845				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	1 5)		
		gistered Nurse Anesthetist				
⊨	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>)		Amount of Contribution (\$)	
	05/25/2025	Bradley, Frances	/		/ incant of contact and (.,	\$89.00
	00.20.20	Contributor address; City; State; Zip Code				T T T T
		Contributor address, City, State, Zip Code				
		El Paso, TX 79924				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	 ;)		
		gistered Nurse Anesthetist		,		
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The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 13/113 Rpt: 16/119	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
Texas Assoc	ciation of Nurse Anesthetists Political Action Commit		00069305	-
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
05/01/2025	Branstetter, Casey			\$1,000.00
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75209			
	upation / Job title (See Instructions)	9 Employer (See Instructions)	\$)	
Certified Rec	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/23/2025	Brauneck, Tyler			\$83.33
	Contributor address; City; State; Zip Code			
	Helotes, TX 78023			
	upation / Job title (See Instructions)	Employer (See Instructions)	\$)	
Certified Rec	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/26/2025	Brewer, Angela			\$100.00
	Contributor address; City; State; Zip Code			
	Denter TV 70010			
	Denton, TX 76210			
-	upation / Job title (See Instructions)	Employer (See Instructions)	\$)	
	gistered Nurse Anesthetist		1	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	÷50.00
04/30/2025	Brewer, Linden			\$30.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77024			
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
	gistered Nurse Anesthetist		') '	
Date	-	<u> </u>	Amount of Contribution (\$)	
04/26/2025	Full name of contributor out-of-state PAC (ID#: Brewer, Melissa)		\$100.00
04/20/2020	Contributor address; City; State; Zip Code			Ψ100.00
	Continuutor audress, City, State, Zip Code			
	Keller, TX 76248			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u>ا</u> ۶)	
-	gistered Nurse Anesthetist		,	
	<u></u>	<u> </u>		
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The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 14/113 Rpt: 17/119	
2 FILER NAME			3 Filer ID (Ethics Commission Fil	lers)
Texas Assoc	ciation of Nurse Anesthetists Political Action Commit		00069305	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/26/2025	Broadhead, Preston			\$83.33
	6 Contributor address; City; State; Zip Code			
	Texarkana, TX 75503			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Certified Reg	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/26/2025	Bronowski, Caroline			5100.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78213			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Certified Reg	gistered Nurse Anesthetist			
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/27/2025	Brown, Rachel	,		5100.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78212			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Certified Reg	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/26/2025	Bullerwell, Megan			\$100.00
	Contributor address; City; State; Zip Code			
	Bellaire, TX 77401			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Certified Reg	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/07/2025	Bullerwell, Megan		.,	\$30.00
	Contributor address; City; State; Zip Code			
	Bellaire, TX 77401			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Certified Reg	gistered Nurse Anesthetist			
	<u>.</u>			

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 15/113 Rpt: 18/119	
2 FILER NAME			3 Filer ID (Ethics Commission F	Filers)
Texas Asso	ciation of Nurse Anesthetists Political Action Commit		00069305	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of Contribution (\$)	
04/27/2025	Burkhardt, Hillary	/		\$100.00
07/21/2020				Ψ100.00
	6 Contributor address; City; State; Zip Code			
	Nederland, TX 77627			
Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>	
-	gistered Nurse Anesthetist)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/24/2025	Burkhardt, Hillary			\$30.00
	Contributor address; City; State; Zip Code			
	Nederland, TX 77627			
	upation / Job title (See Instructions)	Employer (See Instructions)	
Certified Re	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/05/2025	Burnett, Christine			\$41.67
	Contributor address; City; State; Zip Code			
	Friendswood, TX 77546			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions		
Certified Re	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/27/2025	Burney, Catherine			\$100.00
-	Contributor address; City; State; Zip Code			•
	Chicago, IL 60605			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	()	
	gistered Nurse Anesthetist		,	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)	
04/27/2025	Burns, Danielle	/	.,	\$150.00
04/21/2020				Ψ100.00
	Contributor address; City; State; Zip Code			
	Victoria, TX 77901			
Drincipal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
-	gistered Nurse Anesthetist	Employer (See Instructions)	
Certilleu Re				

SCHEDULE	A1
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	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 16/113 Rpt: 19/119	
2	FILER NAME			3	Filer ID (Ethics Commission	ו Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Committ	tee		00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/27/2025	Byars, Michael				\$100.00
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77019				
8	•		9 Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/15/2025	Byars, Michael				\$83.33
		Contributor address; City; State; Zip Code		ĺ		
		HOUSTON, TX 77019				
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/29/2025	Campos, Max				\$83.33
		Contributor address; City; State; Zip Code				
		Mansfield, TX 76063				
		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 (\$)	
	04/27/2025	Carrio, Stephen				\$100.00
		Contributor address; City; State; Zip Code				
		Connell TV 75010				
⊢	Dringinglaggy	Coppell, TX 75019	Employer (Cap Instructions			
	•	pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	<i>。</i>)		
╘				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 22 F0
	05/25/2025	Carter, Lisa				\$62.50
		Contributor address; City; State; Zip Code				
		College Station, TX 77845				
\vdash	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		gistered Nurse Anesthetist)		
<u> </u>						

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/113 Rpt: 20/119	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit			00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	05/01/2025	Carter, T'Anya				\$83.33
		6 Contributor address; City; State; Zip Code				• -
		Contributor address, City, State, Zip Code				
		Dallas, TX 75235				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	 5)		
		gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/26/2025	Caswell, Abby	,			\$100.00
		Contributor address; City; State; Zip Code				
		Friendswood, TX 77546				
	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	1 5)		
		gistered Nurse Anesthetist				
⊢	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>)	<u> </u>	Amount of Contribution (\$)	
	04/27/2025	Caswell, Abby	/		Allount of Contribution (+)	\$5,000.00
	04/21/2020	-				ψ0,000.00
		Contributor address; City; State; Zip Code				
		Friendswood, TX 77546				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
		gistered Nurse Anesthetist		,		
╞	Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u>	I	Amount of Contribution (\$)	
	05/14/2025	Caswell, Abigail	/			\$83.33
	0011412020	-				Ψ00.00
		Contributor address; City; State; Zip Code				
		Friendswood, TX 77546				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ו)		
		gistered Nurse Anesthetist		"		
╞			<u> </u>	1	Amount of Contribution (Φ)	
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	<u>۵</u> ۵ ۵۵
	05/25/2025	Cherry, Bryce				\$30.00
		Contributor address; City; State; Zip Code				
		Fort Worth TV 76126				
\vdash	Drinsipal agai	Fort Worth, TX 76126				
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
		gistered Nurse Anesthetist				

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	The Instruc	ction Guide explains how to complete this f	orm.	1 I	Total pages Schedule A1: Sch: 18/113 Rpt: 21/119	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit		1 I	00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	04/27/2025	Childs, Marion				\$100.00
	ļ	6 Contributor address; City; State; Zip Code		·		
		San Antonio, TX 78255				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Certified Reç	gistered Nurse Anesthetist				
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Ι	Amount of Contribution (\$)	
	04/26/2025	Cioci, Stephanie				\$100.00
	ł	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ	Houston, TX 77035				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Certified Rec	gistered Nurse Anesthetist				
╞	Date	Full name of contributor out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)	
	05/02/2025	Clark, Clayton			• •	\$83.33
	ļ	Contributor address; City; State; Zip Code		·		
	ļ					
	ļ	Wichita Falls, TX 76301				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Certified Reç	gistered Nurse Anesthetist				
⊢	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/29/2025	Clucas, Shala			• •	\$83.33
	ļ	Contributor address; City; State; Zip Code		·		
	ļ					
	ļ					
	ļ	Rockwall, TX 75032				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Certified Reç	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/26/2025	Co, Arianne				\$83.33
	ł	Contributor address; City; State; Zip Code		1		
	ļ	Fort Worth, TX 76126				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Certified Rec	gistered Nurse Anesthetist				
\vdash			1			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 19/113 Rpt: 22/119	
2	FILER NAME		+	3	Filer ID (Ethics Commission	n Filers)
	Texas Assor	ciation of Nurse Anesthetists Political Action Commit			00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	04/29/2025	Coast, Nora				\$83.33
	1	6 Contributor address; City; State; Zip Code				
	1		ļ			
	ļ		ļ			
	ł	Mcallen, TX 78504				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	ـــــــــــــــــــــــــــــــــــــ		
	Certified Reg	gistered Nurse Anesthetist				
⊨	Date	Full name of contributor out-of-state PAC (ID#:	·	Γ	Amount of Contribution (\$)	
	04/29/2025	Coleman, Emily				\$200.00
		Contributor address; City; State; Zip Code		1		•
	ļ		ļ			
	1					
	ļ	dallas, TX 75220	ļ			
	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions)	L;)		
		gistered Nurse Anesthetist		,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Γ	Amount of Contribution (\$)	
	04/27/2025	Collins, Greg	,			\$83.33
	04/21/2020					Ψ00.00
	ļ	Contributor address; City; State; Zip Code	ļ			
	ļ		ļ			
	ł	Granbury, TX 76049				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	لــــــــــــــــــــــــــــــــــــ		
		gistered Nurse Anesthetist		,		
╞	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	05/10/2025	Comans, Tyler	/			\$41.67
	00/10/2020	-				Ψ71.0.
	ł	Contributor address; City; State; Zip Code				
	ł					
	1	Fort Worth, TX 76179	ļ			
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	ل ۱		
		gistered Nurse Anesthetist		9		
╞	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	—	Amount of Contribution (\$)	
	04/27/2025	Contreras, Sherri	/			\$100.00
	04/21/2020					Ψ100.00
	1	Contributor address; City; State; Zip Code				
	1					
	1	Corpus Christi, TX 78414				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u>ר</u>		
		gistered Nurse Anesthetist		9		
┡			<u> </u>			

The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 20/113 Rpt: 23/119	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	ciation of Nurse Anesthetists Political Action Committ			00069305	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
05/20/2025	Cook, Ashley				\$83.33
	6 Contributor address; City; State; Zip Code		1		
	Frisco, TX 75035				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Certified Reg	gistered Nurse Anesthetist				
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
05/25/2025	Cooks, Felicia				\$83.33
	Contributor address; City; State; Zip Code		1		
	San Antonio, TX 78220				
	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Certified Reg	gistered Nurse Anesthetist				
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
05/21/2025	Cooney, Michael				\$30.00
	Contributor address; City; State; Zip Code		1		
Duin ringt again	Keller, TX 76248		Ĺ		
	ipation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	S)		
			.		
Date	Full name of contributor out-of-state PAC (ID#:)	'	Amount of Contribution (\$)	* 200.00
04/26/2025	Corder, Kenny				\$300.00
	Contributor address; City; State; Zip Code				
	Abilene, TX 79606				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	gistered Nurse Anesthetist				
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
05/21/2025	Corder, Kenny				\$83.33
	Contributor address; City; State; Zip Code		1		
	Abilene, TX 79606				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Certified Reg	gistered Nurse Anesthetist				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 21/113 Rpt: 24/119
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	ciation of Nurse Anesthetists Political Action Commit		00069305
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/25/2025	Corder, Kenny		\$117.00
	6 Contributor address; City; State; Zip Code		1
	Abilene, TX 79606		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Certified Reg	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/22/2025	Cornelius, Brian		\$83.33
	Contributor address; City; State; Zip Code		4
	Burleson, TX 76028		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Certified Reg	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/01/2025	Cornell, mark		\$83.33
	Contributor address; City; State; Zip Code		4
	San Antonio, TX 78254-1841		
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 (\$)
05/01/2025	Coronado, Israel		\$83.33
	Contributor address; City; State; Zip Code		•
	Weslaco, TX 78596		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Certified Reg	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/27/2025	Corpus, Jose		\$10.00
	Contributor address; City; State; Zip Code		1
	Perrysburg, OH 43551		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Certified Reg	gistered Nurse Anesthetist		
		1	

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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 22/113 Rpt: 25/119	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
		ciation of Nurse Anesthetists Political Action Commit			00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/30/2025	Counts, Kimberly				\$83.33
	I	6 Contributor address; City; State; Zip Code		1		
	l					
	l	1				
	I	Sherman, TX 75092				
8	Principal occu		9 Employer (See Instructions	L 3)		
-		gistered Nurse Anesthetist		.,		
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/26/2025	Cowan, Micah	/		/ mount of contingation (+,	\$500.00
	0412012020			-		ψ000.00
	I	Contributor address; City; State; Zip Code				
	l	1				
	l	Oleburne TV 76001				
		Cleburne, TX 76031		Ļ		
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/29/2025	Cox, Lauren				\$100.00
	I	Contributor address; City; State; Zip Code		1		
	l					
	l	1				
	I	Wolfforth, TX 79382				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
		gistered Nurse Anesthetist		,		
╞	Date			—	Amount of Contribution (\$)	
			/		Amount of Contribution (\$)	<u>ቀ</u> ድን
	05/17/2025	Culp, Mark				\$62.50
	I	Contributor address; City; State; Zip Code				
	l	1				
	l	1				
L		Weatherford, TX 76087				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/20/2025	Culpepper, Kevin				\$50.00
		Contributor address; City; State; Zip Code		ł		
	I					
	I	1				
	l	Fort Worth, TX 76102				
┡	Drivel eeeu		European (Cara Instructions	ŕ		
		Ipation / Job title (See Instructions)	Employer (See Instructions	3)		
	Certifiea Reț	gistered Nurse Anesthetist				

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 23/113 Rpt: 26/119	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
Texas Assoc	ciation of Nurse Anesthetists Political Action Commit		00069305	-
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
04/30/2025	Cumpton, Stephanie			\$500.00
	6 Contributor address; City; State; Zip Code			
	Bryan, TX 77808			
	ipation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Certified Reg	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/27/2025	Curbow, Kelly			\$50.00
	Contributor address; City; State; Zip Code			
	Hideaway, TX 75771	-		
	upation / Job title (See Instructions)	Employer (See Instructions	i)	
Certified Reg	gistered Nurse Anesthetist	<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/27/2025	Currie, Jon		\$	\$100.00
	Contributor address; City; State; Zip Code			
	League City, TX 77573			
Dringing occu	upation / Job title (See Instructions)	Employer (Soo Instructions		
	gistered Nurse Anesthetist	Employer (See Instructions)	
		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	<u>ቀ1</u> E በበ
05/24/2025	Custance, Jessica			\$15.00
	Contributor address; City; State; Zip Code			
	Aledo, TX 76008			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions		
	gistered Nurse Anesthetist		,	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)	
04/28/2025	Crdenas, Carolina		.,	\$100.00
	Contributor address; City; State; Zip Code			
	Harlingen, TX 78552			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Certified Reg	gistered Nurse Anesthetist			

The Instruction Guide	explains how to complete this	form.	1	Total pages Schedule A1: Sch: 24/113 Rpt: 27/119	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	e Anesthetists Political Action Comm	nittee	ľ	00069305	
4 Date 5 Full name of	of contributor 🛛 out-of-state PAC (ID#	t:)	7	Amount of Contribution (\$)	
04/27/2025 Davis, Ma	Irquisha				\$100.00
6 Contributor	address; City; State; Zip Code		1		
	addiece, e.y,, <u></u> ,				
Dallas, T>					
8 Principal occupation / Job title	e (See Instructions)	9 Employer (See Instructions	5)		
Certified Registered Nurse	e Anesthetist				
Date Full name of	of contributor out-of-state PAC (ID#	t:)		Amount of Contribution (\$)	
04/30/2025 Davis, Ra		·			\$83.34
					\$00.0 I
Contributor	address; City; State; Zip Code				
Llouston	TV 770F7				
Houston,			Ĺ		
Principal occupation / Job title		Employer (See Instructions	5)		
Certified Registered Nurse	Anesthetist				
Date Full name of	of contributor 🛛 out-of-state PAC (ID#	t:)		Amount of Contribution (\$)	
04/29/2025 Davis, Ve	ronica				\$100.00
Contributor	address; City; State; Zip Code		1		
Harlingen	, TX 78550				
Principal occupation / Job title	e (See Instructions)	Employer (See Instructions	<u> </u> 3)		
Certified Registered Nurse	· /	, . ,	,		
			<u> </u>		
	of contributor out-of-state PAC (ID#	£:)		Amount of Contribution (\$)	* 400.00
04/26/2025 Dawson, /	Alyssa				\$100.00
Contributor	address; City; State; Zip Code				
McAllen,	TX 78504				
Principal occupation / Job title	e (See Instructions)	Employer (See Instructions	5)		
Certified Registered Nurse	e Anesthetist				
Date Full name of	of contributor out-of-state PAC (ID#	t·)	Γ	Amount of Contribution (\$)	
05/15/2025 Dawson, /				· · · · · · · · · · · · · · · · · · ·	\$83.33
l	address; City; State; Zip Code		•		+•
Contributor	address, City, State, Zip Code				
McAllen, ⁻					
Principal occupation / Job title		Employer (See Instructions	5)		
Certified Registered Nurse	Anesthetist				

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 25/113 Rpt: 28/119	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		ciation of Nurse Anesthetists Political Action Commit			00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/22/2025	DeLaGarza, Haley				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		Houston, TX 77098				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
		gistered Nurse Anesthetist				
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Γ	Amount of Contribution (\$)	
	05/03/2025	Devlin, Courtney	/			\$83.33
	03/03/2023	-				ψ00.00
		Contributor address; City; State; Zip Code				
	<u> </u>	Bedford, TX 76022		Ļ		
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reo	gistered Nurse Anesthetist				
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/17/2025	Devoto, Rachel				\$41.67
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78257				
	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
		gistered Nurse Anesthetist		,		
⊨	Date		<u> </u>		Amount of Contribution (\$)	
)		Amount of Contribution (\$)	¢100.00
	04/26/2025	Diaz, Hannah				\$100.00
		Contributor address; City; State; Zip Code				
		Harlingen, TX 78550				
	•	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/03/2025	Dinos, Michael				\$83.33
		Contributor address; City; State; Zip Code		1		
		Pharr, TX 78539				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ו</u>		
		gistered Nurse Anesthetist		>)		

SCHEDULE	A1
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The Instruct	tion Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 26/113 Rpt: 29/119	_
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
Texas Associa	ation of Nurse Anesthetists Political Action Commit	tee		00069305	
4 Date 5	Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
05/03/2025	Dinos, Michael				\$500.00
 e	Contributor address; City; State; Zip Code		1		
	Pharr, TX 78577				
	ation / Job title (See Instructions)	9 Employer (See Instructions	S)		
Certified Regis	stered Nurse Anesthetist				
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
04/27/2025	Dishman, Deniz				\$100.00
	Contributor address; City; State; Zip Code				
	Houston, TX 77027				
Bringinal occurs	ation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	stered Nurse Anesthetist		5)		
_			<u> </u>	Amount of Contribution (ft)	
Date 05/07/2025	Full name of contributor out-of-state PAC (ID#: Dishman, Deniz)		Amount of Contribution (\$)	\$83.33
					<i>Ф</i> ОЗ.ЗЗ
	Contributor address; City; State; Zip Code				
	Houston, TX 77027				
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions	s)		
Certified Regis	stered Nurse Anesthetist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
05/17/2025	Dishon, Julia				\$20.00
"	Contributor address; City; State; Zip Code		1		
	Beaumont, TX 77707				
· · ·	ation / Job title (See Instructions)	Employer (See Instructions	S)		
Certilled Regis	stered Nurse Anesthetist				
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	±00 50
04/27/2025	Dominick, Melissa				\$62.50
	Contributor address; City; State; Zip Code				
	Spring, TX 77379				
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions	1 s)		
	stered Nurse Anesthetist		- /		
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 27/113 Rpt: 30/119	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		ciation of Nurse Anesthetists Political Action Commit	.tee	_	00069305	
4 [Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
(05/20/2025	Dores, Tina				\$83.33
	l	6 Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
	I	Laredo, TX 78045				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
(Certified Reg	gistered Nurse Anesthetist				
ا	Date	Full name of contributor Out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	05/22/2025	Doria, Mark	,			\$41.67
)0, <u>22</u> , <u>2</u> 2 <u>-</u> 2			ł		¥ ·=···
	ļ	Contributor address; City; State; Zip Code				
	l					
	l	Katy, TX 77494				
	Dringinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		gistered Nurse Anesthetist		5)		
				1		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
(05/22/2025	DuBose, Mary				\$30.00
	I	Contributor address; City; State; Zip Code]		
	I					
	I					
		Lufkin, TX 75915				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
(Certified Rec	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
(05/07/2025	Dupree, Garrett				\$30.00
	l	Contributor address; City; State; Zip Code		1		
	I					
	I					
	I	Fort Worth, TX 76126				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
		gistered Nurse Anesthetist				
╞╴	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	05/17/2025	Dupriest, Wesley	/		Allount of Contribution (C)	\$83.33
	JOI 1 1 1 2 0 2 0			ł		Ψ00.00
	ļ	Contributor address; City; State; Zip Code				
	I					
	ļ	Manual TV 77570				
Þ,	- 1 - 1	Manvel, TX 77578		Ĺ		
		Ipation / Job title (See Instructions)	Employer (See Instructions	5)		
<u> </u>	Jertifiea Reț	gistered Nurse Anesthetist				

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 28/113 Rpt: 31/119	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit			00069305	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
	04/28/2025	Duron, Alex	/			\$200.00
	0412012020					Ψ200.00
		6 Contributor address; City; State; Zip Code				
		Albuquerque, NM 87120				
8	Principal occu		9 Employer (See Instructions	<u> </u>		
ľ		gistered Nurse Anesthetist		9		
⊢				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	+========
	04/26/2025	Eapen, Jasmin				\$500.00
		Contributor address; City; State; Zip Code				
		Manvel, TX 77578				
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/30/2025	Eapen, Jasmin				\$83.33
	I	Contributor address; City; State; Zip Code				
		Manvel, TX 77578				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/17/2025	Eddy, Rachel				\$100.00
	I	Contributor address; City; State; Zip Code				
		HEATH, TX 75032				
	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 (\$)	
	05/18/2025	Eisa, Lina			• •	\$41.67
	I	Contributor address; City; State; Zip Code				
		Sugar Land, TX 77498				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
		gistered Nurse Anesthetist		,		
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 29/113 Rpt: 32/119
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Texas Association of Nurse Anesthetists Political Action Committee	00069305
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/29/2025 Elam, Halie	\$62.50
6 Contributor address; City; State; Zip Code	
Amarillo, TX 79108	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruction	ons)
Certified Registered Nurse Anesthetist	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/28/2025 Elliott, Alison	\$41.67
Contributor address; City; State; Zip Code	
Bullard, TX 75757	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ons)
Certified Registered Nurse Anesthetist	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/26/2025 Esmeralda, Dex	\$100.00
Contributor address; City; State; Zip Code	
Lavon, TX 75166	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ons)
Certified Registered Nurse Anesthetist	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/26/2025 Esplana, Jennifer	\$100.00
Contributor address; City; State; Zip Code	
Belton, TX 76513-8550	
Principal occupation / Job title (See Instructions) Employer (See Instruction	
Certified Registered Nurse Anesthetist	, , , , , , , , , , , , , , , , , , ,
	Amount of Contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) 04/26/2025 Esquivel, Jaclyn	\$100.00
Contributor address; City; State; Zip Code	
Cultinutur address, City, State, Zip Code	
Boerne, TX 78015	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Certified Registered Nurse Anesthetist	

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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 30/113 Rpt: 33/119
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Assoc	ciation of Nurse Anesthetists Political Action Commit	ttee	00069305
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/30/2025	Estes, Sonia	,	\$30.00
	6 Contributor address; City; State; Zip Code		
	CUltinbutor address, City, State, Zip Code		
	Dallas, TX 75206		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	<u> </u> s)
	gistered Nurse Anesthetist		·/
Date	- 		Amount of Contribution (\$)
04/26/2025	Full name of contributor out-of-state PAC (ID#: Etheridge, Andrea	/	\$100.00
04/20/2023	-		φ100.00
	Contributor address; City; State; Zip Code		
	College Station, TX 77845		
Dringing oog	-		
	upation / Job title (See Instructions)	Employer (See Instructions)	3)
	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
04/26/2025	Farmer, Masson		\$83.33
	Contributor address; City; State; Zip Code		1
	Kemp, TX 75143		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	s)
Certified Reg	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/26/2025	Felan, Christopher		\$100.00
	Contributor address; City; State; Zip Code		1
	Lubbock, TX 79407		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	۲ <u>ــــــــــــــــــــــــــــــــــــ</u>
Certified Reg	gistered Nurse Anesthetist		
Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
04/26/2025	Fielder, Brad	,	\$500.00
0 11 201 202 2	Contributor address; City; State; Zip Code		
	Early, TX 76802		
Drincipal occu	upation / Job title (See Instructions)	Employor (Soo Instructions	
	gistered Nurse Anesthetist	Employer (See Instructions)	3)

<u> </u>						
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 31/113 Rpt: 34/119	
2	FILER NAME			3	Filer ID (Ethics Commission	1 Filers)
		ciation of Nurse Anesthetists Political Action Commit	.tee		00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/27/2025	Fleck, Eric				\$250.00
		6 Contributor address; City; State; Zip Code		1		
		1				
		Iola, TX 77861				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/23/2025	Flemming, Editha				\$41.67
		Contributor address; City; State; Zip Code		•		
		1				
		Manvel, TX 77578				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>」</u> 3)		
		gistered Nurse Anesthetist				
╞	Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u>	Γ	Amount of Contribution (\$)	
	04/28/2025	Flores, Maria	/		Allount of Contribution (+)	\$85.00
	04/20/2020			•		φ00.00
		Contributor address; City; State; Zip Code				
		1				
		Houston, TX 77045				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		gistered Nurse Anesthetist				
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	04/26/2025	Foltermann, Stephanie	/			\$100.00
	0.11.2012022	Contributor address; City; State; Zip Code		•		#100.0
		Continuation address, City, State, Zip Code				
		1				
		Brookshire, TX 77423				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		gistered Nurse Anesthetist				
╞	Date	Full name of contributor Out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	04/28/2025	Franco, Mildred			,	\$50.00
	-	Contributor address; City; State; Zip Code		•		
		1				
		IOLA, TX 77861				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>」</u> 3)		
		gistered Nurse Anesthetist				
\vdash		<u>,</u>	<u> </u>			

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 32/113 Rpt: 35/119			
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)		
	Texas Association of Nurse Anesthetists Political Action Committee				00069305			
4	Date	Date 5 Full name of contributor Image: out-of-state PAC (ID#:)			Amount of Contribution (\$)			
	04/29/2025	Franklin, Jade				\$41.67		
		6 Contributor address; City; State; Zip Code						
		Aledo, TX 76008						
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)				
	Certified Reg	gistered Nurse Anesthetist						
⊨	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)			
	05/22/2025	Frawley, Steve	/			\$83.33		
	0312212023	-				Ψ00.00		
		Contributor address; City; State; Zip Code						
		Dallas, TX 75209						
		upation / Job title (See Instructions)	Employer (See Instructions)				
	Certified Rec	gistered Nurse Anesthetist						
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)			
	05/03/2025	Freeman, Bailey				\$62.50		
		Contributor address; City; State; Zip Code						
		Fort Worth, TX 76116						
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ן</u>				
		gistered Nurse Anesthetist		,				
⊨			<u> </u>					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 4 9 9 9 9		
	04/26/2025	Gaines, Jessica				\$100.00		
		Contributor address; City; State; Zip Code						
		Houston, TX 77025						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
Certified Registered Nurse Anesthetist								
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)			
	05/14/2025	Gallagher, Brett			• •	\$83.33		
						Ŧ		
		Contributor address; City; State; Zip Code						
		Lubbock, TX 79423						
	Drivelaas	l	En la company (O e e la esta vestione	Ĺ				
		pation / Job title (See Instructions)	Employer (See Instructions)				
		gistered Nurse Anesthetist						

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 33/113 Rpt: 36/119						
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)				
	ciation of Nurse Anesthetists Political Action Commit	00069305	- ,					
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)					
05/21/2025	Galvin, Vaughna			\$83.33				
	6 Contributor address; City; State; Zip Code							
	Benbrook, TX 76126-4451							
	upation / Job title (See Instructions)	9 Employer (See Instructions	;)					
Certified Re	gistered Nurse Anesthetist							
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)					
04/28/2025	Gaona, John			\$100.00				
	Contributor address; City; State; Zip Code							
	Brownsville, TX 78526							
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	۲ <u>ــــــــــــــــــــــــــــــــــــ</u>					
Certified Re	gistered Nurse Anesthetist							
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)					
04/26/2025	Garcia, David			\$100.00				
	Contributor address; City; State; Zip Code							
	San Antonio, TX 78251							
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)					
Certified Re	gistered Nurse Anesthetist							
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)					
04/27/2025	Garcia, George			\$100.00				
	Contributor address; City; State; Zip Code							
	Del Valle, TX 78617							
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)					
Certified Registered Nurse Anesthetist								
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)					
04/26/2025	Garcia, Nataly			\$100.00				
	Contributor address; City; State; Zip Code							
	Pasadena, TX 77503							
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)					
Certified Re	gistered Nurse Anesthetist							

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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 34/113 Rpt: 37/119	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit			00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/18/2025	Garcia, Nataly				\$50.00
		6 Contributor address; City; State; Zip Code		1		
	ļ					
		Pasadena, TX 77503				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Certified Reç	gistered Nurse Anesthetist				
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/09/2025	Garcia, Raymond				\$83.33
	ļ	Contributor address; City; State; Zip Code		1		
		Drive, TX 76087				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reç	gistered Nurse Anesthetist				
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/27/2025	Garza, Brianda				\$200.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		San Antonio, TX 78249				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/21/2025	Garza, Cristina				\$75.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Mansfield, TX 76064				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/26/2025	Gasko, John				\$100.00
		Contributor address; City; State; Zip Code				
		Shavano Park, TX 78231				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reç	gistered Nurse Anesthetist				

The Instru	uction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 35/113 Rpt: 38/119
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Asso	ociation of Nurse Anesthetists Political Action Commit		00069305
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/07/2025		,	\$41.6
00/01/2022	-		
	6 Contributor address; City; State; Zip Code		
	San Antonio, TX 78258		
Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>
-	egistered Nurse Anesthetist)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/17/2025			\$20.0
	Contributor address; City; State; Zip Code		
	01/11 - 71/ 70004		
	Clifton, TX 76634	<u> </u>	-
	upation / Job title (See Instructions)	Employer (See Instructions)
Certified Re	egistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
04/26/2025	Glover, Jordan		\$100.0
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78418		
-	upation / Job title (See Instructions)	Employer (See Instructions	<i>i</i>)
Certified Re	egistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/27/2025	Golemi, Robert		\$500.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78748		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	;)
Certified Re	egistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/16/2025	—		\$83.3
	Contributor address; City; State; Zip Code		
	Pearland, TX 77581		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	;)
-	egistered Nurse Anesthetist		,
		<u> </u>	

Texas Association of Nurse Anesthetists Political Action Committee 00069305 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 04/27/2025 6 Contributor address; City; State; Zip Code \$100.00 San Antonio, TX 78201 9	2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee 4 Date 5 Full name of contributor out-of-state PAC (ID#:) Gomez, Mizraim 04/27/2025 Gomez, Mizraim 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist 9 Employer (See Instruction Out-of-state PAC (ID#:) 04/28/2025 Greaud, Jason Contributor address; City; State; Zip Code 0 04/28/2025 Greaud, Jason Contributor address; City; State; Zip Code Employer (See Instruction Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instruction Corpus Christi, TX 78418 Employer (See Instruction	Sch: 36/113 Rpt: 39/119 3 Filer ID (Ethics Commission Filers) 00069305 7 Amount of Contribution (\$) s100.00 ns) Amount of Contribution (\$)
Texas Association of Nurse Anesthetists Political Action Committee 00069305 4 Date 5 Full name of contributor out-of-state PAC (DU:	Texas Association of Nurse Anesthetists Political Action Committee 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 04/27/2025 Gomez, Mizraim 6 Contributor address; City; State; Zip Code 6 Contributor address; City; State; Zip Code San Antonio, TX 78201 8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist 9 Employer (See Instruction Greaud, Jason 04/28/2025 Greaud, Jason Out-of-state PAC (ID#:)) 04/28/2025 Greaud, Jason Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instruction	00069305 7 Amount of Contribution (\$) s100.00 ns) Amount of Contribution (\$)
Texas Association of Nurse Anesthetists Political Action Committee 00069305 4 Date 5 Full name of contributor out-of-state PAC (DU:	4 Date 5 Full name of contributor out-of-state PAC (ID#:) 04/27/2025 Gomez, Mizraim 6 Contributor address; City; State; Zip Code 6 Contributor address; City; State; Zip Code San Antonio, TX 78201 9 8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist 9 Employer (See Instruction out-of-state PAC (ID#:) 04/28/2025 Greaud, Jason Contributor address; City; State; Zip Code Corpus Christi, TX 78418 Principal occupation / Job title (See Instructions) Corpus Christi, TX 78418 Employer (See Instruction	00069305 7 Amount of Contribution (\$) s100.00 ns) Amount of Contribution (\$)
4 Date 5 Full name of contributor oxet-state PAC (D.F	4 Date 5 Full name of contributor out-of-state PAC (ID#:) 04/27/2025 Gomez, Mizraim 6 Contributor address; City; State; Zip Code 6 Contributor address; City; State; Zip Code San Antonio, TX 78201 9 8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist 9 Employer (See Instruction out-of-state PAC (ID#:) 04/28/2025 Greaud, Jason Contributor address; City; State; Zip Code Corpus Christi, TX 78418 Principal occupation / Job title (See Instructions) Corpus Christi, TX 78418 Employer (See Instruction	Amount of Contribution (\$) \$100.00 \$100.00 ns) Amount of Contribution (\$)
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6 Contributor address; City; State; Zip Code San Antonio, TX 78201 9 8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist 0utoristate PAC (ID#	6 Contributor address; City; State; Zip Code San Antonio, TX 78201 San Antonio, TX 78201 8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist 9 Date Full name of contributor out-of-state PAC (ID#:) 04/28/2025 Greaud, Jason Contributor address; City; State; Zip Code Corpus Christi, TX 78418 Principal occupation / Job title (See Instructions) Employer (See Instruction	ns) Amount of Contribution (\$)
San Antonio, TX 78201 8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist Employer (See Instructions) Greaud, Jason Contributor address; Chy; State; Zip Code BulLARD, TX 75757 Amount of Contribution (\$) State; Zip Code BulLARD, TX 75757 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist Contributor address; Chy; State; Zip Code BulLARD, TX 75757 Contributor address; Chy; State; Zip Code	San Antonio, TX 78201 8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist 9 Employer (See Instruction Date Full name of contributor out-of-state PAC (ID#:) 04/28/2025 Greaud, Jason Contributor address; City; State; Zip Code Corpus Christi, TX 78418 Principal occupation / Job title (See Instructions) Employer (See Instruction	Amount of Contribution (\$)
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Date Full name of contributor out-of-state PAC ([D#]	Date Full name of contributor out-of-state PAC (ID#:) 04/28/2025 Greaud, Jason Contributor address; City; State; Zip Code Corpus Christi, TX 78418 Principal occupation / Job title (See Instructions) Employer (See Instructions)	
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Contributor address; City, State; Zip Code Corpus Christi, TX 78418 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist Date Full name of contributor	Contributor address; City; State; Zip Code Corpus Christi, TX 78418 Principal occupation / Job title (See Instructions) Employer (See Instruction	
Corpus Christi, TX 78418 Employer (See Instructions) Principal occupation / Job tille (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Amount of Contribution (\$) 05/24/2025 Full name of contributor	Corpus Christi, TX 78418 Principal occupation / Job title (See Instructions) Employer (See Instruction	
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Contributor address; City; State; Zip Code BULLARD, TX 75757 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
BULLARD, TX 75757 Principal occupation / Job title (See Instructions) Employer (See Instructions)	04/30/2025 Green, Jessica	\$83.33
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
	BULLARD, TX 75757	
Certified Registered Nurse Anesthetist	•	ns)
	Principal occupation / Job title (See Instructions) Employer (See Instruction	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 37/113 Rpt: 40/119 FILER NAME Filer ID (Ethics Commission Filers) 2 3 Texas Association of Nurse Anesthetists Political Action Committee 00069305 4 Date Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/30/2025 Griffith, Brooke \$83.33 6 Contributor address; City; State; Zip Code Richmond, TX 77406 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Certified Registered Nurse Anesthetist Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/24/2025 Grove, Julia \$41.67 Contributor address; City; State; Zip Code Austin, TX 78731 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/26/2025 Guadamuz, Lilian \$83.33 Contributor address; City; State; Zip Code Boerne, TX 78015 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/26/2025 \$100.00 Guadamuz, Lilian Contributor address; City; State; Zip Code Boerne, TX 78015 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/14/2025 Guevara, Tessa \$41.67 Contributor address; City; State; Zip Code Arlington, TX 76001 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 38/113 Rpt: 41/119	
2 FILER NAME			3 Filer ID (Ethics Commission Filers))
Texas Asso	ciation of Nurse Anesthetists Political Action Commit		00069305	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
04/27/2025			\$100).00
	6 Contributor address; City; State; Zip Code			
	Poolville, TX 76487			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)	
Certified Re	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)	
05/15/2025	Hack, Cat	/		0.00
00/10/2020	Contributor address; City; State; Zip Code			
	Contributor address, City, State, Zip Code			
	Dallas, TX 75214			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	د)	
-	gistered Nurse Anesthetist		3)	
	-			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/26/2025	Hammonds, Danny		\$100).00
	Contributor address; City; State; Zip Code			
	Midlathian TV 76065			
Dringinglagg	Midlothian, TX 76065		\	
-	upation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	5)	
	-	<u> </u>	1	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/30/2025	Hammonds, Danny		.] \$83	3.33
	Contributor address; City; State; Zip Code			
	Midlothian, TX 76065	1		
-	upation / Job title (See Instructions)	Employer (See Instructions	s)	
Certified Re	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/03/2025	Harper, Kyle		\$83	3.33
	Contributor address; City; State; Zip Code			
	Aledo, TX 76008			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)	
Certified Re	gistered Nurse Anesthetist			

The Instru	iction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 39/113 Rpt: 42/119	
2 FILER NAME			3 Filer ID (Ethics Commission Fil	lers)
Texas Asso	ciation of Nurse Anesthetists Political Action Commit		00069305	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/01/2025		/		\$62.50
00,02,222	6 Contributor address; City; State; Zip Code			Ψ υ <u>μ</u> .ε.ε
	Contributor address, City, State, Zip Code			
	Plano, TX 75024			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> ٤)	
-	gistered Nurse Anesthetist		,	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)	
05/15/2025	Hart, Christine	/		\$62.50
	Contributor address; City; State; Zip Code			•••
	Plano, TX 75024			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ;)	
Certified Re	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/26/2025	Haschke, Brian			100.00
-	Contributor address; City; State; Zip Code			
	Fredericksburg, TX 78624			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
Certified Re	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/20/2025	Heathington, Beth			\$30.00
	Contributor address; City; State; Zip Code			
	Georgetown, TX 78633			
	upation / Job title (See Instructions)	Employer (See Instructions	i)	
Certified Re	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/26/2025	Herlan, Sophie		\$	100.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75248			
	upation / Job title (See Instructions)	Employer (See Instructions	i)	
Certified Re	gistered Nurse Anesthetist			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 40/113 Rpt: 43/119	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
Texas Assoc	ciation of Nurse Anesthetists Political Action Commit		00069305	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/24/2025	Hickman, Katie	/		\$30.00
00/2 //2022				Ψ00.02
	6 Contributor address; City; State; Zip Code			
	Arlington, TX 76001			
Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>	
	gistered Nurse Anesthetist)	
		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/26/2025	High, Amber			\$100.00
	Contributor address; City; State; Zip Code			
	Dickinson, TX 77539			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<i>(</i>)	
Certified Re	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/21/2025	High, Amber	,		\$41.67
	Contributor address; City; State; Zip Code			+
	Continuutor address, City, State, Zip Code			
	Dickinson, TX 77539			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions		
-	gistered Nurse Anesthetist)	
	- 			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	+ + 4 07
05/17/2025	Himsel, Ruth			\$41.67
	Contributor address; City; State; Zip Code			
	Georgetown, TX 78628			
-	upation / Job title (See Instructions)	Employer (See Instructions	<i>;</i>)	
Certified Re	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
04/26/2025	Hint, Jean			\$100.00
	Contributor address; City; State; Zip Code			
	Carrollton, TX 75010			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
-	gistered Nurse Anesthetist)	
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 41/113 Rpt: 44/119	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit			00069305	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
ľ	04/26/2025	Hollas, Chalon	/	-	,	\$100.00
	0-12012022					Ψ100.00
		6 Contributor address; City; State; Zip Code				
		Coppell, TX 75019				
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ľ		gistered Nurse Anesthetist		9		
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	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/26/2025	Horton, Stacy				\$500.00
		Contributor address; City; State; Zip Code				
		Dripping Springs, TX 78620				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/01/2025	Howie, Kamm			-	\$83.33
	-	Contributor address; City; State; Zip Code				·
		Dallas, TX 75204				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	•	gistered Nurse Anesthetist		''		
╞	Date			1	Amount of Contribution (\$)	
)		Amount of Contribution (\$)	¢100.00
	04/26/2025	Hude, Candice				\$100.00
		Contributor address; City; State; Zip Code				
		Usuatan TV 7702E				
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		Ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				
Γ	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/27/2025	Hudson, Chelsie				\$100.00
		Contributor address; City; State; Zip Code				
		Missouri City, TX 77459				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				
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2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit	ttee		00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	04/27/2025	Hudson, Chelsie				\$100.00
	ļ	6 Contributor address; City; State; Zip Code		ł		
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	ļ	Missouri City, TX 77459				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Certified Rec	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/17/2025	Hudson, Chelsie				\$62.50
	ļ	Contributor address; City; State; Zip Code		ł		
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	ļ					
		Missouri City, TX 77459				
		pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Certified Rec	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/03/2025	Hutson, Jeff				\$30.00
	ļ	Contributor address; City; State; Zip Code		1		
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		Graham, TX 76450				
	•	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Certified Reç	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/29/2025	Iceton, Michelle				\$250.00
	ļ	Contributor address; City; State; Zip Code				
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	D i sinclassu	Prosper, TX 75078		Ĺ		
		pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	5)		
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	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	+
	05/21/2025	Ilya, Malaniy				\$30.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	Diana TV 75002				
\vdash	Dringing oogu	Plano, TX 75093				
		pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	;)		
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 43/113 Rpt: 46/119	
2	FILER NAME			3	Filer ID (Ethics Commission) Filers)
Ĺ		ciation of Nurse Anesthetists Political Action Commit	tee	,	00069305	11 11013)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/26/2025	Jarvis, Lauren				\$100.00
		6 Contributor address; City; State; Zip Code				
		· · · · · · · · · · · · · · · · · · ·				
		Katy, TX 77493				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Certified Reg	gistered Nurse Anesthetist				
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/27/2025	Jastillano, Sean				\$100.00
	0 1/21/2020					<i>4</i> 100 .00
		Contributor address; City; State; Zip Code				
		Richardson, TX 75082				
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/26/2025	Jeffries, Tim				\$100.00
		Contributor address; City; State; Zip Code				
		Contributor address, City, State, Zip Code				
		Wichita Falls, TX 76308				
	Dringing ago	pation / Job title (See Instructions)	Employer (Cap Instructions			
	•	, , , , , , , , , , , , , , , , , , ,	Employer (See Instructions)		
	Certilled Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/24/2025	Jennings, Lisa				\$41.67
		Contributor address; City; State; Zip Code				
		Laredo, TX 78043				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		gistered Nurse Anesthetist	p - y - (,		
⊨						
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/27/2025	Ji, Julie				\$50.00
		Contributor address; City; State; Zip Code				
		Bellaire, TX 77401				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		gistered Nurse Anesthetist				
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The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 44/113 Rpt: 47/119
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Assoc	ciation of Nurse Anesthetists Political Action Commit		00069305
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
04/27/2025	Ji, Julie		\$50.0
	6 Contributor address; City; State; Zip Code		
	Bellaire, TX 77401		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	E 3)
Certified Reg	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/27/2025	Jiang, Anlan		\$30.0
-	Contributor address; City; State; Zip Code		
	Dallas, TX 75204		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
·	gistered Nurse Anesthetist		,
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
04/26/2025	John, Suja	/	\$100.0
07/20/2020			\$±00.0
	Contributor address; City; State; Zip Code		
	Dallas, TX 75219		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
-	gistered Nurse Anesthetist		,
Date	-		Amount of Contribution (\$)
04/26/2025	Full name of contributor out-of-state PAC (ID#:] Johnson, Brian	/	\$500.0 \$
04/20/2025			ψουυ.υ
	Contributor address; City; State; Zip Code		
	Canton, TX 75103		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
-	gistered Nurse Anesthetist		<i>v</i>
	-	<u> </u>	Amount of Contribution (#)
Date 05/07/2025	Full name of contributor out-of-state PAC (ID#:] Johnson, Ryan)	Amount of Contribution (\$) \$30.0
03/07/2023	-		φου.υ
	Contributor address; City; State; Zip Code		
	Houston, TX 77018		
Dringingloggy			
-	upation / Job title (See Instructions)	Employer (See Instructions	<i>;</i>)
	gistered Nurse Anesthetist		

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 45/113 Rpt: 48/119	
2	FILER NAME			3	Filer ID (Ethics Commission	ו Filers)
		ciation of Nurse Anesthetists Political Action Commit			00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/03/2025	Jones, Jessica				\$200.00
		6 Contributor address; City; State; Zip Code				
		Gilmer, TX 75645				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/26/2025	Jones, Nate	,		,	\$100.00
	0-12012022					Ψ100.00
		Contributor address; City; State; Zip Code				
		Manvel, TX 77578				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		gistered Nurse Anesthetist	Employer (See manuchons)		
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	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/22/2025	Jones, Nathan				\$30.00
		Contributor address; City; State; Zip Code				
		Manvel, TX 77578				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
		gistered Nurse Anesthetist				
⊨	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	—	Amount of Contribution (\$)	
	05/22/2025		/			\$10.00
	03/22/2025	Jordan, Haley				ΦT0'00
		Contributor address; City; State; Zip Code				
L		Belton, TX 76513				
		upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Certified Reg	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/17/2025	Jutila, Chelsea				\$30.00
		Contributor address; City; State; Zip Code				
		Contributor address, Ory, State, Zip Code				
		Wichita Falls, TX 76310				
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		upation / Job title (See Instructions)	Employer (See Instructions)		
L	Certified Reg	gistered Nurse Anesthetist				

Texas Association of Nurse Anesthetists Political Action Committee 00069305						
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Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/30/2025 Kelly, Tamra \$41.67 Contributor address; City; State; Zip Code Humble, TX 77346 Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 04/30/2025 Kelly, Tamra Contributor address; City; State; Zip Code \$41.67 Humble, TX 77346 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		Jersey Village, TX 77040				
Certified Registered Nurse Anesthetist Amount of Contributor (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/30/2025 Kelly, Tamra \$41.67 Contributor address; City; State; Zip Code Humble, TX 77346 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup		Employer (See Instructions	<u> </u>		
04/30/2025 Kelly, Tamra \$41.67 Contributor address; City; State; Zip Code \$41.67 Humble, TX 77346 Employer (See Instructions)						
04/30/2025 Kelly, Tamra \$41.67 Contributor address; City; State; Zip Code	Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Humble, TX 77346 Principal occupation / Job title (See Instructions) Employer (See Instructions)						\$41.67
Humble, TX 77346 Principal occupation / Job title (See Instructions) Employer (See Instructions)		-		•		
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
		Humble, TX 77346				
Certified Registered Nurse Anesthetist	Principal occup	ation / Job title (See Instructions)	Employer (See Instructions	s)		
	Certified Regi	stered Nurse Anesthetist				

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 47/113 Rpt: 50/119	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	iation of Nurse Anesthetists Political Action Commit	tee		00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	05/20/2025	Kelly, Tamra				\$30.00
		6 Contributor address; City; State; Zip Code				,
		Contributor address, City, State, Zip Code				
		JERSEY VILLAGE, TX 77040				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> 5)		
		gistered Nurse Anesthetist		<i>,</i>		
╞	Date		<u> </u>		Amount of Contribution (\$)	
	05/21/2025	Full name of contributor out-of-state PAC (ID#: Kelly, Tamra)		Amount of Contribution (\$)	\$62.50
	05/21/2025	-				φ02.50
		Contributor address; City; State; Zip Code				
		Humble, TX 77346				
	Dringing ogg	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		gistered Nurse Anesthetist	Employer (See Instructions)		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/26/2025	Kinne, Kathryn				\$83.33
		Contributor address; City; State; Zip Code				
		Keller, TX 76248				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/26/2025	Kirby, Roberta				\$100.00
		Contributor address; City; State; Zip Code		1		
		Scurry, TX 75158				
	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 (\$)	
	04/26/2025	Kmetz, Megan				\$100.00
		Contributor address; City; State; Zip Code		1		
		Fort Worth, TX 76244				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
I		gistered Nurse Anesthetist		,		
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 48/113 Rpt: 51/119	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit			00069305	
4		5 Full name of contributor Out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
	05/16/2025	Koerth, Sara	/	l.		\$20.00
	0011012020					Ψ20.00
		6 Contributor address; City; State; Zip Code				
		Nacogdoches, TX 75963				
Q	Drincinal occu	ipation / Job title (See Instructions)	Employor (See Instructions	<u> </u>		
0		gistered Nurse Anesthetist	9 Employer (See Instructions	5)		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/27/2025	Kojima, Kazumi				\$100.00
	I	Contributor address; City; State; Zip Code		1		
		Dallas, TX 75214				
	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 (\$)	
	05/22/2025	Krenek, Aaron	/		,	\$50.00
	00,22,252	Contributor address; City; State; Zip Code				TU U U U
		Continuation address, City, State, Zip Code				
		Bay City, TX 77414				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
		gistered Nurse Anesthetist	- r - y - x	,		
╞	Date	- 		<u> </u>	Amount of Contribution (\$)	
	Dale 04/28/2025)		Amount of Contribution (\$)	¢20.00
	04/20/2025	Krenek, Debra				\$30.00
		Contributor address; City; State; Zip Code				
		Ediabura TV 70E11				
<u> </u>	D i sinclassi	Edinburg, TX 78541		Ĺ		
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rei	gistered Nurse Anesthetist				
ſ	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/26/2025	Lacombe, Michael				\$100.00
	I	Contributor address; City; State; Zip Code				
		Spring, TX 77386				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				
⊢		<u> </u>				

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 49/113 Rpt: 52/119	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assor	ciation of Nurse Anesthetists Political Action Commit			00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	05/20/2025	Laidlaw, Jane				\$83.33
	I	6 Contributor address; City; State; Zip Code		1		
	I					
	I					
	I	Dallas, TX 75214				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Certified Reg	gistered Nurse Anesthetist				
⊨	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	04/26/2025	Langley, Aimee	,		,	\$100.00
	•	Contributor address; City; State; Zip Code		ł		+
	I					
	I					
	I	Bellaire, TX 77401				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
		gistered Nurse Anesthetist		,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Γ	Amount of Contribution (\$)	
	04/26/2025	Lannan, Johnathon	/			\$100.00
	0412012020			•		Ψ100.00
	I	Contributor address; City; State; Zip Code				
	I					
	I	Boerne, TX 78006				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
		gistered Nurse Anesthetist		.,		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u>	—	Amount of Contribution (\$)	
	04/26/2025	Lauritano, Angela	/			\$100.00
	07/20/2020	-		ł		Ψ100.00
	I	Contributor address; City; State; Zip Code				
	I					
	I	Houston, TX 77025				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	上 3)		
		gistered Nurse Anesthetist		.,		
┝	Date			—	Amount of Contribution (\$)	
	04/26/2025	Full name of contributor out-of-state PAC (ID#: Lawson, Joshua	/			\$100.00
	0412012025		ļ	-		Φ100.00
	I	Contributor address; City; State; Zip Code				
	I					
	I	Boerne, TX 78006				
┝	Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		gistered Nurse Anesthetist		5)		

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	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 50/113 Rpt: 53/119	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit	ttee		00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/15/2025	Leach, Steven				\$100.00
	ł	6 Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Bayou Vista, TX 77563				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Certified Reç	gistered Nurse Anesthetist				
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/27/2025	Lee, Jeanette				\$100.00
	ļ	Contributor address; City; State; Zip Code]		
	ļ					
	ļ	Cedar Park, TX 78613				
_	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> -)		
		gistered Nurse Anesthetist		>)		
╞	Date		<u> </u>	1	Amount of Contribution (\$)	
	Dale 04/30/2025	Full name of contributor out-of-state PAC (ID#: Lee, Kayleigh)		Amount of Contribution (\$)	\$30.00
	04/00/2020	Contributor address; City; State; Zip Code		\mathbf{I}		Ψ00.00
		Culturbulur address, City, State, Zip Code				
		Dallas, TX 75211				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/13/2025	Lemen, Brandon				\$83.33
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
		Capron TV 77204				
\vdash	Dringingl occu	Conroe, TX 77384 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		gistered Nurse Anesthetist	Employer (See instructions	5)		
╞			<u> </u>	1	Amount of Contribution (¢)	
	Date 04/27/2025	Full name of contributor out-of-state PAC (ID#: Lemon, Chris)		Amount of Contribution (\$)	\$100.00
	04/2112020			-		Φ100.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
		San Antonio, TX 78253				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
⊢						

The Instru	uction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 51/113 Rpt: 54/119	
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
	ociation of Nurse Anesthetists Political Action Commit		00069305	,
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
04/27/2025	—			\$100.00
	6 Contributor address; City; State; Zip Code			
	Manvel, TX 77578			
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Certified Re	egistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/20/2025	Leuellen, Jennifer			\$41.67
	Contributor address; City; State; Zip Code			
	Manvel, TX 77578			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Certified Re	egistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:	<u>. </u>	Amount of Contribution (\$)	
04/26/2025	Levic, Sarah		g	\$100.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78253			
-	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Certified Re	egistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/27/2025	Lewis, Charnelle		g	\$100.00
	Contributor address; City; State; Zip Code			
	Williamsville, NY 14221			
	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Certified Re	egistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/26/2025			\$	\$100.00
	Contributor address; City; State; Zip Code			
	Collinsville, TX 76233			
-	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Certified Re	egistered Nurse Anesthetist			

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 52/113 Rpt: 55/119	
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
Texas Asso	ciation of Nurse Anesthetists Political Action Commit		00069305	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
04/29/2025	Love-Baker, Michelle			\$75.00
	6 Contributor address; City; State; Zip Code			-
	HSV, AR 71909			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	i 3)	
Certified Re	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/26/2025	Luna, Mary			\$100.00
-	Contributor address; City; State; Zip Code			
	Leander, TX 78641			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Certified Re	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/28/2025	Luongo, Nicole			\$100.00
-	Contributor address; City; State; Zip Code			•
	Katy, TX 77493			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Certified Re	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/28/2025	Mabry, Lee			\$83.33
	Contributor address; City; State; Zip Code			
	Katy, TX 77450			
-	upation / Job title (See Instructions)	Employer (See Instructions	;) ;)	
Certified Re	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/26/2025	Magcalas, Charity			\$100.00
	Contributor address; City; State; Zip Code			
	Celina, TX 75009			
-	upation / Job title (See Instructions)	Employer (See Instructions	.;)	
Certified Re	gistered Nurse Anesthetist			
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 53/113 Rpt: 56/119
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Assoc	ciation of Nurse Anesthetists Political Action Commit		00069305
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
05/22/2025	Magruder, Dana		\$83.3
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78730		
	ipation / Job title (See Instructions)	9 Employer (See Instructions)	;)
Certified Reg	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/28/2025	Magruder, Jenny		\$62.5
	Contributor address; City; State; Zip Code		
	Nacogdoches, TX 75965		
-	ipation / Job title (See Instructions)	Employer (See Instructions)	;)
Certified Reg	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/26/2025	Magruder, Samantha		\$100.0
	Contributor address; City; State; Zip Code		
	Mckinney, TX 75072		
-	upation / Job title (See Instructions)	Employer (See Instructions)	
Certified Reo	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/05/2025	Malcolm, Andrea		\$100.0
	Contributor address; City; State; Zip Code		
	Devine, TX 78016	J	
-	upation / Job title (See Instructions)	Employer (See Instructions)	;)
Certified Req	gistered Nurse Anesthetist	<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/22/2025	Manley, Matthew		\$50.0
	Contributor address; City; State; Zip Code		
	Canyon, TX 79015		
-	upation / Job title (See Instructions)	Employer (See Instructions)	<i>i</i>)
Certified Reg	gistered Nurse Anesthetist		

The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 54/113 Rpt: 57/119	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	ciation of Nurse Anesthetists Political Action Committ			00069305	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
04/28/2025	Martin, Casey				\$200.00
	6 Contributor address; City; State; Zip Code		1		
	Dallas, TX 75211				
8 Principal occu		9 Employer (See Instructions	5)		
	gistered Nurse Anesthetist		-		
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
05/19/2025	Martin, DeaAnn				\$41.67
	Contributor address; City; State; Zip Code		1		
	Parker, TX 75002				
	upation / Job title (See Instructions)	Employer (See Instructions	5)		<u> </u>
Certified Reg	gistered Nurse Anesthetist				
Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
04/30/2025	Martin, James				\$30.00
	Contributor address; City; State; Zip Code		1		
D. i. instaar	College Station, TX 77845		Ĺ		
	ipation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	5)		
			.		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
04/27/2025	Martin, Shelley				\$100.00
	Contributor address; City; State; Zip Code				
	The woodlands, TX 77381				
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	5)		
Certified Reg	gistered Nurse Anesthetist				
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
04/28/2025	Martinez, Ashley				\$350.00
	Contributor address; City; State; Zip Code		1		
	- · · ·				
	Corpus Christi, TX 78414				
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
Certified Reg	gistered Nurse Anesthetist				

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 55/113 Rpt: 58/119
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Assoc	ciation of Nurse Anesthetists Political Action Commit		00069305
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
04/27/2025	Martinez, Gloria		\$100.00
	6 Contributor address; City; State; Zip Code		•
	Fort Worth, TX 76116		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)
Certified Reg	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/23/2025	Martinez, Graciela		\$83.3
	Contributor address; City; State; Zip Code		
	Harlingen, TX 78552		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Certified Reg	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
04/26/2025	Martinez, Jared		\$62.50
	Contributor address; City; State; Zip Code		•
	Beaumont, TX 77705		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Certified Reg	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/03/2025	Martinez, Kimberly		\$100.00
	Contributor address; City; State; Zip Code		
	Aledo, TX 76008	1	
	ipation / Job title (See Instructions)	Employer (See Instructions	\$)
Certified Reg	gistered Nurse Anesthetist	<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
04/27/2025	Martinez, Saul		\$100.00
	Contributor address; City; State; Zip Code		
	Comanche, TX 76442		
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Certified Reg	gistered Nurse Anesthetist		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 56/113 Rpt: 59/119	
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
Texas Assoc	ciation of Nurse Anesthetists Political Action Commit		00069305	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
04/28/2025	Massey, Douglas			\$83.33
-	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78260			
8 Principal occu	I upation / Job title (See Instructions)	9 Employer (See Instructions	l 3)	
-	gistered Nurse Anesthetist		,	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
05/03/2025	Mata, Angelica	/		\$100.00
00/00/2020	-		,	Φ100.00
	Contributor address; City; State; Zip Code			
	McAllen, TX 78504			
Bringinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
-	gistered Nurse Anesthetist	Employer (See Instructions)	
		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/26/2025	Matthews, Mayme			\$100.00
	Contributor address; City; State; Zip Code			
	Seminole, TX 79360			
	upation / Job title (See Instructions)	Employer (See Instructions	<i>i</i>)	
Certified Reg	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/12/2025	Mayes, Evan			\$25.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75206			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Certified Rec	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/04/2025	Mazza, Christopher			\$100.00
	Contributor address; City; State; Zip Code			
	Friendswood, TX 77546			
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	;)	
	gistered Nurse Anesthetist		,	

The Ins	truction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 57/113 Rpt: 60/119	
2 FILER NA	ME		3 Filer ID (Ethics Commission Filers	s)
Texas As	sociation of Nurse Anesthetists Political Action Commi	ittee	00069305	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/17/20				80.00
-	6 Contributor address; City; State; Zip Code			
	Haskell, TX 79521			
8 Principal of	ccupation / Job title (See Instructions)	9 Employer (See Instructions))	
Certified	Registered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/20/20		/		80.00
	Contributor address; City; State; Zip Code			
	Cypress, TX 77429			
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions	;)	
Certified	Registered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/27/20				00.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78213			
	ccupation / Job title (See Instructions)	Employer (See Instructions	;)	
Certified	Registered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/26/20	25 McLaughlin, Erin		\$10	00.00
	Contributor address; City; State; Zip Code			
	Frisco, TX 75035			
-	ccupation / Job title (See Instructions)	Employer (See Instructions	;)	
Certifiea	Registered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/20/20	25 McLaughlin, Erin		\$30	80.00
	Contributor address; City; State; Zip Code			
Di visata	Frisco, TX 75035			
	ccupation / Job title (See Instructions)	Employer (See Instructions	i)	
Certineu	Registered Nurse Anesthetist			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 58/113 Rpt: 61/119	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	ciation of Nurse Anesthetists Political Action Commit		00069305	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/21/2025	McPhail, Andrew			\$83.33
	6 Contributor address; City; State; Zip Code			
	Plano, TX 75093			
	upation / Job title (See Instructions)	9 Employer (See Instructions)	()	
Certified Reg	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/17/2025	McReynolds, Mary			\$30.00
	Contributor address; City; State; Zip Code			
	Aledo, TX 76008			
	upation / Job title (See Instructions)	Employer (See Instructions)	;)	
Certified Reg	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/28/2025	Meaders, Rachael			\$100.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78261			
	upation / Job title (See Instructions)	Employer (See Instructions)	<i>;</i>)	
Certified Reg	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/26/2025	Melgarejo, Yanai			\$100.00
	Contributor address; City; State; Zip Code			
	Boerne, TX 78006			
	upation / Job title (See Instructions)	Employer (See Instructions)	;)	
Certified Reg	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/26/2025	Meloy, Skyler			\$100.00
	Contributor address; City; State; Zip Code			
	Lubbock, TX 79423			
	upation / Job title (See Instructions)	Employer (See Instructions)	;) 	
Certified Reg	gistered Nurse Anesthetist			
1				

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 59/113 Rpt: 62/119	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit	tee		00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	04/27/2025	Michinock, Jessica			······	\$20.00
	•	6 Contributor address; City; State; Zip Code				· - · ·
		Contributor address, City, State, Zip Code				
	ļ	1				
		Round Rock, TX 78664				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	L;)		
		gistered Nurse Anesthetist		,		
⊢	Date	<u> </u>		—	Amount of Contribution (\$)	
	04/27/2025	Full name of contributor out-of-state PAC (ID#: Miller, Andre	/			\$100.00
	04/21/2025					Φ100.00
	ļ	Contributor address; City; State; Zip Code				
		1				
	Drinsipal ago	League City, TX 77573		Ļ		
		upation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Certilleu Reț	gistered Nurse Anesthetist	<u> </u>	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/26/2025	Miller, Haylee				\$100.00
	ļ	Contributor address; City; State; Zip Code				
		1				
		1				
		Argyle, TX 76226				
		upation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Certified Rec	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/26/2025	Miller, Latoya				\$100.00
	1	Contributor address; City; State; Zip Code				
	ļ					
		1				
	ļ	San Antonio, TX 78245				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	ـــــــــــــــــــــــــــــــــــــ		
	Certified Reg	gistered Nurse Anesthetist				
⊨	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	04/27/2025	Minton, Brandon	,		, incan of contraction (,	\$100.00
	•	Contributor address; City; State; Zip Code				+=•
		Contributor address, City, State, Zip Code				
	ļ	1				
	ļ	Poolville, TX 76487-5719				
┝	Dringingl occu	upation / Job title (See Instructions)	Employer (Soo Instructions	Γ		
			Employer (See Instructions)	9		
		gistered Nurse Anesthetist	<u> </u>			

The Ins	truction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 60/113 Rpt: 63/119	
2 FILER NA	ME		3 Filer ID (Ethics Commission F	ilers)
Texas A	ssociation of Nurse Anesthetists Political Action Commi	ittee	00069305	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
04/29/20	—			\$83.33
	6 Contributor address; City; State; Zip Code			
	Poolville, TX 76487-5719			
8 Principal	Decupation / Job title (See Instructions)	9 Employer (See Instructions	i ;)	
Certified	Registered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/03/20				\$83.33
-	Contributor address; City; State; Zip Code			
	Floresville, TX 78114			
Principal	I Decupation / Job title (See Instructions)	Employer (See Instructions) ;)	
	Registered Nurse Anesthetist		,	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/20/20		/	Amount of Contribution (\$)	\$30.00
00/20/20	Contributor address; City; State; Zip Code			ΨΟΟ.ΟΟ
	Continuation address, City, State, Zip Code			
	San Antonio, TX 78245			
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
	Registered Nurse Anesthetist		,	
Date	-)	Amount of Contribution (\$)	
04/26/20)		\$100.00
04120120				\$100.00
	Contributor address; City; State; Zip Code			
	Allen, TX 75002			
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
	Registered Nurse Anesthetist		<i>''</i>	
Date)	Amount of Contribution (\$)	
05/24/20)		\$83.33
03124120				ψ00.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77025			
Principal	Deccupation / Job title (See Instructions)	Employer (See Instructions		
	Registered Nurse Anesthetist)	

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 61/113 Rpt: 64/119	
Ļ					•	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit	tee		00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/27/2025	Moore, Mandy				\$100.00
		6 Contributor address; City; State; Zip Code				
		Richardson, TX 75082				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions			
		gistered Nurse Anesthetist				
⊨					Amount of Contribution (ft)	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	#F0.00
	05/02/2025	Moore, Mandy				\$50.00
		Contributor address; City; State; Zip Code				
		Richardson, TX 75082				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/22/2025	Moore, Robert)			\$30.00
	00/22/2020					400.00
		Contributor address; City; State; Zip Code				
		Fort Worth TX 76116				
	<u> </u>	Fort Worth, TX 76116		Ĺ		
		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 (\$)	
	04/28/2025	Moore, Stephanie				\$100.00
		Contributor address; City; State; Zip Code				
		College Station, TX 77845				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions			
		gistered Nurse Anesthetist		,		
⊨				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	****
	05/14/2025	Moore, Tammy				\$83.33
		Contributor address; City; State; Zip Code				
		Houston, TX 77080				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Certified Reg	gistered Nurse Anesthetist				
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	The Instru	ction Guide explains how to complete this fe	1	Total pages Schedule A1: Sch: 62/113 Rpt: 65/119		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit	ttee		00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	04/26/2025	Morales, Timothy				\$100.00
	ļ	6 Contributor address; City; State; Zip Code		1		
		1				
	ļ	Missouri City, TX 77459				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Certified Rec	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	04/26/2025	Morales, Timothy				\$100.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	1				
		Missouri City, TX 77459				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/28/2025	Morales, Timothy				\$83.33
	1	Contributor address; City; State; Zip Code		1		
	ļ	1				
		1				
		Missouri City, TX 77459				
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist		_		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/26/2025	Morgan, Christyna				\$100.00
	ļ	Contributor address; City; State; Zip Code				
		1				
		Pearland, TX 77581		Ĺ		
		ipation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	5)		
				—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	±50.00
	05/21/2025	Morris, Kim				\$30.00
	ļ	Contributor address; City; State; Zip Code				
	ļ	1				
	ļ	Crowley TV 75026				
\vdash	Dringing oog	Crowley, TX 76036				
		ipation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	5)		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 63/113 Rpt: 66/119	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		ciation of Nurse Anesthetists Political Action Commit		-	00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/26/2025	Moya, Lillian				\$100.00
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77025				
8		pation / Job title (See Instructions)	9 Employer (See Instructions)		<u> </u>
	Certified Rec	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/27/2025	Moya, Lillian				\$62.50
		Contributor address; City; State; Zip Code				
		Houston, TX 77025				
		pation / Job title (See Instructions)	Employer (See Instructions)		<u> </u>
	Certified Rec	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/05/2025	Mueller, Joseph				\$100.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78736				
	•	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certifieu Reț	gistered Nurse Anesthetist		-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/30/2025	Mueller, Sarah				\$30.00
		Contributor address; City; State; Zip Code				
		Inez, TX 77968				
\vdash	Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		gistered Nurse Anesthetist		9		
				_		
	Date 05/15/2025	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$83.33
	03/13/2023	Mukherjee, Jeaniece				ФО Э.ЭЭ
		Contributor address; City; State; Zip Code				
		Wichita Falls, TX 76308				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		gistered Nurse Anesthetist		9		
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The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 64/113 Rpt: 67/119	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
Texas Assoc	ciation of Nurse Anesthetists Political Action Commit		00069305	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
04/27/2025	Murphy, Yvonne	,		\$50.00
0 1121,2022	6 Contributor address; City; State; Zip Code		-	
	6 Contributor address, City, State, Zip Code			
	Georgetown, TX 78633			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions		
	gistered Nurse Anesthetist)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/19/2025	Murphy, Yvonne		\$	\$50.00
	Contributor address; City; State; Zip Code			
	Georgetown, TX 78633			
	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Certified Reg	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/01/2025	Muoz, Veronica		\$2	200.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77044			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)	
Certified Reg	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/28/2025	Nagaraja, Padmeni		\$	\$83.33
	Contributor address; City; State; Zip Code			
	Cypress, TX 77429			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Certified Reg	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/26/2025	Nash, William	/		L00.00
•	Contributor address; City; State; Zip Code			
	Continuou address, City, State, Zip Code			
	Canyon Lake, TX 78133			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
-	gistered Nurse Anesthetist)	
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 65/113 Rpt: 68/119	
2	PILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit	ttee		00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/09/2025	Nelson, Amanda				\$83.33
	ł	6 Contributor address; City; State; Zip Code		1		
		Fort Worth, TX 76111				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Certified Rec	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/29/2025	Newberry, Darryl				\$83.33
		Contributor address; City; State; Zip Code				
		E-+ Work TV 76102				
\vdash	Dringing ago	Fort Worth, TX 76102		$\sum_{i=1}^{n}$		
		pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	;)		
				—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	±00.00
	04/30/2025	Newman, Adam				\$83.33
		Contributor address; City; State; Zip Code				
			ſ			
		Dallas, TX 75206				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L 3)		
		gistered Nurse Anesthetist	- F -7 - X	.,		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>)	Γ	Amount of Contribution (\$)	
	05/17/2025	Nguyen, Thanh	,		/ mount of containent (+,	\$62.50
		Contributor address; City; State; Zip Code				Ŧ -
		Houston, TX 77079				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Certified Rec	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/26/2025	Nichols, Kelly				\$100.00
		Contributor address; City; State; Zip Code		1		
	1					
	1					
		Mckinney, TX 75072				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 66/113 Rpt: 69/119
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Texas Association of Nurse Anesthetists Political Action Committee	00069305
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/27/2025 Nick, Michael	\$83.33
6 Contributor address; City; State; Zip Code	
Abernathy, TX 79311	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	;) ;)
Certified Registered Nurse Anesthetist	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/26/2025 Nilson, Jane	\$100.00
Contributor address; City; State; Zip Code	1
Tuscola, TX 79562	
Principal occupation / Job title (See Instructions) Employer (See Instructions	
Certified Registered Nurse Anesthetist	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/28/2025 Noe, Ashley	\$100.00
Contributor address; City; State; Zip Code	1
Fort Worth, TX 76132	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist	;)
	T
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/27/2025 Noorani, Shanila	\$100.00
Contributor address; City; State; Zip Code	
Lewisville, TX 75056	
Principal occupation / Job title (See Instructions) Employer (See Instructions	s)
Certified Registered Nurse Anesthetist	"
Date Full name of contributor	Amount of Contribution (\$)
05/03/2025 Norwood, Jennifer	\$83.33
Contributor address; City; State; Zip Code	
Continuator address, City, State, Zip Code	
Atlanta, GA 30324	
Principal occupation / Job title (See Instructions) Employer (See Instructions	<u> </u> \$)
Certified Registered Nurse Anesthetist	
Certified Registered Nurse Anesthetist	·

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 67/113 Rpt: 70/119	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Texas Assor	ciation of Nurse Anesthetists Political Action Commit	ttee		00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	04/30/2025	Nugent, Hylda				\$83.33
		6 Contributor address; City; State; Zip Code		1		
		Weatherford, TX 76087-3820				
8			9 Employer (See Instructions)	5)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/03/2025	Oakman, Rachel				\$83.33
		Contributor address; City; State; Zip Code		1		
		Wichita Falls, TX 76306				
		upation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/15/2025	Occkiogrosso, Dennis				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Arlington, TX 76017				
		upation / Job title (See Instructions)	Employer (See Instructions)	5)		
		gistered Nurse Anesthetist		—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/23/2025	Odell, Wendy]		\$83.33
		Contributor address; City; State; Zip Code				
		Southlake, TX 76092				
	Dringinal acci	upation / Job title (See Instructions)	Employer (See Instructions	$\overline{\Gamma}$		
		gistered Nurse Anesthetist	Employer (See Instructions)	3)		
⊨			<u> </u>	—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	ቀ ດე ეე
	04/26/2025	Ohabor, Chioma				\$83.33
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u>ار</u>		
		gistered Nurse Anesthetist		"		
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 68/113 Rpt: 71/119 FILER NAME Filer ID (Ethics Commission Filers) 2 3 Texas Association of Nurse Anesthetists Political Action Committee 00069305 4 Date Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/28/2025 Okello, Peter \$50.00 6 Contributor address; City; State; Zip Code Lubbock, TX 79423 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Certified Registered Nurse Anesthetist Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/30/2025 Olson, David \$83.33 Contributor address; City; State; Zip Code Ft worth, TX 76133 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/21/2025 Ombongi, Michael \$62.50 Contributor address; City; State; Zip Code McKinney, TX 75071 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/22/2025 Omoni, Peter \$83.33 Contributor address; City; State; Zip Code Katy, TX 77494 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/26/2025 \$100.00 Oppen, Michael Contributor address; City; State; Zip Code Mico, TX 78056 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist

The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 69/113 Rpt: 72/119	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
Texas Assoc	ciation of Nurse Anesthetists Political Action Commit		00069305	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
04/27/2025	Ortega, Maria			500.00
	6 Contributor address; City; State; Zip Code			
	Belton, TX 76513			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Certified Reg	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/21/2025	Paloian, Meredith			30.00
	Contributor address; City; State; Zip Code			
	Katy, TX 77494			
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions))	
	gistered Nurse Anesthetist		,	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)	
04/26/2025	Papesca, James	/		800.00
07/20/2020	Contributor address; City; State; Zip Code			00.00
	Continuation address, City, State, Zip Code			
	Kerrville, TX 78028			
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
	gistered Nurse Anesthetist		,	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
05/03/2025	Papizan, Cindy	/		83.33
00/00/2020				00.00
	Contributor address; City; State; Zip Code			
	Saint Hedwig, TX 78152			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
	gistered Nurse Anesthetist)	
Date		<u> </u>	Amount of Contribution (\$)	
04/30/2025	Full name of contributor out-of-state PAC (ID#: Paravati, Joseph)		200.00
04/00/2020	·		Ψ	.00.00
	Contributor address; City; State; Zip Code			
	Sugar Land, TX 77479			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions		
	gistered Nurse Anesthetist)	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 70/113 Rpt: 73/119	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit			00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	05/23/2025	Pare, John				\$30.00
		6 Contributor address; City; State; Zip Code				
		Temple, TX 76502				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	;)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/15/2025	Parnacott, Stewart				\$83.33
		Contributor address; City; State; Zip Code				
		Houston, TX 77019				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Certified Reg	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/26/2025	Patel, Bhavika				\$250.00
		Contributor address; City; State; Zip Code				
		SugarLand, TX 77478				
		upation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Certified Reo	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/24/2025	Patel, Bhavika				\$83.33
		Contributor address; City; State; Zip Code				
		SugarLand, TX 77478	,]			
		upation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Certified Rec	gistered Nurse Anesthetist	<u> </u>			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/11/2025	Patterson, Brandon				\$1,000.00
		Contributor address; City; State; Zip Code				
		Texarkana, TX 75503	,J			
		upation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Certified Rec	gistered Nurse Anesthetist				

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 71/113 Rpt: 74/119	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
Texas Assoc	ciation of Nurse Anesthetists Political Action Commit		00069305	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
04/26/2025	Paul, Linke			200.00
	6 Contributor address; City; State; Zip Code			
	Edna, TX 77957			
8 Principal occu	Lupation / Job title (See Instructions)	9 Employer (See Instructions	l ;)	
	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)	
04/29/2025	Pendleton, Kyle	/		L00.00
•	Contributor address; City; State; Zip Code			
	Common address, Gry, State, Ep Code			
	Lufkin, TX 75901			
Principal occu	Jupation / Job title (See Instructions)	Employer (See Instructions	L 5)	
	gistered Nurse Anesthetist		,	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)	
04/26/2025	Perez, Armando	/		L00.00
0 11 20, 2022	Contributor address; City; State; Zip Code			
	Contributor address, City, State, Zip Code			
	Houston, TX 77006			
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	l ;)	
-	gistered Nurse Anesthetist			
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/26/2025	Perez, Emmanuel	/		200.00
	Contributor address; City; State; Zip Code			
	Boerne, TX 78006			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Certified Reg	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/27/2025	Perez, Esteban		.,	L00.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76116			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>;</u>	
Certified Reg	gistered Nurse Anesthetist			
	<u> </u>			
1				

The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 72/113 Rpt: 75/119	
2 FILER NAME			3 Filer ID (Ethics Commission Fil	lers)
Texas Assoc	ciation of Nurse Anesthetists Political Action Commit		00069305	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
04/26/2025	Perry, Jeremie			100.00
	6 Contributor address; City; State; Zip Code			
	Abilene, TX 79606			
8 Principal occu	I Ipation / Job title (See Instructions)	9 Employer (See Instructions	i ;)	
-	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)	
05/13/2025	Pham, Holly	/		100.00
	Contributor address; City; State; Zip Code			
	Contributor address, City, State, Lip Sour			
	Temple, TX 76502			
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	l;)	
	gistered Nurse Anesthetist		,	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)	
04/28/2025	Phelan, Melanie	/		\$83.33
0 11 201 202 2	Contributor address; City; State; Zip Code			φοσ.σε
	Culturbulor address, City, State, Lip Code			
	Iola, TX 77861			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i ;)	
Certified Rec	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/14/2025	Pichon, Arianne			\$41.67
	Contributor address; City; State; Zip Code			
	Buda, TX 78610			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Certified Rec	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/26/2025	Ponder, Amber		\$	100.00
	Contributor address; City; State; Zip Code			
	Abilene, TX 79606			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Certified Rec	gistered Nurse Anesthetist			
		<u> </u>		

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 73/113 Rpt: 76/119	
2	FILER NAME			3	Filer ID (Ethics Commission	ו Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit			00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
-	04/26/2025	Ponder, Amber	,	ľ	, another of the second s	\$83.33
	0	6 Contributor address; City; State; Zip Code		•		400
		b Continuouol address, City, State, Zip Code				
		1				
		Abilene, TX 79606				
8	Principal occu	1	9 Employer (See Instructions)	<u>لــــــــــــــــــــــــــــــــــــ</u>		
		gistered Nurse Anesthetist		,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	05/21/2025	Ponder, Amber	/			\$83.33
	0312112023			-		ψ00.00
		Contributor address; City; State; Zip Code				
		1				
		Abilene, TX 79606				
<u> </u>	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
	•	gistered Nurse Anesthetist		5)		
			<u> </u>	—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/26/2025	Ponder, Jonathon				\$100.00
		Contributor address; City; State; Zip Code				
		1				
		Abilene, TX 79606]			
		ipation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Certified Rec	gistered Nurse Anesthetist	<u> </u>			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/26/2025	Ports, Michael				\$100.00
	I	Contributor address; City; State; Zip Code		1		
		1				
		1				
		Midland, TX 79707				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Certified Reg	gistered Nurse Anesthetist				
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/29/2025	Pou, Kathy			• •	\$83.33
	I	Contributor address; City; State; Zip Code		{		
		1				
		los Angeles, CA 90016				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>الــــــــــــــــــــــــــــــــــــ</u>		
		gistered Nurse Anesthetist		''		
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The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 74/113 Rpt: 77/119	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	3)
Texas Asso	ciation of Nurse Anesthetists Political Action Commit	ttee	00069305	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
05/17/2025				3.33
	6 Contributor address; City; State; Zip Code			
	Spring, TX 77381			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	 IS)	
Certified Re	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/27/2025				0.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78260			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	 IS)	
Certified Re	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:_)]	Amount of Contribution (\$)	
04/26/2025				1.67
	Contributor address; City; State; Zip Code			
	Cresson, TX 76035			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	IS)	
Certified Re	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
04/27/2025	Quesada, Josh			0.00
	Contributor address; City; State; Zip Code			
	Liberty Hill, TX 78642			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ls)	
Certified Re	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/24/2025	Rabe, Cora		\$83	3.33
	Contributor address; City; State; Zip Code			
	Humble, TX 77396-3888			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	ls)	
Certified Re	gistered Nurse Anesthetist			
		<u> </u>		
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The Instru	uction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 75/113 Rpt: 78/119	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
Texas Asso	ciation of Nurse Anesthetists Political Action Commit		00069305	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
04/29/2025				\$83.33
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78747			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> \$)	
Certified Re	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/27/2025	Rao, Jacob			\$100.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75231			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Certified Re	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/21/2025	—			\$10.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75238			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
Certified Re	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/09/2025	Rebman, Misty			\$50.00
	Contributor address; City; State; Zip Code			
	Keller, TX 76248			
·	upation / Job title (See Instructions)	Employer (See Instructions) (i	
Certified Re	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/26/2025	Reed, Erika			\$200.00
	Contributor address; City; State; Zip Code			
	The Woodlands, TX 77381			
	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Certified Re	gistered Nurse Anesthetist			

The Instru	iction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 76/113 Rpt: 79/119
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Asso	ciation of Nurse Anesthetists Political Action Commit		00069305
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
04/29/2025			\$83.3
	6 Contributor address; City; State; Zip Code		
	Corinth, TX 76210		
	upation / Job title (See Instructions)	9 Employer (See Instructions	;)
Certified Re	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
04/29/2025	Reed, Grant		\$83.3
	Contributor address; City; State; Zip Code		
	Sugarland, TX 77479		
	upation / Job title (See Instructions)	Employer (See Instructions	
Certified Re	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
04/29/2025	Reed, Stephanie		\$83.3
	Contributor address; City; State; Zip Code		
D in single and	Sugar land, TX 77479		
	upation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	i)
	-	<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/11/2025	Reed, Troy		\$30.0
	Contributor address; City; State; Zip Code		
	New Braunfels, TX 78132		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
	gistered Nurse Anesthetist		<i>y</i>
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
04/29/2025		/	\$83.3
•	Contributor address; City; State; Zip Code		•
	Contributor address, Ory, State, Ep Code		
	Edinburg, TX 78539		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	۲ ۵)
	gistered Nurse Anesthetist		
	<u> </u>		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 77/113 Rpt: 80/119	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit	ttee		00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/27/2025	Reid, Reginald				\$200.00
		6 Contributor address; City; State; Zip Code		1		
	I					
	I					
		San Antonio, TX 78260				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/26/2025	Reidy, Cathy				\$100.00
	I	Contributor address; City; State; Zip Code				
	I					
	I	Crashung TV 76040				
	Drizsingl oppu	Granbury, TX 76049	Employer (Cool Instructions			
		pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	5)		
			<u> </u>	-		
	Date)		Amount of Contribution (\$)	÷00.00
	05/12/2025					\$83.33
	I	Contributor address; City; State; Zip Code				
	I					
	I	Granbury, TX 76049				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
		gistered Nurse Anesthetist		''		
╞	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>)	Γ	Amount of Contribution (\$)	
	05/03/2025	Remshardt, Jill	/		Allount of continue.co. (+)	\$300.00
		Contributor address; City; State; Zip Code				TU
	I					
	I					
	I	sherman, TX 75090-7577				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/02/2025	Renouard, Maddie				\$30.00
		Contributor address; City; State; Zip Code				
	I					
	I					
		Grapevine, TX 76051				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 78/113 Rpt: 81/119	
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
Texas Assoc	ciation of Nurse Anesthetists Political Action Commit		00069305	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
05/11/2025	Resendez, Veronica	/		\$30.00
	6 Contributor address; City; State; Zip Code			 .
	Contributor address, City, State, Zip Code			
	Austin, TX 78757			
8 Principal occu	I Ipation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> ٤)	
-	gistered Nurse Anesthetist		,	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)	
05/17/2025	Resnick, Lillian	/	, uncount of Commission (+,	\$30.00
	Contributor address; City; State; Zip Code			Yet
	Culturbutor address, City, State, Zip Code			
	Austin, TX 78735			
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ٤)	
	gistered Nurse Anesthetist		,	
Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)	
05/20/2025	Reyes, Elaynne	/		\$30.00
	Contributor address; City; State; Zip Code			400
	Contributor address, Gity, State, Eip Soute			
	Arlington, TX 76005			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ;)	
Certified Rec	gistered Nurse Anesthetist			
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/20/2025	Reynolds, Thomas			\$62.50
	Contributor address; City; State; Zip Code	,		
	Burleson, TX 76028			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Certified Rec	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/26/2025	Rhodes, Garrett		.,	\$100.00
	Contributor address; City; State; Zip Code			
	Shavano Park, TX 78231			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Certified Rec	gistered Nurse Anesthetist			

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 79/113 Rpt: 82/119	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
	ciation of Nurse Anesthetists Political Action Commit		00069305	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
05/14/2025	Rhodes, Lara			\$83.33
	6 Contributor address; City; State; Zip Code			
	Orange Park, FL 32073			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Certified Reg	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/01/2025	Richardson, Christy			\$100.00
	Contributor address; City; State; Zip Code			
	Amarillo, TX 79106			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	i ;)	
Certified Reg	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/26/2025	Richardson, Scott			\$100.00
	Contributor address; City; State; Zip Code			
	La Feria, TX 78559			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)	
Certified Reg	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/30/2025	Richardson, Scott			\$83.33
	Contributor address; City; State; Zip Code			
	La Feria, TX 78559			
	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Certified Reg	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/26/2025	Riesberg, Ashley		9	\$100.00
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78418			
	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Certified Reg	gistered Nurse Anesthetist			

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	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 80/113 Rpt: 83/119	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit			00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	04/26/2025	Rios, Jennifer				\$100.00
	ł	6 Contributor address; City; State; Zip Code		1		
	ļ					
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		Manvel, TX 77578				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Certified Reç	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/18/2025	Rios, Jennifer				\$83.33
	P	Contributor address; City; State; Zip Code		1		
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		Manvel, TX 77578				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reç	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/26/2025	Rivera, Dorissa				\$100.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
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		Pflugerville, TX 78660		Ĺ		
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certinea Reț	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/26/2025	Roberts, Carla				\$100.00
	ļ	Contributor address; City; State; Zip Code				
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	ļ	Houston, TX 77007				
\vdash	Drincinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		gistered Nurse Anesthetist		5)		
╞			<u> </u>	1		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	420 00
	05/01/2025	Rodriguez, Joseph				\$30.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	Phoenix, AZ 85013-3635				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
		gistered Nurse Anesthetist		,		
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The Instru	iction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 81/113 Rpt: 84/119	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
Texas Asso	ciation of Nurse Anesthetists Political Action Commit		00069305	-
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
04/29/2025	Rodriguez, Juan			\$83.33
	6 Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78414			
	upation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Certified Re	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/27/2025	Rose, Christina			\$83.33
	Contributor address; City; State; Zip Code		1	
	Watauga, TX 76137			
•	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Certified Re	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/29/2025	Ross, Brittaney			\$30.00
	Contributor address; City; State; Zip Code		1	
D in single and	Dallas, TX 75206		Į	
	upation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	s)	
	-	<u> </u>	T	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	#100.00
04/26/2025	Royall, Mattie			\$100.00
	Contributor address; City; State; Zip Code			
	Athens, TX 75751			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
	gistered Nurse Anesthetist		<i>'</i>	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)	
04/26/2025		/		\$1,000.00
0 11 201 2 2 2	Contributor address; City; State; Zip Code			4 2,000
	Midlothian, TX 76065			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	۱ ۶)	
	gistered Nurse Anesthetist			

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 82/113 Rpt: 85/119	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
Texas Assoc	ciation of Nurse Anesthetists Political Action Commit		00069305	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/27/2025	Ruiz, Elida		.,	\$100.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78228			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Certified Re	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/30/2025	Rutherford, Karrie			\$20.00
	Contributor address; City; State; Zip Code			-
	Caldwell, TX 77836			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Certified Reg	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/27/2025	Rutz, Theresa			\$100.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78735			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	.)	
Certified Re	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/17/2025	Ryschon, Carolyn			\$83.33
	Contributor address; City; State; Zip Code			
	Weatherford, TX 76088			
-	upation / Job title (See Instructions)	Employer (See Instructions)	
Certified Re	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/26/2025	Saenz, Chris		\$	\$100.00
	Contributor address; City; State; Zip Code			
	Rochester, MN 55901			
-	upation / Job title (See Instructions)	Employer (See Instructions)	
Certified Re	gistered Nurse Anesthetist			
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	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 83/113 Rpt: 86/119	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		ciation of Nurse Anesthetists Political Action Commit	ttee		00069305	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/26/2025 Saenz, Melizza				\$100.00	
		6 Contributor address; City; State; Zip Code				
	ļ					
	ļ					
		Belton, TX 76513				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/27/2025	Saenz, Melizza				\$62.50
	ļ	Contributor address; City; State; Zip Code				
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	ļ	Belton, TX 76513				
\vdash	Dringingl occu	· ·	Employer (See Instructions	<u> </u>		
		pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	5)		
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	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	# <i>1</i> 1 67
	04/27/2025	Salazar, Lorin				\$41.67
	ļ	Contributor address; City; State; Zip Code				
	ļ					
		Conroe, TX 77385				
\vdash	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	L;)		
	Certified Rec	gistered Nurse Anesthetist				
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/30/2025	Samnani, Hussain				\$100.00
	ļ	Contributor address; City; State; Zip Code				
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		Carrollton, TX 75010				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/27/2025	Samuel, Nizy				\$100.00
	ļ	Contributor address; City; State; Zip Code				
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	ļ	Miccouri City TV 77450				
\vdash	Dringingl oppu	Missouri City, TX 77459		<u> </u>		
		pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	5)		
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	The Instrue	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 84/113 Rpt: 87/119	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		iation of Nurse Anesthetists Political Action Commit	tee		00069305	11 11010)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/27/2025	Sanchez, Aida				\$100.00
		6 Contributor address; City; State; Zip Code				
		Pasadena, TX 77507				
8			9 Employer (See Instructions	5)		
	Certified Reg	jistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/27/2025	Sanchez, Juan				\$100.00
		Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78414				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Certified Reg	jistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/26/2025	Sanders, Kay				\$100.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76179				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Certified Reg	jistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/26/2025	Scarnechia, Robert				\$100.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79606				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Certified Reg	jistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/26/2025	Schaefer, Stephen				\$100.00
		Contributor address; City; State; Zip Code				
		New Braunfels, TX 78132				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
1	Certified Reg	istered Nurse Anesthetist				
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Texas Association of Nurse Anesthetists Political Action Committee 00069305 4 Date 5 Full name of contributor out-of-state PAC (DP						
Texas Association of Nurse Anesthetists Political Action Committee 00069305 4 Date 5 Full name of contributor out-of-state PAC (10):) 05/20/2025 6 Contributor address; City: State; 2/p Code 5 Staffer, Stephen 5 Staffer, Stephen 6 Contributor address; City: State; 2/p Code 8 Principal occupation / Job tite (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Certified Registered Nurse Anesthetist Schmidt, Christy Amount of Contribution (\$) \$100.0 O4/27/2025 Schmidt, Christy Employer (See Instructions) Amount of Contribution (\$) \$100.0 Certified Registered Nurse Anesthetist Employer (See Instructions) Employer (See Instructions) \$30.0 Certified Registered Nurse Anesthetist Employer (See Instructions) Staffer, Staffina \$30.0 Of/20/2025 Full name of contributor out-of-state PAC (10): Amount of Contribution (\$) \$30.0 Of/20/2025 Schroeder, Sabrina Contributor address; City: State; Zip Code Amount of Contribution (\$) \$30.0 Of/20/2025 Full name of contributor out-of-state PAC (10): Amount of Contribution (\$) \$30.0 Od/22/2025 Full name of contributor out-	The Instru	ction Guide explains how to complete this f	orm.			
4 Date 5 Full name of contributor out-of-state PAC (ID#;	2 FILER NAME			3 Filer	ID (Ethics Commission	n Filers)
05/20/2025 Schaefer, Stephen State; Zip Code 6 Contributor address; City; State; Zip Code New Braunfels, TX 78132 7 Principal occupation / Job tile (See Instructions) 9 Certified Registered Nurse Anesthetist Amount of Contribution (S) \$100.0 04/27/2025 Schmidt, Christy Amount of Contribution (S) \$100.0 Controe, TX 77304 Contributor address; City: State; Zip Code Amount of Contribution (S) \$100.0 Controe, TX 77304 Employer (See Instructions) Certified Registered Nurse Anesthetist Amount of Contribution (S) \$100.0 Date Schroeder, Sabrina Contributor address; City: State; Zip Code Amount of Contribution (S) \$30.0 O5/20/2025 Full name of contributor out-of-state PAC (De: Amount of Contribution (S) \$30.0 Contributor address; City: State; Zip Code Amount of Contribution (S) \$30.0 \$30.0 Contributor address; City: State; Zip Code Amount of Contribution (S) \$30.0 Certified Registered Nurse Anesthetist Employer (See Instructions) \$100.0 Certified Registered Nurse Anesthetist Contributor address; City: State; Zip Code Amount of Contribution (S) <t< td=""><td>Texas Assoc</td><td>ciation of Nurse Anesthetists Political Action Commit</td><td>ttee</td><td>0006</td><td>39305</td><td></td></t<>	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit	ttee	0006	39305	
05/20/2025 Schaefer, Stephen \$30.0 6 Contributor address; City; State; Zip Code \$30.0 7 Principal occupation / Job title (See Instructions) © Employer (See Instructions) Certified Registered Nurse Anesthetist Amount of Contributor address; City; State; Zip Code Date Full name of contributor out-of-state PAC (ID#) Control, TX 77304 Employer (See Instructions) Certified Registered Nurse Anesthetist Amount of Contributor (\$) Schroeder, Sabrina Schroeder, Sabrina 05/20/2025 Full name of contributor out-of-state PAC (ID#) Addition J Dob title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Employer (See Instructions) Certified Registered Nurse Anesthetist Amount of Contributor (\$) Date Full name of contributor out-of-state PAC (ID#	4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amoi	unt of Contribution (\$)	
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8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#						
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist 9 Employer (See Instructions) Date 04/27/2025 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) Schmidt, Christy Controbutor address; City; State; Zip Code Amount of Contribution (\$) \$100.0 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Certified Registered Nurse Anesthetist Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 05/20/2025 Schroeder, Sabrina State; Zip Code \$30.0 Omount of Contributor address; City; State; Zip Code Amount of Contribution (\$) \$30.0 Contributor address; City; State; Zip Code Amount of Contribution (\$) \$30.0 Od/28/2025 Full name of contributor out-of-state PAC (ID#						
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist 9 Employer (See Instructions) Date 04/27/2025 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) Schmidt, Christy Controbutor address; City; State; Zip Code Amount of Contribution (\$) \$100.0 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Certified Registered Nurse Anesthetist Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 05/20/2025 Schroeder, Sabrina State; Zip Code \$30.0 Omount of Contributor address; City; State; Zip Code Amount of Contribution (\$) \$30.0 Contributor address; City; State; Zip Code Amount of Contribution (\$) \$30.0 Od/28/2025 Full name of contributor out-of-state PAC (ID#						
Certified Registered Nurse Anesthetist Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Od/27/2025 Schmidt, Christy \$100.0 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code State: Pace Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Certified Registered Nurse Anesthetist Date Full name of contributor out-of-state PAC (ID#:) O5/20/2025 Schroeder, Sabrina Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) S30.0 Certified Registered Nurse Anesthetist Employer (See Instructions) \$30.0 Certified Registered Nurse Anesthetist Employer (See Instructions) \$30.0 O4/28/2025 Schumann, Billy out-of-state PAC (ID#:) Amount of Contribution (\$) O4/28/2025 Schumann, Billy Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$100.0 Certified Registered Nurse Anesthetist		New Braunfels, TX 78132				
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Contributor address; City; State; Zip Code Conroe, TX 77304 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist Date 05/20/2025 Schroeder, Sabrina Contributor address; City; State; Zip Code Austin, TX 78744 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist Date Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist Date Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist Date O4/28/2025 Schumann, Billy Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist Date Full name of contributor	Date	Full name of contributor out-of-state PAC (ID#:)	Amou	unt of Contribution (\$)	
Conroe, TX 77304 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist anount of Contribution (\$) Date Full name of contributor address; City, State; Zip Code Amount of Contribution (\$) Austin, TX 78744 Employer (See Instructions) \$30.0 Certified Registered Nurse Anesthetist Employer (See Instructions) \$30.0 Certified Registered Nurse Anesthetist Employer (See Instructions) \$30.0 Certified Registered Nurse Anesthetist Employer (See Instructions) \$30.0 Oate Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/28/2025 Schumann, Billy \$100.0 \$100.0 Contributor address; City; State; Zip Code Pearland, TX 77581 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Certified Registered Nurse Anesthetist Employer (See Instructions) Amount of Contribution (\$) Os/J5/2025 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 05/J5/2025 Full name of contributor	04/27/2025	Schmidt, Christy				\$100.00
Conroe, TX 77304 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist anount of Contribution (\$) Date Full name of contributor address; City, State; Zip Code Amount of Contribution (\$) Austin, TX 78744 Employer (See Instructions) \$30.0 Certified Registered Nurse Anesthetist Employer (See Instructions) \$30.0 Certified Registered Nurse Anesthetist Employer (See Instructions) \$30.0 Certified Registered Nurse Anesthetist Employer (See Instructions) \$30.0 Oate Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/28/2025 Schumann, Billy \$100.0 \$100.0 Contributor address; City; State; Zip Code Pearland, TX 77581 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Certified Registered Nurse Anesthetist Employer (See Instructions) Amount of Contribution (\$) Os/J5/2025 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 05/J5/2025 Full name of contributor		Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist Employer (See Instructions) Date 05/20/2025 Full name of contributor out-of-state PAC (ID#:) Schroeder, Sabrina Contributor address; City; State; Zip Code Amount of Contribution (\$) \$30.0 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist Employer (See Instructions) Date 04/28/2025 Full name of contributor out-of-state PAC (ID#:) Schumann, Billy Amount of Contribution (\$) Schumann, Billy O4/28/2025 Full name of contributor out-of-state PAC (ID#:) Schumann, Billy Amount of Contribution (\$) Schumann, Billy Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist Employer (See Instructions) Pearland, TX 77581 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Amount of Contributor (\$) Date Full name of contributor out-of-state PAC (ID#:) O5/15/2025 Scudieri, Louise \$62.5 Contributor address; City; State; Zip Code Amount						
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist Employer (See Instructions) Date 05/20/2025 Full name of contributor out-of-state PAC (ID#:) Schroeder, Sabrina Contributor address; City; State; Zip Code Amount of Contribution (\$) \$30.0 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist Employer (See Instructions) Date 04/28/2025 Full name of contributor out-of-state PAC (ID#:) Schumann, Billy Amount of Contribution (\$) Schumann, Billy O4/28/2025 Full name of contributor out-of-state PAC (ID#:) Schumann, Billy Amount of Contribution (\$) Schumann, Billy Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist Employer (See Instructions) Pearland, TX 77581 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Amount of Contributor (\$) Date Full name of contributor out-of-state PAC (ID#:) O5/15/2025 Scudieri, Louise \$62.5 Contributor address; City; State; Zip Code Amount						
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Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 05/15/2025 Scudieri, Louise Contributor address; City; State; Zip Code \$62.5		Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 05/15/2025 Scudieri, Louise Contributor address; City; State; Zip Code \$62.5						
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05/15/2025 Scudieri, Louise \$62.5 Contributor address; City; State; Zip Code	Certified Reg	gistered Nurse Anesthetist				
Contributor address; City; State; Zip Code	Date	Full name of contributor out-of-state PAC (ID#:_)	Amou	unt of Contribution (\$)	
	05/15/2025	Scudieri, Louise				\$62.50
Decatur, TX 76234		Contributor address; City; State; Zip Code	ļ			
Decatur, TX 76234						
Decatur, TX 76234						
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Employer (See Instructions	;)		
Certified Registered Nurse Anesthetist	Certified Reg	gistered Nurse Anesthetist				

The Instruction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 86/113 Rpt: 89/119	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
Texas Association of Nurse Anesthetists	Political Action Commit	ttee		00069305	
4 Date 5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
04/26/2025 Seeley, Leigh	04/26/2025 Seeley, Leigh				\$100.00
6 Contributor address; City; S	State: Zip Code		1		
Missouri City, TX 77459					
8 Principal occupation / Job title (See Instruction	s)	9 Employer (See Instructions	5)		
Certified Registered Nurse Anesthetist					
Date Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
05/03/2025 Serrato, Luis					\$30.00
Contributor address; City; S	State; Zip Code		1		
Edinburg, TX 78542					
Principal occupation / Job title (See Instruction	s)	Employer (See Instructions	5)		
Certified Registered Nurse Anesthetist					
Date Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
05/17/2025 Shaffer, Dr.					\$83.33
Contributor address; City; S	itate; Zip Code		1		
Salida, CO 81201			Ĺ		
Principal occupation / Job title (See Instruction Certified Registered Nurse Anesthetist	5)	Employer (See Instructions	5)		
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Date Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	* ~~ ~~ ~~
05/08/2025 Shahan, Jennifer					\$30.00
Contributor address; City; S	tate; Zip Code				
Colleyville, TX 76024					
Principal occupation / Job title (See Instruction	s)	Employer (See Instructions	<u> </u> ג)		
Certified Registered Nurse Anesthetist	5)		,		
Date Full name of contributor	out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
04/26/2025 Shatto, Emilie					\$100.00
Contributor address; City; S	State: 7in Code		-		Ψ±00.02
	late, Zip Couc				
Dallas, TX 75243					
Principal occupation / Job title (See Instruction	s)	Employer (See Instructions	<u> </u>		
Certified Registered Nurse Anesthetist					
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 87/113 Rpt: 90/119	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit			00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	04/26/2025	Shelton, Ebony				\$100.00
		6 Contributor address; City; State; Zip Code				
	ļ					
	ļ					
	ļ	McKinney, TX 75071				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	05/11/2025	Sheneman, Megan				\$40.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
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	ļ	Houston, TX 77008				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	05/15/2025	Sheppard, Amy			-	\$83.33
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ					
		Fort Worth, TX 76110				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/15/2025	Shields, Laurie				\$1,000.00
		Contributor address; City; State; Zip Code				
	ļ					
		Livingston, TX 77399-1026				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reç	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/26/2025	Sierra, David				\$10.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ					
		Round Rock, TX 78664				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 88/113 Rpt: 91/119	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		ciation of Nurse Anesthetists Political Action Commit			00069305	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/27/2025	Silva, Desiree				\$100.00
		6 Contributor address; City; State; Zip Code				
		San Antonio, TX 78217				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/29/2025	Smart, Joshua				\$300.00
		Contributor address: City; State; Zip Code				
		· · · · · · · · · · · · · · · · · · ·				
		Houston, TX 77096				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Certified Rec	gistered Nurse Anesthetist				
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/04/2025	Smart, Joshua)		Amount of Contribution (\$)	\$83.33
	03/04/2023					Ψ00.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77096				
⊢	Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)		
		gistered Nurse Anesthetist		,		
╞			<u> </u>		Amount of Contribution (ft)	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	00 0C\$
	05/17/2025	Smit, Tammy				\$30.00
		Contributor address; City; State; Zip Code				
		Cleburne, TX 76031				
⊢	Dringinglaggy		Franksvar (Caa kaatuvationa			
		pation / Job title (See Instructions)	Employer (See Instructions)		
╘		gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/21/2025	Smith, Catherine				\$83.33
		Contributor address; City; State; Zip Code				
		Manvel, TX 77578				
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Certified Reg	gistered Nurse Anesthetist				
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The Instruc	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 89/113 Rpt: 92/119	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Texas Assoc	ciation of Nurse Anesthetists Political Action Commit		00069305	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/27/2025	Smith, Cathy		\$100	.00
	6 Contributor address; City; State; Zip Code			
	Manvel, TX 77578			
		9 Employer (See Instructions		
Certified Reg	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/14/2025	Smith, Heather		\$30	.00
	Contributor address; City; State; Zip Code			
	San Benito, TX 78586			
	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Certified Reg	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/20/2025	Smith, Korde		\$50	.00
	Contributor address; City; State; Zip Code			
	Troup, TX 75789			
Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
	gistered Nurse Anesthetist			
			Amount of Contribution (¢)	
Date 05/20/2025	Full name of contributor out-of-state PAC (ID#: Smith, Rikysha)	Amount of Contribution (\$) \$30	00
0312012023	-		ψυυ 	.00
	Contributor address; City; State; Zip Code			
	Spring, TX 77379			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	l ;)	
	gistered Nurse Anesthetist		, ,	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/27/2025	Solis, David		\$150	.00
	Contributor address; City; State; Zip Code			
	Victoria, TX 77904			
	pation / Job title (See Instructions)	Employer (See Instructions		
Certified Reg	gistered Nurse Anesthetist			

The Ins	truction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 90/113 Rpt: 93/119	
2 FILER NA	ME		3 Filer ID (Ethics Commission	ו Filers)
Texas As	ssociation of Nurse Anesthetists Political Action Commi		00069305	.
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
05/17/20				\$83.33
	6 Contributor address; City; State; Zip Code			Ŧ
	Contributor address, City, State, Zip Code			
	Montgomery, TX 77356			
8 Principal (occupation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> ۵)	
-	Registered Nurse Anesthetist			
Date			Amount of Contribution (\$)	
05/01/20)	Amount of Contribution (\$)	\$5.00
03/01/20				φ0.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77018			
Dringing	· ·			
-	occupation / Job title (See Instructions) Registered Nurse Anesthetist	Employer (See Instructions	;)	
Celtineu				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/22/20	25 Spence, Dennis			\$83.33
	Contributor address; City; State; Zip Code			
	Austin, TX 78757			
-	occupation / Job title (See Instructions)	Employer (See Instructions	3)	
Certified	Registered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/16/20	25 Spitzer, Mandy			\$83.33
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76109			
Principal of	occupation / Job title (See Instructions)	Employer (See Instructions	5)	
Certified	Registered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
04/26/20		/		\$100.00
•	Contributor address; City; State; Zip Code			+=•
	Continuation address, City, State, Zip Code			
	North Zulch, TX 77872			
Principal	Decupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
-	Registered Nurse Anesthetist		")	
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 91/113 Rpt: 94/119	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		ciation of Nurse Anesthetists Political Action Commit			00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/03/2025	Stephenson, Malia				\$1,000.00
		6 Contributor address; City; State; Zip Code				
		Keller, TX 76248				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/18/2025	Stephenson, Malia				\$50.00
		Contributor address; City; State; Zip Code				
		Keller, TX 76248				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Certified Reg	gistered Nurse Anesthetist				
⊨	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	05/22/2025	Steven, Schoenick				\$1,000.00
		Contributor address; City; State; Zip Code				
		Brownwood, TX 76801				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Certified Reg	gistered Nurse Anesthetist				
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/30/2025	Stevenson, Josh				\$83.33
		Contributor address; City; State; Zip Code				
		Perryton, TX 79070				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Certified Reg	gistered Nurse Anesthetist				
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/17/2025	Steward, Brynn				\$83.33
		Contributor address; City; State; Zip Code	••••••			
		Rockwall, TX 75087				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
		gistered Nurse Anesthetist				
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	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 92/113 Rpt: 95/119		
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit	<i>.</i> tee		00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	04/26/2025 Stewart, Wendy				\$100.00	
	l	6 Contributor address; City; State; Zip Code		1		
	I					
	I		ļ			
		Colleyville, TX 76034				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
	Certified Rec	gistered Nurse Anesthetist				
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/19/2025	Stoner, Christin	ļ			\$83.33
		Contributor address; City; State; Zip Code				
	I					
	I		ļ			
		Rockwall, TX 75087				
		upation / Job title (See Instructions)	Employer (See Instructions)	3)		
	Certified Rec	gistered Nurse Anesthetist				
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/26/2025	Stratton, Margaret	ļ			\$100.00
	I	Contributor address; City; State; Zip Code		1		
	I					
	I					
		Hitchcock, TX 77563	l			
		upation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Certified Rec	gistered Nurse Anesthetist	<u> </u>			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/27/2025	Strever, Shane				\$1,000.00
	I	Contributor address; City; State; Zip Code		1		
	I					
	I					
		League City, TX 77573		Ĺ		
		upation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Certilieu Reț	gistered Nurse Anesthetist	<u> </u>	—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/20/2025	Stroderd, Trisha				\$30.00
	I	Contributor address; City; State; Zip Code	ļ			
	I		ļ			
	I	Caring TV 77000	ļ			
	Driveinel ecou	Spring, TX 77389		ŕ		
		ipation / Job title (See Instructions)	Employer (See Instructions)	5)		
		gistered Nurse Anesthetist	1			

The Instruc	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 93/113 Rpt: 96/119	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
Texas Assoc	ciation of Nurse Anesthetists Political Action Commit		00069305	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/14/2025	Stroh, Christopher		\$8	83.33
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78750			
		9 Employer (See Instructions)	\$)	
Certified Reg	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/21/2025	Sumodobila, Janet		\$8	85.00
	Contributor address; City; State; Zip Code			
	The Woodlands, TX 77382			
	ipation / Job title (See Instructions)	Employer (See Instructions	\$)	
Certified Reg	gistered Nurse Anesthetist	<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/27/2025	Supan, Maria		\$20	00.00
	Contributor address; City; State; Zip Code]		
	Houston, TX 77056			
-	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/28/2025	Supan, Maria		\$8	83.33
	Contributor address; City; State; Zip Code			
	Houston, TX 77056			
Bringinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
	gistered Nurse Anesthetist	Employer (See Instructions	<i>i)</i>	
		<u> </u>	1	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	~~ ~~
05/02/2025	Sutton, Katie		ად	83.33
	Contributor address; City; State; Zip Code			
	Austin, TX 78745			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
	gistered Nurse Anesthetist		<i>i)</i>	
Certifica rice		<u> </u>		

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 94/113 Rpt: 97/119
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Assoc	ciation of Nurse Anesthetists Political Action Commit		00069305
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
04/26/2025	Tabladillo, Meredith		\$100.0
	6 Contributor address; City; State; Zip Code		
	League City, TX 77573		
8 Principal occu	Ipation / Job title (See Instructions)	9 Employer (See Instructions)	;)
-	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/16/2025	Tabladillo, Meredith	,	\$30.0
00/10/2022	Contributor address; City; State; Zip Code		
	Continuation address, City, State, Zip Code		
	League City, TX 77573		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u>لــــــــــــــــــــــــــــــــــــ</u>
-	gistered Nurse Anesthetist)
		<u> </u>	Amount of Contribution (\$)
Date 05/22/2025	Full name of contributor out-of-state PAC (ID#: Talley, Miriam	,	Amount of Contribution (\$) \$83.3
0012212025	-		ψυυ.υ
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78251-2359		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u>)</u>
	gistered Nurse Anesthetist)
		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/12/2025	Talon, Mark		\$83.3
	Contributor address; City; State; Zip Code		
	Bayou Vista, TX 77563		
Dringinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	
	gistered Nurse Anesthetist	Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/27/2025	Taylor, Jordan		\$83.3
	Contributor address; City; State; Zip Code		
	League City, TX 77573		
	ipation / Job title (See Instructions)	Employer (See Instructions))
Certified Rec	gistered Nurse Anesthetist		

The	e Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 95/113 Rpt: 98/119	
2 FILE	ER NAME			3	Filer ID (Ethics Commission	n Filers)
Тех	as Assoc	ciation of Nurse Anesthetists Political Action Commit			00069305	
4 Date		5 Full name of contributor Out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
	29/2025	Taylor, Lynn	/			\$100.00
0-1,1	2012020					Ψ100.00
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77009				
9 Prin	cinal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
		gistered Nurse Anesthetist		9		
				-		
Date		Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
05/2	21/2025	Teixeira, Breno				\$41.67
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
		pation / Job title (See Instructions)	Employer (See Instructions)		
Cer	tified Reg	gistered Nurse Anesthetist				
Date	e	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
04/2	26/2025	Terrazas, Christian				\$100.00
		Contributor address; City; State; Zip Code				
		Richmond, TX 77406				
Prin	cipal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
Cer	tified Reg	gistered Nurse Anesthetist				
Date	е	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
04/2	28/2025	Thomas, Cheryl				\$100.00
		Contributor address; City; State; Zip Code				
		Fulshear, TX 77441				
Prin	cipal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Cer	tified Reg	gistered Nurse Anesthetist				
Date	е	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	26/2025	Thomas, Rodrick				\$100.00
		Contributor address; City; State; Zip Code				
		Livingston, TX 77399				
Prin	cipal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
		gistered Nurse Anesthetist		,		
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The Ins	truction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 96/113 Rpt: 99/119	
2 FILER NA	 ME		3 Filer ID (Ethics Commission File	rs)
Texas As	sociation of Nurse Anesthetists Political Action Commi		00069305	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/04/20	25 Thomas, Rodrick		\$	62.50
	6 Contributor address; City; State; Zip Code			
	Livingston, TX 77399			
	occupation / Job title (See Instructions)	9 Employer (See Instructions)	
Certified	Registered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/27/20	25 Thompson, Erin		\$1	.00.00
	Contributor address; City; State; Zip Code			
	Lewisville, TX 75067			
	occupation / Job title (See Instructions)	Employer (See Instructions)	
Certified	Registered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/27/20	25 Tomongha, Evangeline		\$	62.50
	Contributor address; City; State; Zip Code			
	Katy, TX 77494			
	ccupation / Job title (See Instructions) Registered Nurse Anesthetist	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/27/20			\$	62.50
	Contributor address; City; State; Zip Code			
	Katy, TX 77494			
Principal	accupation / Job title (See Instructions)	Employer (See Instructions		
	Registered Nurse Anesthetist)	
		<u> </u>	Amount of Contribution (¢)	
Date 04/27/20)	Amount of Contribution (\$) د	62.50
04121120			¥.	02.00
	Contributor address; City; State; Zip Code			
	Katy, TX 77494			
Principal (accupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
	Registered Nurse Anesthetist		,	
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 97/113 Rpt: 100/119	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assor	ciation of Nurse Anesthetists Political Action Commit			00069305	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
-	04/27/2025	Tong, Marie	,	ľ	, and an e e e e e e e e e e e e e e e e e e	\$100.00
	0	-		•		#100
		6 Contributor address; City; State; Zip Code				
		Kingwood, TX 77345-3046				
8	Principal occu		9 Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>		
		gistered Nurse Anesthetist		,		
⊢	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	—	Amount of Contribution (\$)	
	04/26/2025	Torres, Efrain	/			\$250.00
	0412012020					Ψ200.00
		Contributor address; City; State; Zip Code				
		Argyle, TX 76226				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ໄ</u>		
		gistered Nurse Anesthetist		')		
⊢	Date		<u> </u>	—	Amount of Contribution (\$)	
	04/29/2025	Full name of contributor out-of-state PAC (ID#: Torres, Efrain	/			\$62.50
	0412312023			-		Ψυ2.00
		Contributor address; City; State; Zip Code				
		Argyle, TX 76226				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ໄ</u>		
	•	gistered Nurse Anesthetist		')		
╞	Date		<u> </u>	—	Amount of Contribution (\$)	
	05/19/2025	Full name of contributor out-of-state PAC (ID#: Townson, Kella	/			\$41.67
	03/13/2023		ļ	-		ψ+1.01
		Contributor address; City; State; Zip Code				
		Cedar Hill, TX 75104				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>		
		gistered Nurse Anesthetist		.,		
╞	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	—	Amount of Contribution (\$)	
	04/29/2025	Tran, Connie	/			\$83.33
	07/20/2020			ł		Ψ00.00
		Contributor address; City; State; Zip Code				
		Richmond, TX 77407				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ل</u>		
		gistered Nurse Anesthetist		<i>''</i>		
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 98/113 Rpt: 101/119	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Committ			00069305	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
	04/26/2025	Tran, Steven	/	Γ.		\$30.00
	07/20/2020					Ψ00.00
		6 Contributor address; City; State; Zip Code				
l						
		Georgetown, TX 78628				
Ļ	Drincinal occu		9 Employer (See Instructions	<u>ار</u>		
ľ		gistered Nurse Anesthetist		9		
╘			<u> </u>			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/26/2025	Troyer, Rhonda				\$100.00
	I	Contributor address; City; State; Zip Code				
l						
		Conroe, TX 77384				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/26/2025	Tucker, Crystal			• •	\$200.00
		Contributor address; City; State; Zip Code				• -
		Communication address, only, State, Eip Code				
		Hallsville, TX 75650				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L;)		
		gistered Nurse Anesthetist		,		
╞	Date			I	Amount of Contribution (\$)	
	Dale 05/14/2025)			\$83.33
	05/14/2025	Tucker, Crystal				Φ03.3 3
		Contributor address; City; State; Zip Code				
	<u></u>	Hallsville, TX 75650	— · · · · · · · · · · · · · · · · · · ·	Ļ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reç	gistered Nurse Anesthetist				
Γ	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/14/2025	Tucker, Stacy				\$83.33
	I	Contributor address; City; State; Zip Code				
		Hallsville, TX 75650				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 99/113 Rpt: 102/119)
2	FILER NAME			3	Filer ID (Ethics Commissio	n Filers)
		ciation of Nurse Anesthetists Political Action Commit			00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/29/2025	Tucker, Vicki				\$1,500.00
		6 Contributor address; City; State; Zip Code		1		
		Fort Worth, TX 76126				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	. 5)		
		gistered Nurse Anesthetist				
⊨	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	<u> </u>	Amount of Contribution (\$)	
	05/15/2025	Tydlaska, Jay	/			\$83.33
	05/15/2025					ФUJ.JJ
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76112				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
Γ	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/17/2025	Udu, Khadijah				\$83.33
		Contributor address; City; State; Zip Code		ł		
		Houston, TX 77057				
⊢	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	1 5)		
	•	gistered Nurse Anesthetist				
╞	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	<u> </u>	Amount of Contribution (\$)	
	04/29/2025	Ulinski, Jessica	/			\$100.00
	0412912025					Φ100.00
		Contributor address; City; State; Zip Code				
		Coordina TV 70606				
	<u></u>	Georgetown, TX 78626		Ĺ		
		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 (\$)	
	05/05/2025	Ulinski, Jessica				\$83.33
		Contributor address; City; State; Zip Code		1		
		Georgetown, TX 78626				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>լ</u> Տ)		
		gistered Nurse Anesthetist		,		
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 100/113 Rpt: 103/11	19
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit	tee		00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	04/26/2025	Van Meter, Grant				\$100.00
		6 Contributor address; City; State; Zip Code				
		Victoria, TX 77904				
8			9 Employer (See Instructions	;)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/27/2025	Van Meter, Grant				\$5,000.00
		Contributor address; City; State; Zip Code				
		Victoria, TX 77904				
		upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Certified Reo	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/27/2025	Vargas, Gustavo				\$250.00
		Contributor address; City; State; Zip Code				
		FLINt, TX 75762				
		upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Certifiea Reț	gistered Nurse Anesthetist	<u> </u>	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	_
	05/23/2025	Varghese, Rincy				\$62.50
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78628				
⊢	Dringingl occu	upation / Job title (See Instructions)	Employer (See Instructions	$\sum_{i=1}^{n}$		
		gistered Nurse Anesthetist	Employer (See Instructions	9		
╘		<u> </u>	<u> </u>	—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 100.00
	04/26/2025	Vaught, Tammy				\$100.00
		Contributor address; City; State; Zip Code				
		Midland, TX 79707				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		gistered Nurse Anesthetist		リ		
⊢			<u> </u>			

The Instruc	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 101/113 Rpt: 104/119
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	ciation of Nurse Anesthetists Political Action Committ		00069305
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/09/2025	Vela, Steven		\$100.00
	6 Contributor address; City; State; Zip Code		
	Plano, TX 75023		
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instructions))
Certified Reg	gistered Nurse Anesthetist	l	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/29/2025	Venus, Dr.Jyothis		\$100.00
	Belton, TX 76513		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>
	gistered Nurse Anesthetist		, ,
Date	Full name of contributor out-of-state PAC (ID#:	<u></u>	Amount of Contribution (\$)
04/29/2025	Venus, Dr.Jyothis	/	\$83.33
04/25/2025	-		φυσ.σε
	Contributor address; City; State; Zip Code		
	Belton, TX 76513		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)	
	gistered Nurse Anesthetist)
Date	Full name of contributor out-of-state PAC (ID#:))	Amount of Contribution (\$)
05/07/2025	Vera, Martha		\$30.00
	Contributor address; City; State; Zip Code		
	Pearland, TX 77584		
	pation / Job title (See Instructions)	Employer (See Instructions))
Certified Reg	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/29/2025	Vetitoe, Lori		\$83.33
	Contributor address; City; State; Zip Code		
	Spring, TX 77379		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))
Certified Reg	gistered Nurse Anesthetist	I	

The Instru	uction Guide explains how to complete this f	form.		Total pages Schedule A1: Sch: 102/113 Rpt: 105/11	19
2 FILER NAME	Ē		3	Filer ID (Ethics Commissio	on Filers)
Texas Asso	ociation of Nurse Anesthetists Political Action Commit	ttee		00069305	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
04/27/2025					\$100.00
	6 Contributor address; City; State; Zip Code		·		
	Del Rio, TX 78842				
8 Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instructions)	s)		
Certified Re	egistered Nurse Anesthetist				
Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
04/28/2025	Villarreal, Javier				\$1,000.00
	Contributor address; City; State; Zip Code				
	McKinney, TX 75071				
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	s)		
Certified Re	egistered Nurse Anesthetist				
Date	Full name of contributor out-of-state PAC (ID#:)	$\overline{\top}$	Amount of Contribution (\$)	
04/28/2025	5 Villarreal, Margaret				\$1,000.00
	Contributor address; City; State; Zip Code		·		
	McKinney, TX 75071				
	cupation / Job title (See Instructions)	Employer (See Instructions)	s)		
Certified Re	egistered Nurse Anesthetist				
Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
04/27/2025	Vinh, Alexander				\$100.00
	Contributor address; City; State; Zip Code		"		
	grapevine, TX 76051				
-	cupation / Job title (See Instructions)	Employer (See Instructions)	s)		
Certified Re	egistered Nurse Anesthetist				
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
05/03/2025	Vo, Anthony				\$100.00
	Contributor address; City; State; Zip Code		1		
	AUSTIN, TX 78717	J			
-	cupation / Job title (See Instructions)	Employer (See Instructions)	s)		
Certified Re	egistered Nurse Anesthetist				

The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 103/113 Rpt: 106/119	9
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	ciation of Nurse Anesthetists Political Action Commit			00069305	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
04/28/2025	Vo, Diem				\$100.00
	6 Contributor address; City; State; Zip Code				
	Port Arthur, TX 77640				
		9 Employer (See Instructions))		
Certified Reg	gistered Nurse Anesthetist				
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
05/20/2025	Vollmering, Kaylan				\$62.50
	Contributor address; City; State; Zip Code	,			
	Victoria, TX 77904				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
Certified Rec	gistered Nurse Anesthetist				
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
05/24/2025	Vu, Hai	/		Allount of Contribution (+)	\$83.33
0012412020					Ψ00.00
	Contributor address; City; State; Zip Code				
	Beaumont, TX 77706-6730				
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)		
	gistered Nurse Anesthetist		,		
_		<u> </u>			
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
05/01/2025	Vu, Steve				\$100.00
	Contributor address; City; State; Zip Code				
	Clearwater, FL 33759				
	pation / Job title (See Instructions)	Employer (See Instructions)		
Certified Reg	gistered Nurse Anesthetist				
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
05/22/2025	Walden, Micah				\$83.33
	Contributor address; City; State; Zip Code				
	Sulphur Springs, TX 75483				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	gistered Nurse Anesthetist		,		

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 104/113 Rpt: 107/119	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	ciation of Nurse Anesthetists Political Action Commit		00069305	- /
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
04/26/2025	Walford, Brian		\$1	.00.00
	6 Contributor address; City; State; Zip Code			
	Victoria, TX 77904			
	upation / Job title (See Instructions)	9 Employer (See Instructions)	;) ;)	
Certified Re	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/22/2025	Walford, Brian		\$	83.33
	Contributor address; City; State; Zip Code			
	Victoria, TX 77904			
	upation / Job title (See Instructions)	Employer (See Instructions)	3)	
Certified Re	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/09/2025	Walker, Brian		\$	41.67
	Contributor address; City; State; Zip Code			
	Ladingon TV 70EE9			
Dringing oog	Harlingen, TX 78552	Employer (See Instructions		
	upation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions)	5)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	~~ ~~
05/03/2025	Waller, Kaylee		ΤΦ	.00.00
	Contributor address; City; State; Zip Code			
	N RichInd HIs, TX 76182			
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions)) 3)	
Certified Re	gistered Nurse Anesthetist			
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/26/2025				.00.00
	Contributor address; City; State; Zip Code			
	Bellaire, TX 77401			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	3)	
Certified Re	gistered Nurse Anesthetist			
				1

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 105/113 Rpt: 108/119	
2 FILER NAME			3 Filer ID (Ethics Commission Fil	lers)
Texas Asso	ciation of Nurse Anesthetists Political Action Commit		00069305	-
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
05/21/2025	Ward, Robyn			\$83.33
	6 Contributor address; City; State; Zip Code			
	Aledo, TX 76008			
	upation / Job title (See Instructions)	9 Employer (See Instructions)	.)	
Certifiea Reg	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/18/2025	Washington, Emily			\$62.50
	Contributor address; City; State; Zip Code			
	Boerne, TX 78015			
Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions)		
	gistered Nurse Anesthetist		·)	
		<u> </u>	Amount of Contribution (ft)	
Date 04/26/2025	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	Φ ΩΟ Ο Ο
04/20/2025	Washington, Nancy			\$83.33
	Contributor address; City; State; Zip Code			
	Houston, TX 77020			
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions)	3)	
Certified Re	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/26/2025	Washington, Nancy			5100.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77020			
	upation / Job title (See Instructions)	Employer (See Instructions)	;)	
Certified Re	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/26/2025	Washington, Pattie		\$	\$100.00
	Contributor address; City; State; Zip Code			
	Diana TV 75025			
Drizpinal appr	Plano, TX 75025			
	upation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions)	.)	

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 106/113 Rpt: 109/119	
2 FILER NAME			3 Filer ID (Ethics Commission Fil	lers)
	ciation of Nurse Anesthetists Political Action Commit		00069305	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/07/2025	Watson, Joshua			\$83.33
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75214			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	;)	
Certified Reg	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/20/2025	Watters, Adam			\$30.00
	Contributor address; City; State; Zip Code			
	Lindale, TX 75771			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)	
Certified Reg	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/26/2025	Watts, Mary Jo	,		\$200.00
0-1/20/2020	Contributor address; City; State; Zip Code			200.00
	Contributor address, City, State, Zip Code			
	New Braunfels, TX 78132			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> ;)	
	gistered Nurse Anesthetist		,	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
04/27/2025	Webb, Logan	/		500.00
04/2112020	-		Ý	000.00
	Contributor address; City; State; Zip Code			
	Boerne, TX 78006			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u></u>	
-	gistered Nurse Anesthetist)	
	<u> </u>	<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	100.00
04/29/2025	Webster, Josh		Φ	5100.00
	Contributor address; City; State; Zip Code			
	Can Antonia TV 70210			
	San Antonio, TX 78210			
-	upation / Job title (See Instructions)	Employer (See Instructions)	.)	
Certified Reg	gistered Nurse Anesthetist			

Texas Association of Nurse Anesthetists Political Action Committee 00069305				_		
Texas Association of Nurse Anesthetists Political Action Committee 00063305 4 Date 5 Full ame of contributor out-of-state PAC (D#) 7 Amount of Contribution (\$) 04/29/2025 6 Contributor address: City: State: Zip Code 7 Amount of Contribution (\$) 04/29/2025 Full ame of contributor out-of-state PAC (D#) 7 Amount of Contribution (\$) 04/29/2025 Full ame of contributor out-of-state PAC (D#) Amount of Contribution (\$) 04/26/2025 Weldon, Audrey \$100.00 \$100.00 04/26/2025 Weldon, Audrey \$100.00 \$100.00 Contributor address; City: State; Zip Code Amount of Contribution (\$) \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$100.00 Certified Registered Nurse Anesthetist Out-of-state PAC (D#	The Instru	ction Guide explains how to complete this f	orm.	1		9
Texas Association of Nurse Anesthetists Political Action Committee 00069305 4 Date 5 Full name of contributor out-of-state PAC (DIV	2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
04/29/2025 Weisser, Morgan \$500.00 6 Contributor address; City; State; Zip Code \$500.00 7 Decatur, TX 76234 9 Employer (See Instructions) Certified Registered Nurse Anesthetist 9 Employer (See Instructions) \$100.00 04/26/2025 Full name of contributor out-of-state PAC (D#	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit				
6 Contributor address; City; State; Zip Code Decatur, TX 76234 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (Der Od/26/2025 Full name of contributors Employer (See Instructions) Certified Registered Nurse Anesthetist Out-of-state PAC (Der Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Employer (See Instructions) Certified Register	4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
B Principal occupation / 3ob title (See Instructions) Certified Registered Nurse Anesthetist P Employer (See Instructions) Date Full name of contributor out-of-state PAC (DIF Amount of Contribution (S) 04/26/2025 Weldon, Audrey Amount of Contribution (S) \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (S) Certified Registered Nurse Anesthetist Date Amount of Contribution (S) \$100.00 O4/27/2025 Wellman, Michael out-of-state PAC (DIF Amount of Contribution (S) \$100.00 O4/27/2025 Wellman, Michael out-of-state PAC (DIF Amount of Contribution (S) \$100.00 Contributor address; City, State; Zip Code Amount of Contribution (S) \$100.00 Contributor address; City, State; Zip Code Amount of Contribution (S) \$100.00 Certified Registered Nurse Anesthetist Employer (See Instructions) \$500.00 Certified Registered Nurse Anesthetist Employer (See Instructions) \$500.00 Contributor address; City, State; Zip Code Amount of Contribution (S) \$500.00 Contributor address; City, State; Zip Code Amount of Contribution (S) \$30.00	04/29/2025	Weisser, Morgan				\$500.00
B Principal occupation / 3ob title (See Instructions) Certified Registered Nurse Anesthetist P Employer (See Instructions) Date Full name of contributor out-of-state PAC (DIF Amount of Contribution (S) 04/26/2025 Weldon, Audrey Amount of Contribution (S) \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (S) Certified Registered Nurse Anesthetist Date Amount of Contribution (S) \$100.00 O4/27/2025 Wellman, Michael out-of-state PAC (DIF Amount of Contribution (S) \$100.00 O4/27/2025 Wellman, Michael out-of-state PAC (DIF Amount of Contribution (S) \$100.00 Contributor address; City, State; Zip Code Amount of Contribution (S) \$100.00 Contributor address; City, State; Zip Code Amount of Contribution (S) \$100.00 Certified Registered Nurse Anesthetist Employer (See Instructions) \$500.00 Certified Registered Nurse Anesthetist Employer (See Instructions) \$500.00 Contributor address; City, State; Zip Code Amount of Contribution (S) \$500.00 Contributor address; City, State; Zip Code Amount of Contribution (S) \$30.00		-		1		
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Certified Registered Nurse Anesthetist Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#		Decatur, TX 76234				
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04/26/2025 Weldon, Audrey \$100.00 Contributor address; City; State; Zip Code Houston, TX 77008 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Mount of Contribution (\$) 04/27/2025 Wellman, Michael Amount of Contribution (\$) 04/27/2025 Wellman, Michael \$100.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) 04/27/2025 Wellman, Michael \$100.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID# Date Full name of contributor out-of-state PAC (ID# OS/04/2025 Wessel, Jane Amount of Contribution (\$) Sto0.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$30.00 Certified Registered Nurse Anesthetist Contributor address; City; State; Zip Code Amount of C	Certified Reg	gistered Nurse Anesthetist				
Contributor address; City; State; Zip Code Houston, TX 77008 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist Date O4/27/2025 Wellman, Michael Contributor address; City; State; Zip Code Austin, TX 78735 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist Date Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist Date Stold optimizer Anesthetist Date Verincipal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist Date Stold optimizer Anesthetist Date Verincipal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code Hendersonville, NC 28793 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist Date Full name of contributor Os/18/2025 Full name of contributor Obtor optimizer Anesthetist Employer (See Instructions) Certified Regist	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
Houston, TX 77008 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Amount of Contribution (\$) 04/27/2025 Full name of contributor out-of-state PAC (ID#:) 04/27/2025 Full name of contributor out-of-state PAC (ID#:) 04/27/2025 Full name of contributor out-of-state PAC (ID#:) Austin, TX 78735 Employer (See Instructions) Certified Registered Nurse Anesthetist Employer (See Instructions) Certified Registered Nurse Anesthetist Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor address; City; State; Zip Code Amount of Contribution (\$) Vessel, Jane S500.00 Contributor address; City; State; Zip Code Employer (See Instructions) Certified Registered Nurse Anesthetist Employer (See Instructions) Certified Registered Nurse Anesthetist Employer (See Instructions) Contributor address; City; State; Zip Code Amount of Contribution (\$) 05/18/2025 Full name of contributor	04/26/2025	Weldon, Audrey				\$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/27/2025 Wellman, Michael \$100.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$100.00 Certified Registered Nurse Anesthetist Employer (See Instructions) \$100.00 Certified Registered Nurse Anesthetist Employer (See Instructions) \$100.00 Certified Registered Nurse Anesthetist Employer (See Instructions) \$100.00 Os/04/2025 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 05/04/2025 Wessel, Jane Employer (See Instructions) \$500.00 Contributor address; City; State; Zip Code Employer (See Instructions) \$500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$30.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) \$30.00 Os/18/2025 Full name of contributor out-of-state PAC (ID#:		Contributor address; City; State; Zip Code		1		
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/27/2025 Wellman, Michael \$100.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$100.00 Certified Registered Nurse Anesthetist Employer (See Instructions) \$100.00 Certified Registered Nurse Anesthetist Employer (See Instructions) \$100.00 Certified Registered Nurse Anesthetist Employer (See Instructions) \$100.00 Os/04/2025 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 05/04/2025 Wessel, Jane Employer (See Instructions) \$500.00 Contributor address; City; State; Zip Code Employer (See Instructions) \$500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$30.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) \$30.00 Os/18/2025 Full name of contributor out-of-state PAC (ID#:						
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04/27/2025 Wellman, Michael \$100.00 Contributor address; City; State; Zip Code Austin, TX 78735 Employer (See Instructions) Certified Registered Nurse Anesthetist Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$500.00 05/04/2025 Wessel, Jane \$500.00 \$500.00 \$500.00 Contributor address; City; State; Zip Code Hendersonville, NC 28793 \$500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$500.00 Certified Registered Nurse Anesthetist Employer (See Instructions) \$500.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$30.00 O5/18/2025 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$30.00 O5/18/2025 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$30.00 Contributor address; City; State; Zip Code Fort Worth, TX 76179 Employer (See Instructions) \$30.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Certified Re	gistered Nurse Anesthetist				
Contributor address; City; State; Zip Code Austin, TX 78735 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist Date Full name of contributor out-of-state PAC (ID#:	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
Austin, TX 78735 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Amount of Contribution (\$) Date Full name of contributor	04/27/2025	Wellman, Michael				\$100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist amount of Contributor		Contributor address; City; State; Zip Code		1		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist amount of Contributor						
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		Fort Worth, TX 76179				
Certified Registered Nurse Anesthetist	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Certified Reg	gistered Nurse Anesthetist				
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The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 108/113 Rpt: 111/119	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	ciation of Nurse Anesthetists Political Action Commit		00069305	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/26/2025	Wheelock, Cherese		\$1	.00.00
	6 Contributor address; City; State; Zip Code			
	Cedar Park, TX 78641			
		9 Employer (See Instructions))	
Certified Reg	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/23/2025	White, Amanda		\$1	.00.00
	Contributor address; City; State; Zip Code			
	corinth, TX 76210			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Certified Re	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/24/2025	Whiteley, Alexis		\$	30.00
	Contributor address; City; State; Zip Code			
Duin single age	Victoria, TX 77904		、 、	
	ipation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/20/2025	Whittaker, Ericka		\$	30.00
	Contributor address; City; State; Zip Code			
	Midland, TX 79707			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Certified Reg	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/29/2025	Wieser, Chris			83.33
	Contributor address; City; State; Zip Code			
	Millbrook, TX 36054-2126			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Certified Reg	gistered Nurse Anesthetist			

The	e Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 109/113 Rpt: 112/119)
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		ciation of Nurse Anesthetists Political Action Commit	tee		00069305	
4 Date	3	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
04/3	30/2025	Wild, Jenny				\$30.00
		6 Contributor address; City; State; Zip Code		1		
		Tyler, TX 75707				
			9 Employer (See Instructions	3)		
Cer	tified Rec	gistered Nurse Anesthetist				
Date	e	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
05/1	17/2025	Wilderman, Danielle				\$83.33
		Contributor address; City; State; Zip Code		1		
		Waxahachie, TX 75167				
	•	pation / Job title (See Instructions)	Employer (See Instructions	;)		
Cer	tified Reg	gistered Nurse Anesthetist				
Date	9	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
05/1	18/2025	Wilderman, Danielle				\$83.33
		Contributor address; City; State; Zip Code		1		
		Waxahachie, TX 75167				
Princ	cipal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
Cer	tified Reg	gistered Nurse Anesthetist				
Date	9	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
04/2	26/2025	Williams, Amber				\$100.00
		Contributor address; City; State; Zip Code				
		Fulshear, TX 77441				
Princ	cipal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
Cer	tified Rec	gistered Nurse Anesthetist				
Date	Э	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
04/2	26/2025	Williams, Desiree				\$100.00
		Contributor address; City; State; Zip Code		1		
		Dayton, TX 77021				
Princ	cipal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
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	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code	04/26/2025	Wilson, Diana			\$30.00
		Contributor address; City; State; Zip Code			
Cedar Creek, TX 78612					
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Employer (See Instructions))	
Certified Registered Nurse Anesthetist	Certified Re	gistered Nurse Anesthetist			

7	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 111/113 Rpt: 114/11	19
2 F	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Texas Association of Nurse Anesthetists Political Action Committee				00069305	,
4 C	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
0	04/26/2025 Wilson, Diana				\$100.00	
		6 Contributor address; City; State; Zip Code				
		Cedar Creek, TX 78612				
			9 Employer (See Instructions)		
(Certified Reo	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
0	04/26/2025	Winter, Emily				\$100.00
		Contributor address; City; State; Zip Code				
		League City, TX 77573				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reo	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/10/2025	Winter, Emily				\$30.00
		Contributor address; City; State; Zip Code				
		League City, TX 77573				
		pation / Job title (See Instructions)	Employer (See Instructions)		
(Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
0	05/01/2025	Wisenbaker, Ben				\$1,000.00
		Contributor address; City; State; Zip Code				
	<u> </u>	Deberry, TX 75639				
	-	Ipation / Job title (See Instructions)	Employer (See Instructions	5)		
<u> </u>	Jertinea Rei	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
0	04/27/2025	Wolf, Stephanie				\$100.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78257]			
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
(Certified Reg	gistered Nurse Anesthetist				

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 112/113 Rpt: 115/119
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Asso	ciation of Nurse Anesthetists Political Action Commit		00069305
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
04/26/2025			\$100.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77071		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	l;)
	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
04/26/2025	Yarbrough, Haley	,	\$100.00
	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	Port Lavaca, TX 77979		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	k)
	gistered Nurse Anesthetist		,
		<u> </u>	Amount of Contribution (\$)
Date 05/04/2025)	Amount of Contribution (\$) \$83.33
05/04/2025	Yarbrough, Haley		Φ00.00
	Contributor address; City; State; Zip Code		
	Port Lavaca, TX 77979		
Drincipal occu	upation / Job title (See Instructions)	Employor (Soo Instructions	
	gistered Nurse Anesthetist	Employer (See Instructions)	<i>.</i>)
		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/21/2025	Zacek, Jessica		\$30.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77024		
	upation / Job title (See Instructions)	Employer (See Instructions))
Certified Re	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/25/2025	brown, Rewa		\$62.50
	Contributor address; City; State; Zip Code		
	Salado, TX 76571		
	upation / Job title (See Instructions)	Employer (See Instructions)	
Certified Re	gistered Nurse Anesthetist		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 113/113 Rpt: 116/119 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Texas Association of Nurse Anesthetists Political Action Committee 00069305 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 05/14/2025 \$83.33 hollas, chalon 6 Contributor address; City; State; Zip Code Coppell, TX 75019 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Certified Registered Nurse Anesthetist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$)) 04/26/2025 \$100.00 wolfram, Jennie Contributor address; City; State; Zip Code Conroe, TX 77384 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

	The Instruction Guide explains how to complete this form.			1 Total pages Schedule C4: Sch: 1/1 Rpt: 117/119				
2	FILER NAME			3	Filer ID	(Ethics Commission Filers)		
	Texas Assoc	ciat	ion of Nurse Anesthetists Political Action Committee		00069305			
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)			
	05/09/2025		Texas Association of Nurse Anesthetists				400.00	
	Date		Corporation / Labor Organization name		Amount (\$)			
	05/23/2025		Texas Association of Nurse Anesthetists				400.00	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1: Sch: 1/1 Rpt: 118/119	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Association of Nurse Anesthetists Political Action 00069305
4 Date 05/02/2025	5 Payee name American Express Merchant Services
6 Amount (\$) \$4,605.66	7 Payee address; City; State; Zip Code PO Box 53852
Expenditure from corporate funds	Phoenix, AZ 85072-3852
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing of campaign contributions.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

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

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: ./1 Rpt: 119/119	
2	FILER NAME	ciation of Nurse Anesthetists Political Action Committee	3	Filer ID 00069	O (Ethics Commission F 205	-ilers)
				00008		
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
	04/30/2025	University Federal Credit Union				\$0.49
		6 Address of person from whom amount is received; City; State; Zip Code				
		Austin, TX 78704				
		7 Purpose for which amount is received Check	if politi	cal cont	ribution returned to filer	
		Interest.	•			
	Date	Name of person from whom amount is received			Amount (\$)	*• • • •
	04/30/2025	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 politi	cal cont	ribution returned to filer	
		Interest.				