

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00069305		2 Total pages filed: 119													
3 COMMITTEE NAME Texas Association of Nurse Anesthetists Political Action Committee				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 06/05/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged													
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 919 Congress Ave., Suite 720 Austin, TX 78701																
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Andrea N. <hr/> NICKNAME LAST SUFFIX Pee																
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 919 Congress Ave., Suite 720 Austin, TX 78701																
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 919 Congress Ave., Suite 720 Austin, TX 78701																
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 495-9004																
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)																
10 MONTHLY REPORT FILING DEADLINE	<table border="0"> <tr> <td><input type="checkbox"/> January 5</td> <td><input type="checkbox"/> April 5</td> <td><input type="checkbox"/> July 5</td> <td><input type="checkbox"/> October 5</td> </tr> <tr> <td><input type="checkbox"/> February 5</td> <td><input type="checkbox"/> May 5</td> <td><input type="checkbox"/> August 5</td> <td><input type="checkbox"/> November 5</td> </tr> <tr> <td><input type="checkbox"/> March 5</td> <td><input checked="" type="checkbox"/> June 5</td> <td><input type="checkbox"/> September 5</td> <td><input type="checkbox"/> December 5</td> </tr> </table>					<input type="checkbox"/> January 5	<input type="checkbox"/> April 5	<input type="checkbox"/> July 5	<input type="checkbox"/> October 5	<input type="checkbox"/> February 5	<input type="checkbox"/> May 5	<input type="checkbox"/> August 5	<input type="checkbox"/> November 5	<input type="checkbox"/> March 5	<input checked="" type="checkbox"/> June 5	<input type="checkbox"/> September 5	<input type="checkbox"/> December 5
<input type="checkbox"/> January 5	<input type="checkbox"/> April 5	<input type="checkbox"/> July 5	<input type="checkbox"/> October 5														
<input type="checkbox"/> February 5	<input type="checkbox"/> May 5	<input type="checkbox"/> August 5	<input type="checkbox"/> November 5														
<input type="checkbox"/> March 5	<input checked="" type="checkbox"/> June 5	<input type="checkbox"/> September 5	<input type="checkbox"/> December 5														
11 PERIOD COVERED	Month Day Year THROUGH Month Day Year 04/26/2025 05/25/2025																

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Texas Association of Nurse Anesthetists Political Action Committee	13 Filer ID (Ethics Commission Filers) 00069305
--	---

14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 77,172.30
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,605.66
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 202,973.22
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Andrea N. Pee

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day
of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - MPAC**FORM MPAC**
COVER SHEET PG 3
3 of 119

17 COMMITTEE NAME Texas Association of Nurse Anesthetists Political Action Committee		18 Filer ID (Ethics Commission Filers) 00069305
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 76,372.30
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 800.00
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 4,605.66
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.51

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/113 Rpt: 4/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abraham, Bibin 6 Contributor address; City; State; Zip Code Irving, TX 75063	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abraham, Bibin Contributor address; City; State; Zip Code Irving, TX 75063	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adambi, Tika Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adcock, Jennifer Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agbahiwe, Krystal Contributor address; City; State; Zip Code Manvel, TX 77578	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/113 Rpt: 5/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alaskarov, Nariman <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79938	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albrecht, Kelsey <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albrecht, Kelsey <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alderfer, Leah <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ali, Navroz <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/113 Rpt: 6/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allore, Stefany <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78245	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Altuna, Carolyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Altuna, Carolyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alva, Taylor <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alva, Taylor <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/113 Rpt: 7/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amador, Cindy <hr/> 6 Contributor address; City; State; Zip Code Manvel, TX 77578	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amanda, White <hr/> Contributor address; City; State; Zip Code Corinth, TX 76210	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andersen, Jenni <hr/> Contributor address; City; State; Zip Code Midland, TX 79705	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andersen, Jennifer <hr/> Contributor address; City; State; Zip Code Midland, TX 79705	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Terri <hr/> Contributor address; City; State; Zip Code Boerne, TX 78015	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/113 Rpt: 8/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, Lynn <hr/> 6 Contributor address; City; State; Zip Code Flower Mound, TX 76226	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anesthesia, JC <hr/> Contributor address; City; State; Zip Code Graham, TX 76450	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony, Jennifer <hr/> Contributor address; City; State; Zip Code Texarkana, TX 75501	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony, Jennifer <hr/> Contributor address; City; State; Zip Code Texarkana, TX 75501	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apodaca, Rylee <hr/> Contributor address; City; State; Zip Code Houston, TX 77004	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/113 Rpt: 9/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Appel, Jessica <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76110	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashu, Dixie <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78245	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Melanie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75238	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atwood, Deborah <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aycock, Karen <hr/> Contributor address; City; State; Zip Code Kerrville, TX 78028	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/113 Rpt: 10/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bagos, Jesus <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77045	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Forrest <hr/> Contributor address; City; State; Zip Code Argyle, TX 76226	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balogun, Damilola <hr/> Contributor address; City; State; Zip Code Houston, TX 77054	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barkley, Kristin <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76126	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barr, Mark <hr/> Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/113 Rpt: 12/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Leslie <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75069	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Tristan <hr/> Contributor address; City; State; Zip Code Texarkana, TX 75503	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergeron, Mark <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernasor, Maelen <hr/> Contributor address; City; State; Zip Code Temple, TX 76504	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bertoncini, Kristen <hr/> Contributor address; City; State; Zip Code Needville, TX 77461	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/113 Rpt: 13/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bertrand, Anita <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77004	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bird, Elizabeth <hr/> Contributor address; City; State; Zip Code Keene, NH 03431	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop, Harold <hr/> Contributor address; City; State; Zip Code Lufkin, TX 75904-6304	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bison, Jeremy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Melanie <hr/> Contributor address; City; State; Zip Code Round rock, TX 78681	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/113 Rpt: 14/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blacketter, Lisa <hr/> 6 Contributor address; City; State; Zip Code Port Lavaca, TX 77979	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blacketter, Lisa <hr/> Contributor address; City; State; Zip Code Port Lavaca, TX 77979	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Kristi <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76085	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bohner, Mishawna <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75087	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Booth, Kristen <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/113 Rpt: 15/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bourgeois, Scott <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowden, Shyanne <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76108	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyko, Lesley <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boytim, Julie <hr/> Contributor address; City; State; Zip Code College Sta, TX 77845	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley, Frances <hr/> Contributor address; City; State; Zip Code El Paso, TX 79924	Amount of Contribution (\$) \$89.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/113 Rpt: 16/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Branstetter, Casey 6 Contributor address; City; State; Zip Code Dallas, TX 75209	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brauneck, Tyler Contributor address; City; State; Zip Code Helotes, TX 78023	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brewer, Angela Contributor address; City; State; Zip Code Denton, TX 76210	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brewer, Linden Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brewer, Melissa Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/113 Rpt: 17/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broadhead, Preston <hr/> 6 Contributor address; City; State; Zip Code Texarkana, TX 75503	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bronowski, Caroline <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78213	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Rachel <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bullerwell, Megan <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bullerwell, Megan <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/113 Rpt: 18/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkhardt, Hillary 6 Contributor address; City; State; Zip Code Nederland, TX 77627	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkhardt, Hillary Contributor address; City; State; Zip Code Nederland, TX 77627	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnett, Christine Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burney, Catherine Contributor address; City; State; Zip Code Chicago, IL 60605	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Danielle Contributor address; City; State; Zip Code Victoria, TX 77901	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/113 Rpt: 19/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byars, Michael 6 Contributor address; City; State; Zip Code Houston, TX 77019	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byars, Michael Contributor address; City; State; Zip Code HOUSTON, TX 77019	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campos, Max Contributor address; City; State; Zip Code Mansfield, TX 76063	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrio, Stephen Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Lisa Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/113 Rpt: 20/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, T'Anya <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75235	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caswell, Abby <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caswell, Abby <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caswell, Abigail <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cherry, Bryce <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76126	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/113 Rpt: 21/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Childs, Marion 6 Contributor address; City; State; Zip Code San Antonio, TX 78255	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cioci, Stephanie Contributor address; City; State; Zip Code Houston, TX 77035	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Clayton Contributor address; City; State; Zip Code Wichita Falls, TX 76301	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clucas, Shala Contributor address; City; State; Zip Code Rockwall, TX 75032	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Co, Arianne Contributor address; City; State; Zip Code Fort Worth, TX 76126	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/113 Rpt: 22/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coast, Nora <hr/> 6 Contributor address; City; State; Zip Code Mcallen, TX 78504	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Emily <hr/> Contributor address; City; State; Zip Code dallas, TX 75220	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Greg <hr/> Contributor address; City; State; Zip Code Granbury, TX 76049	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comans, Tyler <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76179	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contreras, Sherri <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/113 Rpt: 23/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Ashley <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75035	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooks, Felicia <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78220	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooney, Michael <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corder, Kenny <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corder, Kenny <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/113 Rpt: 24/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corder, Kenny <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79606	7 Amount of Contribution (\$) \$117.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornelius, Brian <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornell, mark <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78254-1841	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coronado, Israel <hr/> Contributor address; City; State; Zip Code Weslaco, TX 78596	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus, Jose <hr/> Contributor address; City; State; Zip Code Perrysburg, OH 43551	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/113 Rpt: 25/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Counts, Kimberly <hr/> 6 Contributor address; City; State; Zip Code Sherman, TX 75092	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowan, Micah <hr/> Contributor address; City; State; Zip Code Cleburne, TX 76031	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Lauren <hr/> Contributor address; City; State; Zip Code Wolfforth, TX 79382	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culp, Mark <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76087	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culpepper, Kevin <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/113 Rpt: 26/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cumpton, Stephanie 6 Contributor address; City; State; Zip Code Bryan, TX 77808	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curbow, Kelly Contributor address; City; State; Zip Code Hideaway, TX 75771	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Currie, Jon Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Custance, Jessica Contributor address; City; State; Zip Code Aledo, TX 76008	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crdenas, Carolina Contributor address; City; State; Zip Code Harlingen, TX 78552	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/113 Rpt: 27/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Marquisha <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75235	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Rachel <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Veronica <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Alyssa <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Alyssa <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/113 Rpt: 28/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLaGarza, Haley <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77098	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devlin, Courtney <hr/> Contributor address; City; State; Zip Code Bedford, TX 76022	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devoto, Rachel <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78257	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diaz, Hannah <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dinos, Michael <hr/> Contributor address; City; State; Zip Code Pharr, TX 78539	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/113 Rpt: 29/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dinos, Michael <hr/> 6 Contributor address; City; State; Zip Code Pharr, TX 78577	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dishman, Deniz <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dishman, Deniz <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dishon, Julia <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77707	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dominick, Melissa <hr/> Contributor address; City; State; Zip Code Spring, TX 77379	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/113 Rpt: 30/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dores, Tina <hr/> 6 Contributor address; City; State; Zip Code Laredo, TX 78045	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doria, Mark <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DuBose, Mary <hr/> Contributor address; City; State; Zip Code Lufkin, TX 75915	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dupree, Garrett <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76126	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dupriest, Wesley <hr/> Contributor address; City; State; Zip Code Manvel, TX 77578	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/113 Rpt: 31/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duron, Alex 6 Contributor address; City; State; Zip Code Albuquerque, NM 87120	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eapen, Jasmin Contributor address; City; State; Zip Code Manvel, TX 77578	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eapen, Jasmin Contributor address; City; State; Zip Code Manvel, TX 77578	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddy, Rachel Contributor address; City; State; Zip Code HEATH, TX 75032	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eisa, Lina Contributor address; City; State; Zip Code Sugar Land, TX 77498	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/113 Rpt: 32/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elam, Halie <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79108	7 Amount of Contribution (\$) \$62.50
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Alison <hr/> Contributor address; City; State; Zip Code Bullard, TX 75757	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esmeralda, Dex <hr/> Contributor address; City; State; Zip Code Lavon, TX 75166	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esplana, Jennifer <hr/> Contributor address; City; State; Zip Code Belton, TX 76513-8550	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esquivel, Jaclyn <hr/> Contributor address; City; State; Zip Code Boerne, TX 78015	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/113 Rpt: 33/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estes, Sonia <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75206	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Etheridge, Andrea <hr/> Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farmer, Masson <hr/> Contributor address; City; State; Zip Code Kemp, TX 75143	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felan, Christopher <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79407	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fielder, Brad <hr/> Contributor address; City; State; Zip Code Early, TX 76802	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/113 Rpt: 34/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleck, Eric <hr/> 6 Contributor address; City; State; Zip Code Iola, TX 77861	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flemming, Editha <hr/> Contributor address; City; State; Zip Code Manvel, TX 77578	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Maria <hr/> Contributor address; City; State; Zip Code Houston, TX 77045	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foltermann, Stephanie <hr/> Contributor address; City; State; Zip Code Brookshire, TX 77423	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franco, Mildred <hr/> Contributor address; City; State; Zip Code IOLA, TX 77861	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/113 Rpt: 35/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franklin, Jade <hr/> 6 Contributor address; City; State; Zip Code Aledo, TX 76008	7 Amount of Contribution (\$) \$41.67
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frawley, Steve <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeman, Bailey <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76116	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaines, Jessica <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallagher, Brett <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79423	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/113 Rpt: 36/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvin, Vaughna <hr/> 6 Contributor address; City; State; Zip Code Benbrook, TX 76126-4451	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaona, John <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78526	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, David <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78251	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, George <hr/> Contributor address; City; State; Zip Code Del Valle, TX 78617	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Nataly <hr/> Contributor address; City; State; Zip Code Pasadena, TX 77503	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/113 Rpt: 37/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Nataly <hr/> 6 Contributor address; City; State; Zip Code Pasadena, TX 77503	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Raymond <hr/> Contributor address; City; State; Zip Code Drive, TX 76087	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Brianda <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Cristina <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76064	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gasko, John <hr/> Contributor address; City; State; Zip Code Shavano Park, TX 78231	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/113 Rpt: 38/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gegel, Brian <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78258	7 Amount of Contribution (\$) \$41.67
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloff, Colton <hr/> Contributor address; City; State; Zip Code Clifton, TX 76634	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glover, Jordan <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golemi, Robert <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Andrew <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/113 Rpt: 39/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Mizraim <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78201	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greaud, Jason <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Jeff <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79118	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Jessica <hr/> Contributor address; City; State; Zip Code BULLARD, TX 75757	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Jessica <hr/> Contributor address; City; State; Zip Code BULLARD, TX 75757	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/113 Rpt: 40/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Brooke <hr/> 6 Contributor address; City; State; Zip Code Richmond, TX 77406	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Julia <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guadamuz, Lilian <hr/> Contributor address; City; State; Zip Code Boerne, TX 78015	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guadamuz, Lilian <hr/> Contributor address; City; State; Zip Code Boerne, TX 78015	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guevara, Tessa <hr/> Contributor address; City; State; Zip Code Arlington, TX 76001	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/113 Rpt: 41/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Andrea <hr/> 6 Contributor address; City; State; Zip Code Poolville, TX 76487	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hack, Cat <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammonds, Danny <hr/> Contributor address; City; State; Zip Code Midlothian, TX 76065	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammonds, Danny <hr/> Contributor address; City; State; Zip Code Midlothian, TX 76065	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Kyle <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/113 Rpt: 42/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Christine 6 Contributor address; City; State; Zip Code Plano, TX 75024	7 Amount of Contribution (\$) \$62.50
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Christine Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haschke, Brian Contributor address; City; State; Zip Code Fredericksburg, TX 78624	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heathington, Beth Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herlan, Sophie Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/113 Rpt: 43/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hickman, Katie <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76001	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) High, Amber <hr/> Contributor address; City; State; Zip Code Dickinson, TX 77539	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) High, Amber <hr/> Contributor address; City; State; Zip Code Dickinson, TX 77539	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Himsel, Ruth <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hint, Jean <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/113 Rpt: 44/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollas, Chalon <hr/> 6 Contributor address; City; State; Zip Code Coppell, TX 75019	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horton, Stacy <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howie, Kamm <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hude, Candice <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Chelsie <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/113 Rpt: 45/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Chelsie <hr/> 6 Contributor address; City; State; Zip Code Missouri City, TX 77459	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Chelsie <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutson, Jeff <hr/> Contributor address; City; State; Zip Code Graham, TX 76450	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Icton, Michelle <hr/> Contributor address; City; State; Zip Code Prosper, TX 75078	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ilya, Malaniy <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/113 Rpt: 46/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jarvis, Lauren 6 Contributor address; City; State; Zip Code Katy, TX 77493	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jastillano, Sean Contributor address; City; State; Zip Code Richardson, TX 75082	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffries, Tim Contributor address; City; State; Zip Code Wichita Falls, TX 76308	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennings, Lisa Contributor address; City; State; Zip Code Laredo, TX 78043	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ji, Julie Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/113 Rpt: 47/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ji, Julie 6 Contributor address; City; State; Zip Code Bellaire, TX 77401	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jiang, Anlan Contributor address; City; State; Zip Code Dallas, TX 75204	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Suja Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Brian Contributor address; City; State; Zip Code Canton, TX 75103	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Ryan Contributor address; City; State; Zip Code Houston, TX 77018	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/113 Rpt: 48/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jessica <hr/> 6 Contributor address; City; State; Zip Code Gilmer, TX 75645	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Nate <hr/> Contributor address; City; State; Zip Code Manvel, TX 77578	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Nathan <hr/> Contributor address; City; State; Zip Code Manvel, TX 77578	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan, Haley <hr/> Contributor address; City; State; Zip Code Belton, TX 76513	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jutila, Chelsea <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76310	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/113 Rpt: 49/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kabongo, Kayaya <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kang, Sean <hr/> Contributor address; City; State; Zip Code Hockley, TX 77447	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Tamra <hr/> Contributor address; City; State; Zip Code Humble, TX 77346	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Tamra <hr/> Contributor address; City; State; Zip Code Jersey Village, TX 77040	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Tamra <hr/> Contributor address; City; State; Zip Code Humble, TX 77346	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/113 Rpt: 50/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Tamra <hr/> 6 Contributor address; City; State; Zip Code JERSEY VILLAGE, TX 77040	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Tamra <hr/> Contributor address; City; State; Zip Code Humble, TX 77346	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinne, Kathryn <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirby, Roberta <hr/> Contributor address; City; State; Zip Code Scurry, TX 75158	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kmetz, Megan <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76244	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/113 Rpt: 51/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koerth, Sara 6 Contributor address; City; State; Zip Code Nacogdoches, TX 75963	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kojima, Kazumi Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krenek, Aaron Contributor address; City; State; Zip Code Bay City, TX 77414	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krenek, Debra Contributor address; City; State; Zip Code Edinburg, TX 78541	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lacombe, Michael Contributor address; City; State; Zip Code Spring, TX 77386	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/113 Rpt: 52/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laidlaw, Jane <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75214	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langley, Aimee <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lannan, Johnathon <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauritano, Angela <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Joshua <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/113 Rpt: 53/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leach, Steven 6 Contributor address; City; State; Zip Code Bayou Vista, TX 77563	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Jeanette Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Kayleigh Contributor address; City; State; Zip Code Dallas, TX 75211	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemen, Brandon Contributor address; City; State; Zip Code Conroe, TX 77384	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemon, Chris Contributor address; City; State; Zip Code San Antonio, TX 78253	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/113 Rpt: 54/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leuellen, Jennifer 6 Contributor address; City; State; Zip Code Manvel, TX 77578	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leuellen, Jennifer Contributor address; City; State; Zip Code Manvel, TX 77578	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levic, Sarah Contributor address; City; State; Zip Code San Antonio, TX 78253	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Charnelle Contributor address; City; State; Zip Code Williamsville, NY 14221	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorenzo, Jenny Contributor address; City; State; Zip Code Collinsville, TX 76233	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/113 Rpt: 55/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Love-Baker, Michelle 6 Contributor address; City; State; Zip Code HSV, AR 71909	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luna, Mary Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luongo, Nicole Contributor address; City; State; Zip Code Katy, TX 77493	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mabry, Lee Contributor address; City; State; Zip Code Katy, TX 77450	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magcalas, Charity Contributor address; City; State; Zip Code Celina, TX 75009	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/113 Rpt: 56/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magruder, Dana <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78730	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magruder, Jenny <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75965	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magruder, Samantha <hr/> Contributor address; City; State; Zip Code Mckinney, TX 75072	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malcolm, Andrea <hr/> Contributor address; City; State; Zip Code Devine, TX 78016	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manley, Matthew <hr/> Contributor address; City; State; Zip Code Canyon, TX 79015	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/113 Rpt: 57/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Casey <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75211	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, DeaAnn <hr/> Contributor address; City; State; Zip Code Parker, TX 75002	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, James <hr/> Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Shelley <hr/> Contributor address; City; State; Zip Code The woodlands, TX 77381	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Ashley <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/113 Rpt: 58/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Gloria 6 Contributor address; City; State; Zip Code Fort Worth, TX 76116	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Graciela Contributor address; City; State; Zip Code Harlingen, TX 78552	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Jared Contributor address; City; State; Zip Code Beaumont, TX 77705	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Kimberly Contributor address; City; State; Zip Code Aledo, TX 76008	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Saul Contributor address; City; State; Zip Code Comanche, TX 76442	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/113 Rpt: 59/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massey, Douglas <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78260	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mata, Angelica <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Mayme <hr/> Contributor address; City; State; Zip Code Seminole, TX 79360	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayes, Evan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mazza, Christopher <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/113 Rpt: 60/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuire, Erica 6 Contributor address; City; State; Zip Code Haskell, TX 79521	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinney, Amanda Contributor address; City; State; Zip Code Cypress, TX 77429	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight, Treva Contributor address; City; State; Zip Code San Antonio, TX 78213	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLaughlin, Erin Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLaughlin, Erin Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/113 Rpt: 62/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michinock, Jessica 6 Contributor address; City; State; Zip Code Round Rock, TX 78664	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Andre Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Haylee Contributor address; City; State; Zip Code Argyle, TX 76226	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Latoya Contributor address; City; State; Zip Code San Antonio, TX 78245	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minton, Brandon Contributor address; City; State; Zip Code Poolville, TX 76487-5719	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/113 Rpt: 63/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minton, Brandon 6 Contributor address; City; State; Zip Code Poolville, TX 76487-5719	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moe, Naomie Contributor address; City; State; Zip Code Floresville, TX 78114	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mogire, Christine Contributor address; City; State; Zip Code San Antonio, TX 78245	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohindru, Priti Contributor address; City; State; Zip Code Allen, TX 75002	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montoya, Juan Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/113 Rpt: 64/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Mandy 6 Contributor address; City; State; Zip Code Richardson, TX 75082	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Mandy Contributor address; City; State; Zip Code Richardson, TX 75082	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Robert Contributor address; City; State; Zip Code Fort Worth, TX 76116	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Stephanie Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Tammy Contributor address; City; State; Zip Code Houston, TX 77080	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/113 Rpt: 65/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Timothy <hr/> 6 Contributor address; City; State; Zip Code Missouri City, TX 77459	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Timothy <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Timothy <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Christyna <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Kim <hr/> Contributor address; City; State; Zip Code Crowley, TX 76036	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/113 Rpt: 66/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moya, Lillian <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77025	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moya, Lillian <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mueller, Joseph <hr/> Contributor address; City; State; Zip Code Austin, TX 78736	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mueller, Sarah <hr/> Contributor address; City; State; Zip Code Inez, TX 77968	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mukherjee, Jeaniece <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76308	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/113 Rpt: 67/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Yvonne <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78633	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Yvonne <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muoz, Veronica <hr/> Contributor address; City; State; Zip Code Houston, TX 77044	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nagaraja, Padmeni <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nash, William <hr/> Contributor address; City; State; Zip Code Canyon Lake, TX 78133	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/113 Rpt: 68/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Amanda <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76111	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newberry, Darryl <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76102	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Adam <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Thanh <hr/> Contributor address; City; State; Zip Code Houston, TX 77079	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Kelly <hr/> Contributor address; City; State; Zip Code Mckinney, TX 75072	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/113 Rpt: 70/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nugent, Hylda <hr/> 6 Contributor address; City; State; Zip Code Weatherford, TX 76087-3820	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oakman, Rachel <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76306	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Occkio Grosso, Dennis <hr/> Contributor address; City; State; Zip Code Arlington, TX 76017	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Odell, Wendy <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ohabor, Chioma <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/113 Rpt: 71/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Okello, Peter <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79423	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, David <hr/> Contributor address; City; State; Zip Code Ft worth, TX 76133	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ombongi, Michael <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Omoni, Peter <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oppen, Michael <hr/> Contributor address; City; State; Zip Code Mico, TX 78056	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/113 Rpt: 72/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortega, Maria <hr/> 6 Contributor address; City; State; Zip Code Belton, TX 76513	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paloian, Meredith <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Papesca, James <hr/> Contributor address; City; State; Zip Code Kerrville, TX 78028	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Papizan, Cindy <hr/> Contributor address; City; State; Zip Code Saint Hedwig, TX 78152	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paravati, Joseph <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/113 Rpt: 73/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pare, John 6 Contributor address; City; State; Zip Code Temple, TX 76502	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parnacott, Stewart Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Bhavika Contributor address; City; State; Zip Code SugarLand, TX 77478	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Bhavika Contributor address; City; State; Zip Code SugarLand, TX 77478	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Brandon Contributor address; City; State; Zip Code Texarkana, TX 75503	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/113 Rpt: 74/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul, Linke <hr/> 6 Contributor address; City; State; Zip Code Edna, TX 77957	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pendleton, Kyle <hr/> Contributor address; City; State; Zip Code Lufkin, TX 75901	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Armando <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Emmanuel <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Esteban <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76116	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/113 Rpt: 75/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Jeremie 6 Contributor address; City; State; Zip Code Abilene, TX 79606	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham, Holly Contributor address; City; State; Zip Code Temple, TX 76502	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phelan, Melanie Contributor address; City; State; Zip Code Iola, TX 77861	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pichon, Arianne Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ponder, Amber Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/113 Rpt: 76/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ponder, Amber <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79606	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ponder, Amber <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ponder, Jonathon <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ports, Michael <hr/> Contributor address; City; State; Zip Code Midland, TX 79707	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pou, Kathy <hr/> Contributor address; City; State; Zip Code los Angeles, CA 90016	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/113 Rpt: 77/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Steven <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77381	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Kelly <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pugh, Alyssa <hr/> Contributor address; City; State; Zip Code Cresson, TX 76035	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quesada, Josh <hr/> Contributor address; City; State; Zip Code Liberty Hill, TX 78642	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rabe, Cora <hr/> Contributor address; City; State; Zip Code Humble, TX 77396-3888	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/113 Rpt: 78/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramsey, Dana <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78747	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rao, Jacob <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rao, Jacob <hr/> Contributor address; City; State; Zip Code Dallas, TX 75238	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebman, Misty <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Erika <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77381	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/113 Rpt: 79/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Gerald <hr/> 6 Contributor address; City; State; Zip Code Corinth, TX 76210	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Grant <hr/> Contributor address; City; State; Zip Code Sugarland, TX 77479	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Stephanie <hr/> Contributor address; City; State; Zip Code Sugar land, TX 77479	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Troy <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regalado, Eduardo <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78539	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/113 Rpt: 80/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reid, Reginald <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78260	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reidy, Cathy <hr/> Contributor address; City; State; Zip Code Granbury, TX 76049	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reidy, Cathy <hr/> Contributor address; City; State; Zip Code Granbury, TX 76049	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Remshardt, Jill <hr/> Contributor address; City; State; Zip Code sherman, TX 75090-7577	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renouard, Maddie <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/113 Rpt: 81/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Resendez, Veronica <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78757	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Resnick, Lillian <hr/> Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Elayne <hr/> Contributor address; City; State; Zip Code Arlington, TX 76005	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Thomas <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, Garrett <hr/> Contributor address; City; State; Zip Code Shavano Park, TX 78231	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/113 Rpt: 82/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, Lara <hr/> 6 Contributor address; City; State; Zip Code Orange Park, FL 32073	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Christy <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Scott <hr/> Contributor address; City; State; Zip Code La Feria, TX 78559	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Scott <hr/> Contributor address; City; State; Zip Code La Feria, TX 78559	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riesberg, Ashley <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/113 Rpt: 83/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios, Jennifer 6 Contributor address; City; State; Zip Code Manvel, TX 77578	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios, Jennifer Contributor address; City; State; Zip Code Manvel, TX 77578	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Dorissa Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Carla Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Joseph Contributor address; City; State; Zip Code Phoenix, AZ 85013-3635	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/113 Rpt: 84/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Juan 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78414	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Christina Contributor address; City; State; Zip Code Watauga, TX 76137	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Brittaney Contributor address; City; State; Zip Code Dallas, TX 75206	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Royall, Mattie Contributor address; City; State; Zip Code Athens, TX 75751	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubendall, Sean Contributor address; City; State; Zip Code Midlothian, TX 76065	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/113 Rpt: 85/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz, Elida <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78228	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutherford, Karrie <hr/> Contributor address; City; State; Zip Code Caldwell, TX 77836	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutz, Theresa <hr/> Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryschon, Carolyn <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76088	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Chris <hr/> Contributor address; City; State; Zip Code Rochester, MN 55901	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/113 Rpt: 86/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Melizza <hr/> 6 Contributor address; City; State; Zip Code Belton, TX 76513	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Melizza <hr/> Contributor address; City; State; Zip Code Belton, TX 76513	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar, Lorin <hr/> Contributor address; City; State; Zip Code Conroe, TX 77385	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samnani, Hussain <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samuel, Nizy <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/113 Rpt: 87/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Aida 6 Contributor address; City; State; Zip Code Pasadena, TX 77507	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Juan Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Kay Contributor address; City; State; Zip Code Fort Worth, TX 76179	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scarnechia, Robert Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaefer, Stephen Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/113 Rpt: 88/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaefer, Stephen <hr/> 6 Contributor address; City; State; Zip Code New Braunfels, TX 78132	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmidt, Christy <hr/> Contributor address; City; State; Zip Code Conroe, TX 77304	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schroeder, Sabrina <hr/> Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schumann, Billy <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scudieri, Louise <hr/> Contributor address; City; State; Zip Code Decatur, TX 76234	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/113 Rpt: 89/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seeley, Leigh <hr/> 6 Contributor address; City; State; Zip Code Missouri City, TX 77459	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Serrato, Luis <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78542	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaffer, Dr. <hr/> Contributor address; City; State; Zip Code Salida, CO 81201	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shahan, Jennifer <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76024	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shatto, Emilie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/113 Rpt: 90/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Ebony 6 Contributor address; City; State; Zip Code McKinney, TX 75071	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheneman, Megan Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheppard, Amy Contributor address; City; State; Zip Code Fort Worth, TX 76110	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shields, Laurie Contributor address; City; State; Zip Code Livingston, TX 77399-1026	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sierra, David Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/113 Rpt: 91/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silva, Desiree <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78217	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smart, Joshua <hr/> Contributor address; City; State; Zip Code Houston, TX 77096	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smart, Joshua <hr/> Contributor address; City; State; Zip Code Houston, TX 77096	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smit, Tammy <hr/> Contributor address; City; State; Zip Code Cleburne, TX 76031	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Catherine <hr/> Contributor address; City; State; Zip Code Manvel, TX 77578	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/113 Rpt: 92/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Cathy <hr/> 6 Contributor address; City; State; Zip Code Manvel, TX 77578	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Heather <hr/> Contributor address; City; State; Zip Code San Benito, TX 78586	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Korde <hr/> Contributor address; City; State; Zip Code Troup, TX 75789	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Rikysha <hr/> Contributor address; City; State; Zip Code Spring, TX 77379	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solis, David <hr/> Contributor address; City; State; Zip Code Victoria, TX 77904	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 90/113 Rpt: 93/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorrell, Nicholas <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spears, Allison <hr/> Contributor address; City; State; Zip Code Houston, TX 77018	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spence, Dennis <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spitzer, Mandy <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steiner, Stephanie <hr/> Contributor address; City; State; Zip Code North Zulch, TX 77872	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 91/113 Rpt: 94/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephenson, Malia 6 Contributor address; City; State; Zip Code Keller, TX 76248	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephenson, Malia Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven, Schoenick Contributor address; City; State; Zip Code Brownwood, TX 76801	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevenson, Josh Contributor address; City; State; Zip Code Perryton, TX 79070	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steward, Brynn Contributor address; City; State; Zip Code Rockwall, TX 75087	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 92/113 Rpt: 95/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Wendy <hr/> 6 Contributor address; City; State; Zip Code Colleyville, TX 76034	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stoner, Christin <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75087	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stratton, Margaret <hr/> Contributor address; City; State; Zip Code Hitchcock, TX 77563	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strever, Shane <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stroderd, Trisha <hr/> Contributor address; City; State; Zip Code Spring, TX 77389	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 93/113 Rpt: 96/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stroh, Christopher <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78750	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sumodobila, Janet <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77382	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Supan, Maria <hr/> Contributor address; City; State; Zip Code Houston, TX 77056	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Supan, Maria <hr/> Contributor address; City; State; Zip Code Houston, TX 77056	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutton, Katie <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 94/113 Rpt: 97/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tabladillo, Meredith <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tabladillo, Meredith <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talley, Miriam <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78251-2359	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talon, Mark <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Jordan <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 95/113 Rpt: 98/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Lynn <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77009	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teixeira, Breno <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terrazas, Christian <hr/> Contributor address; City; State; Zip Code Richmond, TX 77406	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Cheryl <hr/> Contributor address; City; State; Zip Code Fulshear, TX 77441	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Rodrick <hr/> Contributor address; City; State; Zip Code Livingston, TX 77399	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 96/113 Rpt: 99/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Rodrick 6 Contributor address; City; State; Zip Code Livingston, TX 77399	7 Amount of Contribution (\$) \$62.50
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Erin Contributor address; City; State; Zip Code Lewisville, TX 75067	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomongha, Evangeline Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomongha, Evangeline Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomongha, Evangeline Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 97/113 Rpt: 100/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tong, Marie <hr/> 6 Contributor address; City; State; Zip Code Kingwood, TX 77345-3046	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Efrain <hr/> Contributor address; City; State; Zip Code Argyle, TX 76226	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Efrain <hr/> Contributor address; City; State; Zip Code Argyle, TX 76226	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Townson, Kella <hr/> Contributor address; City; State; Zip Code Cedar Hill, TX 75104	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, Connie <hr/> Contributor address; City; State; Zip Code Richmond, TX 77407	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 98/113 Rpt: 101/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, Steven <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78628	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Troyer, Rhonda <hr/> Contributor address; City; State; Zip Code Conroe, TX 77384	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Crystal <hr/> Contributor address; City; State; Zip Code Hallsville, TX 75650	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Crystal <hr/> Contributor address; City; State; Zip Code Hallsville, TX 75650	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Stacy <hr/> Contributor address; City; State; Zip Code Hallsville, TX 75650	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 99/113 Rpt: 102/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Vicki <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76126	7 Amount of Contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tydlaska, Jay <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76112	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Udu, Khadijah <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ulinski, Jessica <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78626	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ulinski, Jessica <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78626	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 100/113 Rpt: 103/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Meter, Grant 6 Contributor address; City; State; Zip Code Victoria, TX 77904	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Meter, Grant Contributor address; City; State; Zip Code Victoria, TX 77904	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Gustavo Contributor address; City; State; Zip Code FLINT, TX 75762	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varghese, Rincy Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaught, Tammy Contributor address; City; State; Zip Code Midland, TX 79707	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 101/113 Rpt: 104/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vela, Steven <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75023	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Venus, Dr.Jyothis <hr/> Contributor address; City; State; Zip Code Belton, TX 76513	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Venus, Dr.Jyothis <hr/> Contributor address; City; State; Zip Code Belton, TX 76513	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vera, Martha <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vetitoe, Lori <hr/> Contributor address; City; State; Zip Code Spring, TX 77379	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 102/113 Rpt: 105/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villanueva, Carlos <hr/> 6 Contributor address; City; State; Zip Code Del Rio, TX 78842	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Javier <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Margaret <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vinh, Alexander <hr/> Contributor address; City; State; Zip Code grapevine, TX 76051	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vo, Anthony <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78717	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 103/113 Rpt: 106/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vo, Diem <hr/> 6 Contributor address; City; State; Zip Code Port Arthur, TX 77640	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vollmering, Kaylan <hr/> Contributor address; City; State; Zip Code Victoria, TX 77904	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vu, Hai <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706-6730	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vu, Steve <hr/> Contributor address; City; State; Zip Code Clearwater, FL 33759	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walden, Micah <hr/> Contributor address; City; State; Zip Code Sulphur Springs, TX 75483	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 104/113 Rpt: 107/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walford, Brian <hr/> 6 Contributor address; City; State; Zip Code Victoria, TX 77904	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walford, Brian <hr/> Contributor address; City; State; Zip Code Victoria, TX 77904	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Brian <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78552	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waller, Kaylee <hr/> Contributor address; City; State; Zip Code N Richlnd Hls, TX 76182	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Cindy <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 105/113 Rpt: 108/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Robyn 6 Contributor address; City; State; Zip Code Aledo, TX 76008	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washington, Emily Contributor address; City; State; Zip Code Boerne, TX 78015	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washington, Nancy Contributor address; City; State; Zip Code Houston, TX 77020	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washington, Nancy Contributor address; City; State; Zip Code Houston, TX 77020	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washington, Pattie Contributor address; City; State; Zip Code Plano, TX 75025	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 106/113 Rpt: 109/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Joshua 6 Contributor address; City; State; Zip Code Dallas, TX 75214	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watters, Adam Contributor address; City; State; Zip Code Lindale, TX 75771	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watts, Mary Jo Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, Logan Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webster, Josh Contributor address; City; State; Zip Code San Antonio, TX 78210	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 107/113 Rpt: 110/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weisser, Morgan 6 Contributor address; City; State; Zip Code Decatur, TX 76234	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weldon, Audrey Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wellman, Michael Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wessel, Jane Contributor address; City; State; Zip Code Hendersonville, NC 28793	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whaley, Jo Contributor address; City; State; Zip Code Fort Worth, TX 76179	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 108/113 Rpt: 111/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheelock, Chereese <hr/> 6 Contributor address; City; State; Zip Code Cedar Park, TX 78641	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Amanda <hr/> Contributor address; City; State; Zip Code corinth, TX 76210	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whiteley, Alexis <hr/> Contributor address; City; State; Zip Code Victoria, TX 77904	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whittaker, Ericka <hr/> Contributor address; City; State; Zip Code Midland, TX 79707	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wieser, Chris <hr/> Contributor address; City; State; Zip Code Millbrook, TX 36054-2126	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 109/113 Rpt: 112/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wild, Jenny 6 Contributor address; City; State; Zip Code Tyler, TX 75707	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilderman, Danielle Contributor address; City; State; Zip Code Waxahachie, TX 75167	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilderman, Danielle Contributor address; City; State; Zip Code Waxahachie, TX 75167	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Amber Contributor address; City; State; Zip Code Fulshear, TX 77441	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Desiree Contributor address; City; State; Zip Code Dayton, TX 77021	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 110/113 Rpt: 113/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Kelsey <hr/> 6 Contributor address; City; State; Zip Code DALLAS, TX 75287	7 Amount of Contribution (\$) \$41.67
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Megan <hr/> Contributor address; City; State; Zip Code Richmond, TX 77406	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Ashley <hr/> Contributor address; City; State; Zip Code Corp Christi, TX 78414	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Ashley <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Diana <hr/> Contributor address; City; State; Zip Code Cedar Creek, TX 78612	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 111/113 Rpt: 114/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Diana 6 Contributor address; City; State; Zip Code Cedar Creek, TX 78612	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winter, Emily Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winter, Emily Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wisembaker, Ben Contributor address; City; State; Zip Code Deberry, TX 75639	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Stephanie Contributor address; City; State; Zip Code San Antonio, TX 78257	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 112/113 Rpt: 115/119
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 04/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wong, Adriana <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77071	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarbrough, Haley <hr/> Contributor address; City; State; Zip Code Port Lavaca, TX 77979	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarbrough, Haley <hr/> Contributor address; City; State; Zip Code Port Lavaca, TX 77979	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zacek, Jessica <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 05/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) brown, Rewa <hr/> Contributor address; City; State; Zip Code Salado, TX 76571	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C4:
Sch: 1/1 Rpt: 117/119

2 FILER NAME

Texas Association of Nurse Anesthetists Political Action Committee

3 Filer ID (Ethics Commission Filers)
00069305

4 Date

05/09/2025

5 Corporation / Labor Organization name

Texas Association of Nurse Anesthetists

6 Amount (\$)

400.00

Date

05/23/2025

Corporation / Labor Organization name

Texas Association of Nurse Anesthetists

Amount (\$)

400.00

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 118/119	2 FILER NAME Texas Association of Nurse Anesthetists Political Action	3 Filer ID (Ethics Commission Filers) 00069305
4 Date 05/02/2025	5 Payee name American Express Merchant Services	
6 Amount (\$) \$4,605.66 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 53852 Phoenix, AZ 85072-3852	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing of campaign contributions.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
Sch: 1/1 Rpt: 119/119

2 FILER NAME

Texas Association of Nurse Anesthetists Political Action Committee

3 Filer ID (Ethics Commission Filers)
00069305

4 Date
04/30/2025

5 Name of person from whom amount is received

University Federal Credit Union

8 Amount (\$)

\$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

Interest.

☐ Check if political contribution returned to filer

Date
04/30/2025

Name of person from whom amount is received

University Federal Credit Union

Amount (\$)

\$0.02

Address of person from whom amount is received; City; State; Zip Code

Austin, TX 78704

Purpose for which amount is received

Interest.

☐ Check if political contribution returned to filer