#### FORM GPAC GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00017364 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Nurses Association Political Action Committee Date Received **ELECTRONICALLY FILED** 07/08/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 4807 Spicewood Springs Road Date Hand-delivered or Date Postmarked Bldg 3, Suite 100 Austin, TX 78759 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST ΜI **TREASURER** Mrs. Serena NAME NICKNAME LAST **SUFFIX** Bumpus STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4807 Spicewood Springs Road STREET **ADDRESS** Bldg. 3 Suite 100 (Residence or Business) Austin, TX 78759 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 4807 Spicewood Springs Road MAILING **ADDRESS** Bldg. 3 Suite 100 Austin, TX 78759 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 452-0645 x138 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME		13 Filer ID (Ethics Commission Filers)			
Texas Nurses Associa	tion Political Action Con	nmittee	00017364		
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00	
	2. TOTAL POLITICA  (OTHER THAN PLE	IL CONTRIBUTIONS DOGES, LOANS, OR GUARANTEES OF LOANS)	\$	49,291.87	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00	
	4. TOTAL POLITICA	L EXPENDITURES	\$	1,847.63	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	81,808.42	
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00	
16 AFFIDAVIT	<u> </u>		I		
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.			
		Mrs. Serei	na Bumpus		
		Signature of Car	npaign Treasu	rer	
AFFIX NOTAR	Y STAMP / SEAL ABOVE				
		, th	nis the	day	
of	, 20, to certify	which, witness my hand and seal of office.			
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of offic	cer administering oath	

#### **SUBTOTALS - GPAC**

# FORM GPAC COVER SHEET PG 3

					3 of 58
<b>17</b> CO	MMITTE	EE NAME	18 Filer ID	(Ethics Con	nmission Filers)
Tex	kas Nui	rses Association Political Action Committee	00017364		
19 SCI	HEDULI	E SUBTOTALS			
l		SCHEDULE		SUBT	OTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	10,996.00
2.	П	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	П		\$		
			ļ		
4.	П	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	R	\$	
	<u> </u>	ORGANIZATION		Ψ	
_		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR		
5.	Ш	LABOR ORGANIZATION		\$	
6.	X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	13,390.73
		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR			
7.	X	ORGANIZATION		\$	24,905.14
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	1,847.63
				<u> </u>	,
11.	П	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
	<u> </u>			Ψ	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ANS.	<b> </b>	
12.	Ш	SCHEDULE F3. FORCHASE OF INVESTIMENTS FROM FOLITICAL CONTRIBUTION	JNS	\$	
13.	Ш	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	Ш	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
		COLIED HE IV. INTEDEST OPEDITS CAINS DESIGNED AND CONTRIBUTIONS	DETUDNED		
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	
ı					

	MONEI	ARY POLITICAL CONTRIB	BUTIC	ONS		SCHEDUL	E <b>A1</b>		
	The Instru	ction Guide explains how to complet	te this f	orm.	1	1 Total pages Schedule A1: Sch: 1/43 Rpt: 4/58			
2	FILER NAME Texas Nurse	s Association Political Action Committee			3	Filer ID (Ethics Commission 00017364	n Filers)		
4	Date 01/18/2025	<ul> <li>Full name of contributor  out-of-state of contributor  out-of-state of contributor  out-of-state of contributor address; City; State; Zip Code</li> </ul>	PAC (ID#:_		7	Amount of Contribution (\$)	\$150.00		
8		Leander, TX 78641 pation / Job title (See Instructions) ursing Clinical Excellence		9 Employer (See Instructions	<u> </u> ;)				
	Date 02/04/2025	Full name of contributor out-of-state Abbott, Tracey Ramsey  Contributor address; City; State; Zip Code  Austin, TX 78753	PAC (ID#:_			Amount of Contribution (\$)	\$150.00		
		pation / Job title (See Instructions) essional Development Specialist		Employer (See Instructions	5)				
	Date 02/25/2025	Full name of contributor out-of-state Agnew, Jennifer Contributor address; City; State; Zip Code	PAC (ID#:_			Amount of Contribution (\$)	\$150.00		
		Dallas, TX 75224-1225 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)				
	Date 01/12/2025	Full name of contributor out-of-state   Ashford, Lisa Contributor address; City; State; Zip Code  Ft Worth, TX 76114-4535	PAC (ID#:_	)		Amount of Contribution (\$)	\$10.00		
	Principal occu Registered N	pation / Job title (See Instructions) lurse		Employer (See Instructions	5)				
	Date 02/12/2025	Full name of contributor out-of-state Ashford, Lisa  Contributor address; City; State; Zip Code  Ft Worth, TX 76114-4535	PAC (ID#:_			Amount of Contribution (\$)	\$10.00		
	Principal occu Registered N	pation / Job title (See Instructions) lurse		Employer (See Instructions	5)				

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	etion Guide explains how to complete this for	rm.	1	Total pages Schedule A1: Sch: 2/43 Rpt: 5/58	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 03/12/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$10.00
0	Dringing aggr	Ft Worth, TX 76114-4535	Employer (See Instructions			
0	Registered N		Employer (See Instructions	)		
	Date 04/12/2025	Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
	Principal occu	Ft Worth, TX 76114-4535 Dation / Job title (See Instructions)	Employer (See Instructions	)		
	Registered Nurse					
	Date 05/12/2025	Full name of contributor	)		Amount of Contribution (\$)	\$10.00
		Ft Worth, TX 76114-4535				
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions	)		
	Date 06/12/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions	)		
	Date 01/12/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/43 Rpt: 6/58	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 02/12/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$10.00
_	Dringing! aggr	Dallas, TX 75229-2473	) Employer (Coo Instructions			
8	Registered N		Employer (See Instructions	)		
	Date 03/12/2025	Full name of contributor out-of-state PAC (ID#: Baird, Becky  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
		Dallas, TX 75229-2473	5 1 (0 1 1 1			
		Principal occupation / Job title (See Instructions)  Registered Nurse  Employer (See Instructions				
	Date 04/12/2025	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
		Dallas, TX 75229-2473				
	Principal occu Registered N	oation / Job title (See Instructions) urse	Employer (See Instructions	)		
	Date 05/12/2025	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions	)		
	Date 06/12/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	ONS		SCHEDULI	<b>A1</b>	
	The Instruc	ction Guide explains how	to complete this f	orm.	1	1 Total pages Schedule A1: Sch: 4/43 Rpt: 7/58		
2	FILER NAME Texas Nurse	s Association Political Action (	Committee		3	Filer ID (Ethics Commission 00017364	ı Filers)	
4	Date 01/12/2025	<ul><li>5 Full name of contributor Barker, Connie</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:_ atte; Zip Code		7	Amount of Contribution (\$)	\$40.00	
8	Principal occu Registered N	San Antonio, TX 78247 pation / Job title (See Instructions) lurse		9 Employer (See Instructions	5)			
	Date 02/12/2025	Full name of contributor Barker, Connie Contributor address; City; Sta San Antonio, TX 78247	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$40.00	
	Principal occu Registered N	pation / Job title (See Instructions) lurse		Employer (See Instructions	5)			
	Date 03/12/2025	Full name of contributor Barker, Connie Contributor address; City; Sta	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$40.00	
	Principal occu Registered N	San Antonio, TX 78247 pation / Job title (See Instructions) lurse		Employer (See Instructions	<u> </u> ;)			
	Date 04/12/2025	Full name of contributor Barker, Connie Contributor address; City; Sta	out-of-state PAC (ID#:_ate; Zip Code			Amount of Contribution (\$)	\$40.00	
	Principal occu Registered N	pation / Job title (See Instructions) lurse		Employer (See Instructions	5)			
	Date 05/12/2025	Full name of contributor Barker, Connie Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$40.00	
	Principal occu Registered N	pation / Job title (See Instructions) lurse		Employer (See Instructions	5)			

	MONEI	ARY POLITICAL CONTI	RIBUTIONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to com	olete this form.	1	Total pages Schedule A1: Sch: 5/43 Rpt: 8/58	
2	FILER NAME Texas Nurse	s Association Political Action Committe	P	3	Filer ID (Ethics Commission 00017364	n Filers)
_				, la		
4	Date 06/12/2025			Amount of Contribution (\$)	\$10.00	
		San Antonio, TX 78247				
8	Principal occu Registered N	pation / Job title (See Instructions) urse	9 Employ	er (See Instructions)		
	Date	Full name of contributor	tate PAC (ID#:	\ \	Amount of Contribution (\$)	
	06/07/2025	Batcheller, Joyce	iale PAC (ID#		Amount of Contribution (4)	\$500.00
	00/07/2025	Contributor address; City; State; Zip Co	de			φ300.00
		Austin, TX 78759				
	Principal occu	pation / Job title (See Instructions)	Employ	er (See Instructions)		
	Registered N	urse				
	Date	Full name of contributor out-of-	tate PAC (ID#:	)	Amount of Contribution (\$)	
	01/12/2025	Bender, Melinda				\$10.00
		Contributor address; City; State; Zip Co	de			
		New Braunfels, TX 78132-4538				
	Principal occu	pation / Job title (See Instructions)	Employ	er (See Instructions)		
	Registered N	urse				
	Date	Full name of contributor out-of-	tate PAC (ID#:	) [	Amount of Contribution (\$)	
	02/12/2025	Bender, Melinda			(.,	\$10.00
		Contributor address; City; State; Zip Co	da			7=0.00
		Contributor address, City, State, Zip Co	uc			
		New Braunfels, TX 78132-4538				
	Principal occu	pation / Job title (See Instructions)	Employ	er (See Instructions)		
	Registered N			,		
	Date	Full name of contributor Out-of-	tate PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
	03/12/2025	Bender, Melinda	idle PAC (ID#		Amount of Contribution (4)	\$10.00
	03/12/2023		d.			Ψ10.00
		Contributor address; City; State; Zip Co	ae			
		New Braunfels, TX 78132-4538				
	Princinal occu	pation / Job title (See Instructions)	Employ	er (See Instructions)		
	Registered N		Limploy	c. (555 mondonons)		
	. registered iv					

	MONEI	ARY POLITICAL CONTRIBU	UTIONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete	this form.	1	Total pages Schedule A1: Sch: 6/43 Rpt: 9/58	
2	FILER NAME	- Ai-ki Deliki A-ki Coikk		3	Filer ID (Ethics Commission	n Filers)
		s Association Political Action Committee		L	00017364	
4	Date 04/12/2025	<ul> <li>Full name of contributor</li></ul>	NC (ID#:)	7	Amount of Contribution (\$)	\$10.00
8	Dringinal occur	New Braunfels, TX 78132-4538	Employer /Coo Instructions			
8	Registered N	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
				_		
	Date 05/12/2025	Full name of contributor out-of-state PA Bender, Melinda  Contributor address; City; State; Zip Code	NC (ID#:)		Amount of Contribution (\$)	\$10.00
		New Braunfels, TX 78132-4538				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Registered N	lurse				
	Date 06/12/2025	Full name of contributor out-of-state PAC (ID#:)  Bender, Melinda  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00
		New Braunfels, TX 78132-4538				
	Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions	5)		
	Date 01/09/2025	Full name of contributor out-of-state PA Beuk, Donna Contributor address; City; State; Zip Code  Austin, TX 78704	AC (ID#:)		Amount of Contribution (\$)	\$150.00
	•	oation / Job title (See Instructions) - School of Health Sciences	Employer (See Instructions	5)		
	Date 01/22/2025	Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$150.00
L		Katy, TX 77494	1	<u> </u>		
	Principal occu Registered N	pation / Job title (See Instructions) lurse, IV	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 7/43 Rpt: 10/58	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	n Filers)
4	Date 04/25/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$350.00
		Midland, TX 79707-1429				
8	Principal occu Nurse	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#: Campbell-Law, Lucindra Contributor address; City; State; Zip Code  Missouri City, TX 77459-4331	)		Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions)  an of Grad Program	Employer (See Instructions	)		
	Date 01/31/2025	Full name of contributor out-of-state PAC (ID#: Campbell-Law, Lucindra  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00
		Stafford, TX 77497 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 01/12/2025	Full name of contributor out-of-state PAC (ID#:Casburn, Sue "Sharon"  Contributor address; City; State; Zip Code  Yantis, TX 75497-5482			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions	)		
	Date 02/12/2025	Full name of contributor out-of-state PAC (ID#:Casburn, Sue "Sharon"  Contributor address; City; State; Zip Code  Yantis, TX 75497-5482			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions	)		
		1				

	MONEI	ARY POLITICAL (	CONTRIBUTIO	DNS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/43 Rpt: 11/58	
2	FILER NAME	a Approjetion Political Action	Committee		3	Filer ID (Ethics Commission	n Filers)
L		s Association Political Action	_		L	00017364	
4	Date 03/12/2025	<ul><li>5 Full name of contributor Casburn, Sue "Sharon"</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:_ ate; Zip Code	)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Yantis, TX 75497-5482 pation / Job title (See Instructions	)	9 Employer (See Instructions	<i>s)</i>		
	Registered N		,		-,		
	Date 04/12/2025	Full name of contributor Casburn, Sue "Sharon" Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code	)		Amount of Contribution (\$)	\$10.00
		Yantis, TX 75497-5482		· · · · · · · · · · · · · · · · · · ·	Ļ		
		pation / Job title (See Instructions	·)	Employer (See Instructions	5)		
	Registered N				_		
	Date 05/12/2025	Full name of contributor Casburn, Sue "Sharon" Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code	)	•	Amount of Contribution (\$)	\$10.00
		Yantis, TX 75497-5482					
	Principal occu Registered N	pation / Job title (See Instructions Jurse	5)	Employer (See Instructions	s)		
	Date 06/12/2025	Full name of contributor Casburn, Sue "Sharon" Contributor address; City; St Yantis, TX 75497-5482	out-of-state PAC (ID#:_ ate; Zip Code	)		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions lurse	)	Employer (See Instructions	5)		
	Date 02/11/2025	Full name of contributor Chapman, Barbara Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$150.00
		pation / Job title (See Instructions ofessor/Program Coordinator	)	Employer (See Instructions	5)		

	MONEI	ARY POLITICAL CONTRIBUTI	IONS		SCHEDULI	E <b>A1</b>	
	The Instruc	ction Guide explains how to complete this	s form.	1	1 Total pages Schedule A1: Sch: 9/43 Rpt: 12/58		
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	n Filers)	
4	Date 01/12/2025	6 Contributor address; City; State; Zip Code	#:)	7	Amount of Contribution (\$)	\$10.00	
8	Principal occu Registered N	Brownsville, TX 78520-9229 pation / Job title (See Instructions) urse	9 Employer (See Instructions	s)			
	Date 02/12/2025	Full name of contributor  out-of-state PAC (ID Chavez, Margie  Contributor address; City; State; Zip Code  Brownsville, TX 78520-9229	#:)		Amount of Contribution (\$)	\$10.00	
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> S)			
	Date 03/12/2025	Full name of contributor  out-of-state PAC (ID Chavez, Margie  Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$10.00	
	Principal occur Registered N	Brownsville, TX 78520-9229 pation / Job title (See Instructions)	Employer (See Instructions	S)			
	Date 04/12/2025	Full name of contributor  out-of-state PAC (ID Chavez, Margie  Contributor address; City; State; Zip Code  Brownsville, TX 78520-9229	#:)		Amount of Contribution (\$)	\$10.00	
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)			
	Date 05/12/2025	Full name of contributor out-of-state PAC (ID Chavez, Margie  Contributor address; City; State; Zip Code  Brownsville, TX 78520-9229	#:)		Amount of Contribution (\$)	\$10.00	
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions	s)			

	MONEI	ARY POLITICAL CONTI	RIBUTIO	ONS		SCHEDUL	E <b>A1</b>		
	The Instru	ction Guide explains how to com	plete this fo	orm.	1	1 Total pages Schedule A1: Sch: 10/43 Rpt: 13/58			
2	FILER NAME	s Association Political Action Committe	20		3	Filer ID (Ethics Commission 00017364	n Filers)		
_					Ļ				
4	Date 06/12/2025				7	Amount of Contribution (\$)	\$10.00		
		Brownsville, TX 78520-9229							
8	Principal occu Registered N	pation / Job title (See Instructions)		9 Employer (See Instructions	5)				
					_	A ( Q '' ' . ( A)			
	Date	<b>—</b>	state PAC (ID#:_	)		Amount of Contribution (\$)	<b>#1</b> F0 00		
	03/03/2025	Coffie, Sharon					\$150.00		
		Contributor address; City; State; Zip Co	ode						
		Little Elm, TX 75068							
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)				
	Nurse								
	Date	Full name of contributor out-of-	state PAC (ID#:	)		Amount of Contribution (\$)			
	01/17/2025	Cooper, Stacy					\$150.00		
		Contributor address; City; State; Zip C	ode		l				
		, ,, , ,							
		Harker Heights, TX 76548							
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)				
	Director of Q	uality, Patient Experience							
	Date	Full name of contributor out-of-	state PAC (ID#:	)	Г	Amount of Contribution (\$)			
	01/24/2025	Cotton, Christina		/		(,,	\$150.00		
		Contributor address; City; State; Zip Co			l		,		
		Contributor address, City, State, Zip Ci	ouc						
		Elgin, TX 78621							
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u></u> ;)				
	Nurse Practi	ioner							
	Date	Full name of contributor  out-of-	state PAC (ID#:	)	Г	Amount of Contribution (\$)			
	01/12/2025	Daniels, Nancy		/		(,,	\$10.00		
		Contributor address; City; State; Zip Co	 ode		l				
		20.11.20.10. add. 200, 21.3, 21.00, 2.p 2							
		San Antonio, TX 78217-4025							
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)				
	Registered N								
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	MONEI	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 11/43 Rpt: 14/58	
2	FILER NAME	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	ı Filers)
_			,	_		
4	Date 02/12/2025	<ul> <li>Full name of contributor</li></ul>		,	Amount of Contribution (\$)	\$10.00
_	Discharles	San Antonio, TX 78217-4025				
8	Registered N		Employer (See Instructions)	)		
	Registereu N					
	Date 03/12/2025	Full name of contributor out-of-state PAC (ID#: Daniels, Nancy  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		San Antonio, TX 78217-4025				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Registered N	urse				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	04/12/2025	Daniels, Nancy	_			\$10.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78217-4025				
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions)	)		
	Date	Full name of contributor	)		Amount of Contribution (\$)	
	05/12/2025	Daniels, Nancy  Contributor address; City; State; Zip Code				\$10.00
		San Antonio, TX 78217-4025				
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions)	)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/12/2025	Daniels, Nancy	_			\$10.00
		Contributor address; City; State; Zip Code  San Antonio, TX 78217-4025				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Registered N		, ,			
		,				

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 12/43 Rpt: 15/58	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	n Filers)
4	Date 01/31/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$150.00
_	Deinginglagg	Cedar Park, TX 78613	) Funda en (Coo Instructions			
8	Faculty	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/25/2025	Full name of contributor  out-of-state PAC (ID#: Destefano, Michelle Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$150.00
	Principal occu	San Antonio, TX 78258-3805 pation / Job title (See Instructions)	Employer (See Instructions	)		
	CEO					
	Date 06/06/2025	Full name of contributor out-of-state PAC (ID#: Diamond, Cindy L  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$20.00
		Georgetown, TX 78626				
	Principal occu RN	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 01/12/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu FNP	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/12/2025	Full name of contributor out-of-state PAC (ID#: Gaudette, Lauren  Contributor address; City; State; Zip Code  Nacogdoches, TX 75964-7180	)		Amount of Contribution (\$)	\$10.00
	Principal occu FNP	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 13/43 Rpt: 16/58	
2	FILER NAME Texas Nurse	s Association Political Action Committee	3	Filer ID (Ethics Commission 00017364	n Filers)
4	Date 03/12/2025	5 Full name of contributor out-of-state PAC (ID#:  Gaudette, Lauren  6 Contributor address; City; State; Zip Code	_) <b>7</b>	Amount of Contribution (\$)	\$10.00
8	Principal occu	Nacogdoches, TX 75964-7180  pation / Job title (See Instructions)  9 Employer (See Instru	ctions)		
	Date 04/12/2025	Full name of contributor out-of-state PAC (ID#: Gaudette, Lauren  Contributor address; City; State; Zip Code  Nacogdoches, TX 75964-7180		Amount of Contribution (\$)	\$10.00
	Principal occu FNP	pation / Job title (See Instructions)  Employer (See Instru	ctions)		
	Date 05/12/2025	Full name of contributor out-of-state PAC (ID#:  Gaudette, Lauren  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$10.00
	Principal occu	Nacogdoches, TX 75964-7180 pation / Job title (See Instructions) Employer (See Instru	ctions)		
	FNP				
	Date 06/12/2025	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$10.00
	Principal occu FNP	pation / Job title (See Instructions)  Employer (See Instru	ctions)		
	Date 02/18/2025	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$150.00
		pation / Job title (See Instructions) Employer (See Instru ursing Operations	ctions)		
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	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 14/43 Rpt: 17/58	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 01/16/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Corpus Christi, TX 78412 pation / Job title (See Instructions)	Employer (See Instructions			
•	Nurse	ballott 7 Job title (See Histractions)	2 Employer (See manucuons	,		
	Date 02/16/2025	Full name of contributor out-of-state PAC (ID#:_ Greene, Pamela Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Deinsinal assu	Corpus Christi, TX 78412				
	Nurse	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/16/2025	Full name of contributor  out-of-state PAC (ID#:_ Greene, Pamela Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Corpus Christi, TX 78412				
	Principal occu Nurse	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/16/2025	Full name of contributor out-of-state PAC (ID#:_ Greene, Pamela Contributor address; City; State; Zip Code  Corpus Christi, TX 78412			Amount of Contribution (\$)	\$25.00
	Principal occu Nurse	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/16/2025	Full name of contributor out-of-state PAC (ID#:_ Greene, Pamela Contributor address; City; State; Zip Code Corpus Christi, TX 78412			Amount of Contribution (\$)	\$25.00
	Principal occu Nurse	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 15/43 Rpt: 18/58	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	n Filers)
4	Date 06/16/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$25.00
_	District	Corpus Christi, TX 78412	D. Faralana (Carabatana)			
8	Nurse	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID# Grimes, Joann  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$150.00
	Principal occu	Temple, TX 76502 pation / Job title (See Instructions)	Employer (See Instructions	) 		
	•	stant Professor	Employer (See Instructions	')		
	Date 01/28/2025	Full name of contributor out-of-state PAC (ID# Group, Jennifer  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$150.00
		Schertz, TX 78154				
	Principal occu Nursing Dire	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 01/12/2025	Full name of contributor out-of-state PAC (ID# Herman, Candice  Contributor address; City; State; Zip Code  Dallas, TX 75231			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions	)		
	Date 02/12/2025	Full name of contributor out-of-state PAC (ID# Herman, Candice  Contributor address; City; State; Zip Code  Dallas, TX 75231	:)		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions	i)		
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	MONET	ARY POLITICAL CONTRIBU	TION	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete th	his for	rm.	1	Total pages Schedule A1: Sch: 16/43 Rpt: 19/58	
2	FILER NAME Texas Nurse	s Association Political Action Committee			3	Filer ID (Ethics Commission 00017364	n Filers)
4	Date 03/12/2025	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$10.00
8	Principal occur	Dallas, TX 75231 pation / Job title (See Instructions)	ام	Employer (See Instructions	·/_		
0	Registered N			Employer (See Instructions	)		
	Date 04/12/2025	Full name of contributor out-of-state PAC Herman, Candice Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.00
	Dringing aggr	Dallas, TX 75231		Employer (See Instructions	·/-		
	Registered N	pation / Job title (See Instructions) urse		Employer (See Instructions	·)		
	Date 05/12/2025	Full name of contributor out-of-state PAC Herman, Candice Contributor address; City; State; Zip Code	(ID#:	)		Amount of Contribution (\$)	\$10.00
		Dallas, TX 75231					
	Principal occu Registered N	oation / Job title (See Instructions) urse		Employer (See Instructions	5)		
	Date 06/12/2025	Full name of contributor out-of-state PAC Herman, Candice Contributor address; City; State; Zip Code  Dallas, TX 75231		)		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	oation / Job title (See Instructions) urse		Employer (See Instructions	5)		
	Date 01/29/2025	Full name of contributor out-of-state PAC Hulzing, Anne Contributor address; City; State; Zip Code Austin, TX 78753		)		Amount of Contribution (\$)	\$150.00
	Principal occu Patient Safet	pation / Job title (See Instructions) y Specialist		Employer (See Instructions	5)		
		• •					

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 17/43 Rpt: 20/58	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 01/12/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$10.00
_	Delicational	Austin, TX 78703-5402				
8	Registered N		9 Employer (See Instructions	)		
	Date 02/12/2025	Full name of contributor out-of-state PAC (ID#: Inglis, Toni  Contributor address; City; State; Zip Code  Austin, TX 78703-5402			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Registered N	urse				
	Date 03/12/2025	Full name of contributor out-of-state PAC (ID#: Inglis, Toni Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
		Austin, TX 78703-5402				
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions	)		
	Date 04/12/2025	Full name of contributor out-of-state PAC (ID#:_Inglis, Toni  Contributor address; City; State; Zip Code  Austin, TX 78703-5402	)		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions	)		
	Date 05/12/2025	Full name of contributor out-of-state PAC (ID#:Inglis, Toni  Contributor address; City; State; Zip Code  Austin, TX 78703-5402			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions	)		
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	MONET	ARY POLITICAL CONTRIBI	UTION	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 18/43 Rpt: 21/58	
2	FILER NAME Texas Nurse	s Association Political Action Committee			3	Filer ID (Ethics Commission 00017364	n Filers)
4	Date 06/12/2025	<ul> <li>Full name of contributor  out-of-state PA Inglis, Toni</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$10.00
•	Dringinal accu	Austin, TX 78703-5402	ام	Employer (See Instructions	·/-		
0	Registered N	pation / Job title (See Instructions) urse	ا	Employer (See Instructions	)		
	Date 01/29/2025	Full name of contributor out-of-state PA  James, Lorraine  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$150.00
		El Paso, TX 79905			_		
	Sr. Director	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 01/29/2025	Full name of contributor out-of-state PA  James, Lorraine  Contributor address; City; State; Zip Code	AC (ID#:	)		Amount of Contribution (\$)	\$150.00
		El Paso, TX 79905					
	Principal occu Sr. Director	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/09/2025	Full name of contributor out-of-state PA Janish, Jennifer  Contributor address; City; State; Zip Code  Fischer, TX 78623		)		Amount of Contribution (\$)	\$150.00
	Principal occu Nurse Mana	oation / Job title (See Instructions) ger		Employer (See Instructions	5)		
	Date 06/06/2025	Full name of contributor out-of-state PA Jenkins, Danielle Contributor address; City; State; Zip Code Aubrey, TX 76227	AC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu Registered N	oation / Job title (See Instructions) urse		Employer (See Instructions	s)		
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	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/43 Rpt: 22/58	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	n Filers)
4	Date 01/10/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$150.00
_		San Antonio, TX 78231				
8	Principal occu Educator	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/15/2025	Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$150.00
	Principal occu	Houston, TX 77006 Dation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Registered N	lurse				
	Date 01/12/2025	Full name of contributor out-of-state PAC (ID#:_ Johnson, Celeste  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
		Garland, TX 75043-1431				
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions	)		
	Date 02/12/2025	Full name of contributor out-of-state PAC (ID#:_ Johnson, Celeste  Contributor address; City; State; Zip Code  Garland, TX 75043-1431	)		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions	()		
	Date 03/12/2025	Full name of contributor out-of-state PAC (ID#:_ Johnson, Celeste  Contributor address; City; State; Zip Code  Garland, TX 75043-1431			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	oation / Job title (See Instructions) lurse	Employer (See Instructions	i)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 20/43 Rpt: 23/58	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	n Filers)
4	Date 04/12/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$10.00
8	Principal occur	Garland, TX 75043-1431 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Registered N		e Employer (See instructions	')		
	Date 05/12/2025	Full name of contributor out-of-state PAC (ID#: Johnson, Celeste  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Garland, TX 75043-1431		Ĺ		
	Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions	5)		
	Date 06/12/2025	Full name of contributor out-of-state PAC (ID#:_ Johnson, Celeste  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Garland, TX 75043-1431				
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions	)		
	Date 02/12/2025	Full name of contributor out-of-state PAC (ID#:_ Juen, Jami Contributor address; City; State; Zip Code  San Antonio, TX 78254			Amount of Contribution (\$)	\$150.00
	Principal occu Faculty III	oation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 02/14/2025	Full name of contributor out-of-state PAC (ID#:_Lachance, Loree  Contributor address; City; State; Zip Code  Driftwood, TX 78619			Amount of Contribution (\$)	\$150.00
	Principal occu Founder	oation / Job title (See Instructions)	Employer (See Instructions	)		

	MONEI	ARY POLITICAL CONTRIBU	HIONS		SCHEDULE	E <b>A1</b>
	The Instru	ction Guide explains how to complete t	this form.	1	Total pages Schedule A1: Sch: 21/43 Rpt: 24/58	
2	FILER NAME Texas Nurse	es Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	ı Filers)
4	Date 01/11/2025	<ul> <li>Full name of contributor  out-of-state PAC Loera, Gloria</li> <li>Contributor address; City; State; Zip Code</li> </ul>	) (ID#:)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	El Paso, TX 79938  pation / Job title (See Instructions)	9 Employer (See Instructions	    s)		
		rofessor/Program Director				
	Date 02/11/2025	Full name of contributor out-of-state PAC Loera, Gloria Contributor address; City; State; Zip Code	; (ID#:)		Amount of Contribution (\$)	\$50.00
_		El Paso, TX 79938				
		rofessor/Program Director	Employer (See Instructions	ıs)		
	Date 03/11/2025	Full name of contributor out-of-state PAC Loera, Gloria Contributor address; City; State; Zip Code	; (ID#:)		Amount of Contribution (\$)	\$50.00
		El Paso, TX 79938				
		pation / Job title (See Instructions) rofessor/Program Director	Employer (See Instructions	ıs)		
	Date 04/11/2025	Full name of contributor out-of-state PAC Loera, Gloria  Contributor address; City; State; Zip Code  El Paso, TX 79938	C (ID#:)		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions)  rofessor/Program Director	Employer (See Instructions	ıs)		
	Date 05/11/2025	Full name of contributor out-of-state PAC Loera, Gloria  Contributor address; City; State; Zip Code  El Paso, TX 79938	; (ID#:)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) rofessor/Program Director	Employer (See Instructions	ıs)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 22/43 Rpt: 25/58	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	n Filers)
4	Date 06/11/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$50.00
_	Deinsinal	El Paso, TX 79938	) Familia iau (Can Instructiona			
8		pation / Job title (See Instructions)  ofessor/Program Director	Employer (See Instructions	)		
	Date 02/18/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$150.00
	Dringing Lagor	Burnet, TX 78611-1405	Franks von (Cook kantuustin na			
		pation / Job title (See Instructions) essional Development RN	Employer (See Instructions	)		
	Date 02/10/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$150.00
		Houston, TX 77274				
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$350.00
	Principal occu CNO	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 01/19/2025	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$150.00
	Principal occu n/a	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULI	LE <b>A1</b>	
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 23/43 Rpt: 26/58	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	n Filers)
4	Date 02/25/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$150.00
_	Deireitade	San Antonio, TX 78240	- Faralassa (Osa lastrostiassa			
8	Director	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 01/12/2025	Full name of contributor out-of-state PAC (ID#: Merian, Merry  Contributor address; City; State; Zip Code  Wimberly, TX 78676-3027			Amount of Contribution (\$)	\$20.00
		pation / Job title (See Instructions)	Employer (See Instructions	)		
	Registered N					
	Date 02/12/2025	Full name of contributor out-of-state PAC (ID#: Merian, Merry Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$20.00
		Wimberly, TX 78676-3027				
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/12/2025	Full name of contributor out-of-state PAC (ID#: Merian, Merry  Contributor address; City; State; Zip Code  Wimberly, TX 78676-3027			Amount of Contribution (\$)	\$20.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/12/2025	Full name of contributor out-of-state PAC (ID#: Merian, Merry  Contributor address; City; State; Zip Code  Wimberly, TX 78676-3027	)		Amount of Contribution (\$)	\$20.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions	)		
		1				

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 24/43 Rpt: 27/58	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 05/12/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$20.00
8	Principal occur	Wimberly, TX 78676-3027 pation / Job title (See Instructions)	Employer (See Instructions	\		
0	Registered N		Employer (See Instructions	)		
	Date 06/12/2025	Full name of contributor out-of-state PAC (ID#: Merian, Merry Contributor address; City; State; Zip Code Wimberly, TX 78676-3027	)		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Registered N	urse				
	Date 01/12/2025	Full name of contributor out-of-state PAC (ID#: Miller, Joyce  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$30.00
		Odessa, TX 79765				
	Principal occup	pation / Job title (See Instructions) urse	Employer (See Instructions	)		
	Date 02/12/2025	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$30.00
	Principal occup Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions	)		
	Date 03/12/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$30.00
	Principal occup Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions	)		
		,				

	MONEI	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 25/43 Rpt: 28/58	
2	FILER NAME	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
				_		
4	Date 04/12/2025	<ul> <li>Full name of contributor</li></ul>	,	7	Amount of Contribution (\$)	\$30.00
8	Principal occu	Odessa, TX 79765 pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
•	Registered N		z zmprojer (ede menadaerie)	,		
	Date 05/12/2025	Full name of contributor out-of-state PAC (ID#: Miller, Joyce  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00
	Dringing aggr	Odessa, TX 79765	Employer (Coo Instructions)			
	Registered N	pation / Job title (See Instructions)	Employer (See Instructions)	)		
		<u>_</u>	<u> </u>		Assessment of Occapillations (d)	
	Date 06/12/2025	Full name of contributor out-of-state PAC (ID#: Miller, Joyce Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00
		Odessa, TX 79765				
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions)	)		
	Date 01/12/2025	Full name of contributor out-of-state PAC (ID#: Moon, Michael  Contributor address; City; State; Zip Code  San Antonio, TX 78232-4137			Amount of Contribution (\$)	\$6.00
	Principal occu Professor	pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 02/12/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$6.00
	Principal occu Professor	pation / Job title (See Instructions)	Employer (See Instructions)	)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 26/43 Rpt: 29/58		
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	ı Filers)	
4	Date 03/12/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$6.00	
•	Dringing oggu	San Antonio, TX 78232-4137	Employer (See Instructions				
8	Principal occu Professor	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 04/12/2025	Full name of contributor out-of-state PAC (ID#: Moon, Michael  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$6.00	
	Principal occu	San Antonio, TX 78232-4137 pation / Job title (See Instructions)	Employer (See Instructions	)			
	Professor		. , ,	<u></u>			
	Date 05/12/2025	Full name of contributor out-of-state PAC (ID#: Moon, Michael  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$6.00	
		San Antonio, TX 78232-4137					
	Principal occu Professor	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 06/12/2025	Full name of contributor out-of-state PAC (ID#: Moon, Michael  Contributor address; City; State; Zip Code  San Antonio, TX 78232-4137			Amount of Contribution (\$)	\$6.00	
	Principal occu Professor	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 01/13/2025	Full name of contributor out-of-state PAC (ID#: Mora, Trina  Contributor address; City; State; Zip Code  Midland, TX 79706	)		Amount of Contribution (\$)	\$150.00	
	Principal occu RN Clinical N	pation / Job title (See Instructions) Manager	Employer (See Instructions	)			

	MONET	ARY POLITICAL CONTRIBU	UTION	NS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 27/43 Rpt: 30/58	
2	FILER NAME Texas Nurse	s Association Political Action Committee			3	Filer ID (Ethics Commission 00017364	n Filers)
4	Date 01/12/2025	<ul> <li>Full name of contributor  out-of-state PA Morrell, Patricia</li> <li>Contributor address; City; State; Zip Code</li> </ul>	-		7	Amount of Contribution (\$)	\$20.00
		Winnie, TX 77665					
8	Principal occu RN	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 02/12/2025	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$20.00
	Principal occu	Winnie, TX 77665 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	RN				_		
	Date 03/12/2025	Full name of contributor out-of-state PA Morrell, Patricia  Contributor address; City; State; Zip Code	AC (ID#:	)		Amount of Contribution (\$)	\$20.00
		Winnie, TX 77665					
	Principal occu RN	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 04/12/2025	Full name of contributor out-of-state PA Morrell, Patricia  Contributor address; City; State; Zip Code  Winnie, TX 77665	-	)		Amount of Contribution (\$)	\$20.00
	Principal occu RN	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 05/12/2025	Full name of contributor out-of-state PA Morrell, Patricia  Contributor address; City; State; Zip Code  Winnie, TX 77665		)		Amount of Contribution (\$)	\$20.00
	Principal occu RN	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			L_				

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 28/43 Rpt: 31/58	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 06/12/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$20.00
_	5	Winnie, TX 77665				
8	RN	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 01/11/2025	Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$65.00
	Principal occu	Missouri City, TX 77459 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Registered N	lurse				
	Date 02/11/2025	Full name of contributor out-of-state PAC (ID#: Moss, Edtrina  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$65.00
		Missouri City, TX 77459				
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions	)		
	Date 03/11/2025	Full name of contributor out-of-state PAC (ID#: Moss, Edtrina  Contributor address; City; State; Zip Code  Missouri City, TX 77459			Amount of Contribution (\$)	\$65.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#: Moss, Edtrina  Contributor address; City; State; Zip Code  Missouri City, TX 77459	)		Amount of Contribution (\$)	\$65.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instructions	()		
		<u>'</u>				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A			
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 29/43 Rpt: 32/58		
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	n Filers)	
4	Date 04/25/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$115.00	
8	Principal occur	Missouri City, TX 77459 pation / Job title (See Instructions)	D Employer (See Instructions	_			
0	Registered N		9 Employer (See Instructions	)			
	Date 05/11/2025	Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$65.00	
	Principal occu	Missouri City, TX 77459  Dation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
	Registered N	urse					
	Date 06/11/2025	Full name of contributor out-of-state PAC (ID#: Moss, Edtrina  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$65.00	
		Missouri City, TX 77459					
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions	5)			
	Date 02/24/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$150.00	
	Principal occu Administrato	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00	
		oation / Job title (See Instructions) ciate Professor	Employer (See Instructions	i)			
		1					

	MONET	ARY POLITICAL CONTRIE	BUTION	NS		SCHEDULE	E <b>A1</b>
	The Instruc	ction Guide explains how to comple	te this for	m.	1	Total pages Schedule A1: Sch: 30/43 Rpt: 33/58	
2	FILER NAME Texas Nurse	s Association Political Action Committee			3	Filer ID (Ethics Commission 00017364	n Filers)
4	Date 02/09/2025	<ul> <li>Full name of contributor  out-of-state  Parker, Cheryl</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$10.00
_	5	Tyler, TX 75701			<u></u>		
8		pation / Job title (See Instructions) ciate Professor	9	Employer (See Instructions	5)		
	Date 03/09/2025	Parker, Cheryl  Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occur	Tyler, TX 75701 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	<u>.</u>		
		ciate Professor		Employer (ede mendener	',		
	Date 01/26/2025	Full name of contributor out-of-state Pearson, Anthony  Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
		Dallas, TX 75219					
	Principal occu Registered N	oation / Job title (See Instructions) urse-DNP		Employer (See Instructions	5)		
	Date 02/26/2025	Pearson, Anthony	PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions) urse-DNP		Employer (See Instructions	5)		
	Date 03/26/2025	Full name of contributor out-of-state Pearson, Anthony  Contributor address; City; State; Zip Code  Dallas, TX 75219		)		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions) urse-DNP		Employer (See Instructions	5)		
	<u> </u>						

	MONEI	ARY POLITICAL C	ONTRIBUTIO	)NS		SCHEDULI	<b>A1</b>
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 31/43 Rpt: 34/58	
2	FILER NAME Texas Nurse	s Association Political Action	Committee		3	Filer ID (Ethics Commission 00017364	Filers)
_	Date	5 Full name of contributor		,	-	Amount of Contribution (\$)	
•	04/26/2025			<b> </b>	Amount of Continuation (4)	\$10.00	
		Dallas, TX 75219	ate, Zip Coue				
8	Principal occu	pation / Job title (See Instructions)	)	9 Employer (See Instructions	<u>-</u> -		
	Registered N	lurse-DNP					
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	05/26/2025	Pearson, Anthony	U out of state 1 Ac (ID#			, and are of Continuation (4)	\$10.00
	00/20/2020	-	nto. Zin Codo		l		Ψ10.00
		Contributor address; City; Sta	ate, Zip Code				
		Dallas, TX 75219					
	Principal occu	pation / Job title (See Instructions)	)	Employer (See Instructions	5)		
	Registered N	lurse-DNP					
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	06/26/2025	Pearson, Anthony	_				\$10.00
		Contributor address; City; Sta	ate; Zip Code		1		
		•					
		Dallas, TX 75219					
	Principal occu	pation / Job title (See Instructions)	)	Employer (See Instructions	5)		
	Registered N	lurse-DNP					
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	01/12/2025	Powers, Rebekah	<b>–</b>			`,	\$20.00
		Contributor address; City; Sta	ate: Zin Code		ł		
		Contributor address, Oity, Ca	ato, 21p 0000				
		Midland, TX 79703					
	Principal occu	pation / Job title (See Instructions)	)	Employer (See Instructions	<u>.                                    </u>		
	Registered N	lurse					
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)	
	02/12/2025	Powers, Rebekah	out of state 1710 (IBM	<i></i>		7 and and a contained active (+)	\$20.00
		Contributor address; City; Sta	ate: Zin Code		l		,
		Contributor address, City, St	ate, 21p Code				
		Midland, TX 79703					
	Principal occu	pation / Job title (See Instructions)	)	Employer (See Instructions	L 5)		
	Registered N		,		,		
_							

	MONET	ARY POLITICAL CONTRIBUTI		SCHEDULE A			
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 32/43 Rpt: 35/58		
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	n Filers)	
4	Date 03/12/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID# Powers, Rebekah</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$20.00	
8	Principal occur	Midland, TX 79703 pation / Job title (See Instructions)	9 Employer (See Instructions	-, 			
0	Registered N		5 Employer (See instructions	P)			
	Date 04/12/2025	Full name of contributor out-of-state PAC (ID# Powers, Rebekah  Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$20.00	
	Principal occur	Midland, TX 79703 pation / Job title (See Instructions)	Employer (See Instructions	·/-			
	Registered N		Employer (See instructions	·)			
	Date 05/12/2025	Full name of contributor out-of-state PAC (ID# Powers, Rebekah  Contributor address; City; State; Zip Code	:		Amount of Contribution (\$)	\$20.00	
		Midland, TX 79703					
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions	5)			
	Date 06/12/2025	Full name of contributor out-of-state PAC (ID# Powers, Rebekah  Contributor address; City; State; Zip Code  Midland, TX 79703	t:)	•	Amount of Contribution (\$)	\$20.00	
	Principal occu Registered N	oation / Job title (See Instructions) urse	Employer (See Instructions	5)			
	Date 02/19/2025	Full name of contributor out-of-state PAC (ID# Reynolds, Chelsea  Contributor address; City; State; Zip Code  Dallas, TX 75238-1538	:)	•	Amount of Contribution (\$)	\$150.00	
	Principal occu Senior Projec	oation / Job title (See Instructions) ct Advisor	Employer (See Instructions	5)			
			1				

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A			
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 33/43 Rpt: 36/58		
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	n Filers)	
4	Date 01/09/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$150.00	
_	Dringing! aggr	Kyle, TX 78640	) Employer (Coo Instructions	_			
8	Senior Project		Employer (See Instructions	5)			
	Date 01/12/2025	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$40.00	
		pation / Job title (See Instructions)	Employer (See Instructions	i)			
	Registered N	urse					
	Date 02/12/2025	Full name of contributor out-of-state PAC (ID#: Sanders, Kay Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$40.00	
		Ft Worth, TX 76179-4004					
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions	)			
	Date 03/12/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$40.00	
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions	()			
	Date 04/12/2025	Full name of contributor out-of-state PAC (ID#:Sanders, Kay  Contributor address; City; State; Zip Code  Ft Worth, TX 76179-4004			Amount of Contribution (\$)	\$40.00	
	Principal occu Registered N	pation / Job title (See Instructions) urse	Employer (See Instructions	i)			
		1					

	MONEI	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 34/43 Rpt: 37/58	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Nurse	s Association Political Action Committee			00017364	
4	Date 05/12/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$40.00
8	Principal occu	Ft Worth, TX 76179-4004 pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Registered N		, , , (	,		
	Date 06/12/2025	Full name of contributor out-of-state PAC (ID#:_Sanders, Kay  Contributor address; City; State; Zip Code  Ft Worth, TX 76179-4004			Amount of Contribution (\$)	\$40.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Registered N	lurse				
	Date 01/24/2025	Full name of contributor out-of-state PAC (ID#:_ Segura, Yolanda Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$150.00
		Missouri City, TX 77459				
	Principal occu Staff Nurse	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 01/18/2025	Full name of contributor out-of-state PAC (ID#:_ Shellenberger, Sarah  Contributor address; City; State; Zip Code  Odessa, TX 79764			Amount of Contribution (\$)	\$150.00
	Principal occu Director, Crit	pation / Job title (See Instructions) ical Care	Employer (See Instructions	)		
	Date 02/25/2025	Full name of contributor out-of-state PAC (ID#:_Sheridan-Peavy, Olivia  Contributor address; City; State; Zip Code  Cibolo, TX 78108-3562			Amount of Contribution (\$)	\$150.00
	Principal occu RN	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 35/43 Rpt: 38/58	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	n Filers)
4	Date 03/03/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$150.00
_	Deire die alle a con	Lewisville, TX 75056	O Frankrije (Contraction			
8	Principal occu Nurse	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 02/25/2025	Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$150.00
	Principal occu Retired	Austin, TX 78731-6052 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/18/2025	Full name of contributor out-of-state PAC (ID#:_ Stephenson, Marshall Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$150.00
	Dringing! agg.	Fate, TX 75087-9265	Employer (Coo Instructions	_		
	Vice Preside	pation / Job title (See Instructions) nt - Nursing	Employer (See Instructions	·)		
	Date 01/26/2025	Full name of contributor out-of-state PAC (ID#:_ Tietze, Mari  Contributor address; City; State; Zip Code  Irving, TX 75029	)		Amount of Contribution (\$)	\$10.00
	Principal occu Nurse Inform	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/26/2025	Full name of contributor out-of-state PAC (ID#:_ Tietze, Mari  Contributor address; City; State; Zip Code  Irving, TX 75029			Amount of Contribution (\$)	\$10.00
	Principal occu Nurse Inform	pation / Job title (See Instructions) aticist	Employer (See Instructions	i)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 36/43 Rpt: 39/58	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 03/26/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$10.00
_	Dringing! aggs	Irving, TX 75029	• Employer (Coo Instructions	_		
0	Nurse Inform		9 Employer (See Instructions	)		
	Date 04/26/2025	Full name of contributor out-of-state PAC (ID#:_ Tietze, Mari Contributor address; City; State; Zip Code Irving, TX 75029			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Nurse Inform	aticist				
	Date 05/26/2025	Full name of contributor out-of-state PAC (ID#:_ Tietze, Mari  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
		Irving, TX 75029				
	Principal occu Nurse Inform	oation / Job title (See Instructions) aticist	Employer (See Instructions	i)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ Tietze, Mari Contributor address; City; State; Zip Code Irving, TX 75029			Amount of Contribution (\$)	\$10.00
	Principal occu Nurse Inform	pation / Job title (See Instructions) aticist	Employer (See Instructions	5)		
	Date 01/12/2025	Full name of contributor out-of-state PAC (ID#:_ Tschirch, Poldi  Contributor address; City; State; Zip Code  Houston, TX 77018-2013			Amount of Contribution (\$)	\$15.00
	Principal occu Registered N	oation / Job title (See Instructions) urse	Employer (See Instructions	5)		
	-	I				

	MONEI	ARY POLITICAL CO	DNTRIBUTIO	INS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 37/43 Rpt: 40/58	
2	FILER NAME Texas Nurse	es Association Political Action Co	ommittee		3	Filer ID (Ethics Commission 00017364	Filers)
4	Date 02/12/2025	<ul><li>5 Full name of contributor</li></ul>	out-of-state PAC (ID#:_ e; Zip Code		7	Amount of Contribution (\$)	\$15.00
8	Principal occu	Houston, TX 77018-2013 pation / Job title (See Instructions)	ı	Employer (See Instructions	) 		
ľ	Registered N			2 Employer (See Matractions	,,		
	Date 03/12/2025	Full name of contributor Tschirch, Poldi Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00
		Houston, TX 77018-2013					
	Registered N	pation / Job title (See Instructions) Jurse		Employer (See Instructions	5)		
	Date 04/12/2025	Full name of contributor  Tschirch, Poldi  Contributor address; City; State	out-of-state PAC (ID#:_ e; Zip Code			Amount of Contribution (\$)	\$15.00
		Houston, TX 77018-2013					
	Principal occu Registered N	pation / Job title (See Instructions) Jurse		Employer (See Instructions	5)		
	Date 05/12/2025	Full name of contributor Tschirch, Poldi Contributor address; City; State Houston, TX 77018-2013				Amount of Contribution (\$)	\$15.00
	Principal occu Registered N	pation / Job title (See Instructions) Jurse		Employer (See Instructions	s)		
	Date 06/12/2025	Full name of contributor Tschirch, Poldi Contributor address; City; State Houston, TX 77018-2013	out-of-state PAC (ID#:_ e; Zip Code			Amount of Contribution (\$)	\$15.00
	Principal occu Registered N	pation / Job title (See Instructions) Jurse		Employer (See Instructions	s)		

	MONEI	ARY POLITICAL CONTRIBI	UHO	NS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete	this fo	rm.	1	Total pages Schedule A1: Sch: 38/43 Rpt: 41/58	
2	FILER NAME Texas Nurse	s Association Political Action Committee			3	Filer ID (Ethics Commission 00017364	ı Filers)
4	Date 01/12/2025	<ul> <li>Full name of contributor  out-of-state PA Vitek, Laura</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$25.00
8	Principal occu Registered N	Houston, TX 77036-4001 pation / Job title (See Instructions) lurse	!	9 Employer (See Instructions	5)		
	Date 02/12/2025	Full name of contributor out-of-state PA Vitek, Laura  Contributor address; City; State; Zip Code  Houston, TX 77036-4001	AC (ID#:	)		Amount of Contribution (\$)	\$25.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse		Employer (See Instructions	()		
	Date 03/12/2025	Full name of contributor out-of-state PA Vitek, Laura Contributor address; City; State; Zip Code	AC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Registered N	Houston, TX 77036-4001 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 04/12/2025	Full name of contributor out-of-state PA Vitek, Laura  Contributor address; City; State; Zip Code  Houston, TX 77036-4001				Amount of Contribution (\$)	\$25.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse		Employer (See Instructions	()		
	Date 05/12/2025	Full name of contributor out-of-state PA Vitek, Laura Contributor address; City; State; Zip Code Houston, TX 77036-4001		)		Amount of Contribution (\$)	\$25.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse		Employer (See Instructions	)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	ONS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 39/43 Rpt: 42/58	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		s Association Political Action C	committee			00017364	
4	Date 06/12/2025	<ul><li>5 Full name of contributor</li></ul>	out-of-state PAC (ID#:_ te; Zip Code		7	Amount of Contribution (\$)	\$25.00
	Discharles	Houston, TX 77036-4001		O. Faralana (Garalantania			
8	Registered N	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
					_		
	Date 01/11/2025	Full name of contributor [ Watson, James Jeffrey	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$50.00
	01/11/2020	Contributor address; City; Stat	te: 7in Code				Ψ00.00
		Contributor address, City, Sta	ic, zip couc				
		Lubbock, TX 79413-4805					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Registered N	urse					
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	02/11/2025	Watson, James Jeffrey					\$50.00
		Contributor address; City; Sta	te; Zip Code				
		Lubbook TV 70412 4005					
	Dringing con	Lubbock, TX 79413-4805		Employer (Coo Instructions	<u>,                                     </u>		
	Registered N	oation / Job title (See Instructions)		Employer (See Instructions	5)		
					_		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	<b>#</b> 50.00
	03/11/2025	Watson, James Jeffrey					\$50.00
		Contributor address; City; Star	te; Zip Code				
		Lubbock, TX 79413-4805					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u>		
	Registered N			p - <b>y</b> - (	,		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Π	Amount of Contribution (\$)	
	04/11/2025	Watson, James Jeffrey		,		(4)	\$50.00
		Contributor address; City; Star	te: Zip Code				
		, <del>-</del> , <del></del> , <del></del> ,	,p = ===				
		Lubbock, TX 79413-4805					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Registered N	lurse					

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 40/43 Rpt: 43/58	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	n Filers)
4	Date 05/11/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$50.00
_		Lubbock, TX 79413-4805				
8	Registered N		Employer (See Instructions	)		
	Date 06/11/2025	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Registered N	lurse				
	Date 01/21/2025	Full name of contributor out-of-state PAC (ID#: Welch, Kelly Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$150.00
		Round Mountain, TX 78663				
		pation / Job title (See Instructions) uality Management	Employer (See Instructions	)		
	Date 01/31/2025	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$150.00
	Principal occu Professor En	pation / Job title (See Instructions) neritus	Employer (See Instructions	)		
	Date 01/12/2025	Full name of contributor out-of-state PAC (ID#: Woolbert, Lynda  Contributor address; City; State; Zip Code  West Columbia, TX 77486-9640			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONEI	ARY POLITICAL CONTRIBUTIO	NS	So	CHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Scher Sch: 41/43 Rpt:	
2	FILER NAME Texas Nurse	s Association Political Action Committee		3 Filer ID (Ethics 0 00017364	Commission Filers)
1	Date	5 Full name of contributor out-of-state PAC (ID#:_	,	7 Amount of Contrib	oution (\$)
-	02/12/2025	Woolbert, Lynda  6 Contributor address; City; State; Zip Code		Amount of Continu	\$10.00
		West Columbia, TX 77486-9640			
8	Principal occu PNP	pation / Job title (See Instructions)	9 Employer (See Instructions)	)	
	Date	Full name of contributor	)	Amount of Contrib	oution (\$)
	03/12/2025	Woolbert, Lynda	,		\$10.00
		Contributor address; City; State; Zip Code			
		West Columbia, TX 77486-9640			
		pation / Job title (See Instructions)	Employer (See Instructions)	)	
	PNP				
	Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of Contrib	oution (\$)
	04/12/2025	Woolbert, Lynda			\$10.00
		Contributor address; City; State; Zip Code			
		West Columbia, TX 77486-9640			
	Principal occu PNP	pation / Job title (See Instructions)	Employer (See Instructions)	·)	
	Date	Full name of contributor  ut-of-state PAC (ID#:_	)	Amount of Contrib	oution (\$)
	05/12/2025	Woolbert, Lynda Contributor address; City; State; Zip Code			\$10.00
		West Columbia, TX 77486-9640			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contrib	oution (\$)
	06/12/2025	Woolbert, Lynda			\$10.00
		Contributor address; City; State; Zip Code			
		West Columbia, TX 77486-9640			
	Principal occu PNP	pation / Job title (See Instructions)	Employer (See Instructions)	)	

	MONEI	ARY POLITICAL CONTR	KIBUTIO	ONS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to comp	lete this fo	orm.	1	Total pages Schedule A1: Sch: 42/43 Rpt: 45/58	
2	FILER NAME	s Association Political Action Committee			3	Filer ID (Ethics Commission 00017364	n Filers)
					Ļ		
4	Date 02/10/2025	<ul> <li>Full name of contributor</li></ul>	ate PAC (ID#:_ de le	)	7	Amount of Contribution (\$)	\$250.00
Ω	Principal occur	Lubbock, TX 79423 pation / Job title (See Instructions)		Employer (See Instructions			
o	Registered N			5 Employer (See manucuons	)		
	Date 01/11/2025		ate PAC (ID#:_	)		Amount of Contribution (\$)	\$25.00
		Contributor address; City; State; Zip Coo	le				
		Mesquite, TX 75150-6012					
	Principal occu Registered N	pation / Job title (See Instructions) lurse		Employer (See Instructions	5)		
	Date 02/11/2025	Full name of contributor out-of-stazelanko, Jeanie  Contributor address; City; State; Zip Coc	ate PAC (ID#:_	)		Amount of Contribution (\$)	\$25.00
		Mesquite, TX 75150-6012					
	Principal occu Registered N	pation / Job title (See Instructions) lurse		Employer (See Instructions	5)		
	Date 03/11/2025	Full name of contributor out-of-state  Zelanko, Jeanie  Contributor address; City; State; Zip Coo  Mesquite, TX 75150-6012	ate PAC (ID#:_			Amount of Contribution (\$)	\$25.00
	Principal occu Registered N	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 04/11/2025	Full name of contributor out-of-state  Zelanko, Jeanie  Contributor address; City; State; Zip Coo	ate PAC (ID#:_			Amount of Contribution (\$)	\$25.00
	Principle	Mesquite, TX 75150-6012		Further (Q. 1.1.1.1)			
	Registered N	pation / Job title (See Instructions) lurse		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 43/43 Rpt: 46/58	
2	FILER NAME Texas Nurse	es Association Political Action Committee		3	Filer ID (Ethics Commission 00017364	ı Filers)
4	Date 05/11/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$25.00
	Dringing aggr	Mesquite, TX 75150-6012  spation / Job title (See Instructions)	Employer (See Instructions	<u></u>		
8	Registered N		9 Employer (See Instructions	S)		
	Date 06/11/2025	Full name of contributor out-of-state PAC (ID#:_ Zelanko, Jeanie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Mesquite, TX 75150-6012				
	Principal occu Registered N	upation / Job title (See Instructions) Nurse	Employer (See Instructions	s)		
	Date 01/11/2025	Full name of contributor out-of-state PAC (ID#:_Zolnierek, Cynthia  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$15.00
	Principal occu	Georgetown, TX 78626  upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Tregistered i					

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.				Total pages S Sch: 1/1 Rpt	
2	FILER NAME		Association Political Action Committee	3	Filer ID 00017364	(Ethics Commission Filers)
ᆫ	Texas Nuise	,3 /	ASSOCIATION FOREIGN COMMITTEE		00017304	
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)	
	03/31/2025		Texas Nurses Association			13,390.73

# NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

## SCHEDULE C4

┕					
	The Instru	ction Guide explains how to complete this form.	1	Total pages Sch: 1/1 Rp	Schedule C4: ot: 48/58
2	FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Texas Nurse	s Association Political Action Committee		00017364	
4	Date	5 Corporation / Labor Organization name	6	Amount (\$)	
	01/31/2025	Texas Nurses Association			4,333.38
Г	Date	Corporation / Labor Organization name		Amount (\$)	
	02/28/2025	Texas Nurses Association			4,458.48
r	Date	Corporation / Labor Organization name		Amount (\$)	
	03/31/2025	Texas Nurses Association			3,827.28
Г	Date	Corporation / Labor Organization name		Amount (\$)	
L	04/30/2025	Texas Nurses Association			3,941.87
	Date	Corporation / Labor Organization name		Amount (\$)	
	05/31/2025	Texas Nurses Association			4,193.26
	Date	Corporation / Labor Organization name		Amount (\$)	
	06/30/2025	Texas Nurses Association			4,150.87

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 1/10 Rpt: 49/58	Texas Nurses Association Political Action Committee 00017364
4 Date	5 Payee name
02/25/2025	Herbert, Janet
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$150.00	5707 Jason St
Expenditure from corporate funds	Houston, TX 77096-2112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Return of Donation
LAFLINDITUKE	Check if Austin, TX, officeholder living expense
	Refund
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<u> </u>
Date	Payee name
03/14/2025	Jennings, Debbie
Amount (\$)	Payee address; City; State; Zip Code
\$150.00	14146 San Antonio
,	
Expenditure from corporate funds	San Antonio, TX 78231
	1
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Return of Donation  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Return of Donation  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Refund
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<b>v</b>
Date	Payee name
03/14/2025	Mathis , Sharon
Amount (\$)	Payee address; City; State; Zip Code
\$150.00	PO 741384
Expenditure from	
corporate funds	Houston, TX 77274
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Return of Donation Check if travel outside of Texas. Complete Schedule T.
LAFLINDITURE	Check if Austin, TX, officeholder living expense
	Refund
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 2/10 Rpt: 50/58	Texas Nurses Association Political Action Committee 00017364						
4 Date	5 Payee name						
02/25/2025	Mora, Trina						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$150.00	702 Dimaggio Dr						
Expenditure from	Midland, TX 79706						
corporate funds	Midialid, 17 79700						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Return of Donation						
2/1 2/13/13/12	Check if Austin, TX, officeholder living expense						
	Refund						
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
01/31/2025	PAYA						
Amount (\$)	Payee address; City; State; Zip Code						
\$45.00	12120 Sunset Hills Road Suite 500						
Expenditure from corporate funds	Reston, VA 20190						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.						
LAFENDITORE	Check if Austin, TX, officeholder living expense						
	Bank Draft Fee						
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
01/31/2025	PAYA						
Amount (\$)	Payee address; City; State; Zip Code						
( )							
\$76.78	12120 Sunset Hills Road Suite 500						
Expenditure from corporate funds	Reston, VA 20190						
PURPOSE							
OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Accounting/Ranking  Check if travel outside of Texas. Complete Schedule T.						
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
	Credit Card Fees						
	Cieuli Caiu Fees						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O	1						

## SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor now to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)						
Sch: 3/10 Rpt: 51/58	Texas Nurses Association Political Acti	on Committee	00017364						
4 Date	5 Payee name	L							
01/02/2025	PAYA								
6 Amount (\$) \$0.22	7 Payee address; City; State; 12120 Sunset Hills Road Suite 500	Payee address; City; State; Zip Code							
Expenditure from corporate funds	Reston, VA 20190								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Accounting/Banking	(a) Category (See Categories listed at the top of this schedule) (b) Description							
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held								
Date	Payee name								
02/28/2025	PAYA								
Amount (\$)									
\$45.00 12120 Sunset Hills Road Suite 500									
Expenditure from corporate funds	Reston, VA 20190								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Bank Draft Fee								
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ffice sought	Office held						
Date	Payee name								
03/31/2025	PAYA								
Amount (\$) \$45.00	Payee address; City; State; 12120 Sunset Hills Road Suite 500	Zip Code							
Expenditure from corporate funds	Reston, VA 20190								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Fees	Check if travel or	utside of Texas. Complete Schedule T. TX, officeholder living expense e						
Complete ONLY if direct expenditure to benefit C/O		office sought	Office held						

### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations N

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1 Total pages Cabadula F1:							
1 Total pages Schedule F1: Sch: 4/10 Rpt: 52/58	2 FILER NAME Texas Nurses Association Political Action Committee  3 Filer ID (Ethics Commission Filers) 00017364						
4 Date	5 Payee name						
02/28/2025	PAYA						
6 Amount (\$) \$16.32	<ul><li>7 Payee address; City; State; Zip Code</li><li>12120 Sunset Hills Road Suite 500</li></ul>						
Ψ10.32	12120 Suriset Filis Noad Suite 300						
Expenditure from corporate funds	Reston, VA 20190						
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description						
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
	Credit Card Fees						
	Ground Gura 1 coo						
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OI	1						
Date	Payee name						
02/28/2025	PAYA						
Amount (\$)	Payee address; City; State; Zip Code						
\$81.96	12120 Sunset Hills Road Suite 500						
Expenditure from							
corporate funds	Reston, VA 20190						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
	Credit Card Fees						
	Great Start rees						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OI	1						
Date	Payee name						
03/31/2025	PAYA						
Amount (\$)	Payee address; City; State; Zip Code						
\$82.08	12120 Sunset Hills Road Suite 500						
Expenditure from corporate funds	Reston, VA 20190						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF	Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.						
EXPENDITURE	Check if Austin, TX, officeholder living expense						
	Credit Card Fees						
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/Ol							

## SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/10 Rpt: 53/58	Texas Nurses Association Political Action Committee 00017364
4 Date	5 Payee name
03/31/2025	PAYA
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$14.83	12120 Sunset Hills Road Suite 500
Expenditure from corporate funds	Reston, VA 20190
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Credit Card Fees
	Great State 1 ces
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
5.	
Date	Payee name
04/30/2025	PAYA
Amount (\$)	Payee address; City; State; Zip Code
\$39.01	12120 Sunset Hills Road Suite 500
— Forestitus from	
Expenditure from corporate funds	Reston, VA 20190
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit Card Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
04/30/2025	PAYA
Amount (\$)	Payee address; City; State; Zip Code
\$91.84	12120 Sunset Hills Road Suite 500
Expenditure from corporate funds	Reston, VA 20190
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Credit Card Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
CAPCHARLINE TO DETICITE C/OI	•

## SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
1 Total pages Schedule F1:								
Sch: 6/10 Rpt: 54/58	Texas Nurses Association Political Action Committee 00017364							
4 Date	5 Payee name							
05/31/2025	PAYA							
6 Amount (\$)	7 Payee address; City; State; Zip Code							
\$4.96	12120 Sunset Hills Road Suite 500							
Expenditure from corporate funds	Reston, VA 20190							
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.							
	Credit Card Fees							
	Great Galar ees							
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OI								
Date	Payee name							
05/31/2025	PAYA							
Amount (\$)	Payee address; City; State; Zip Code							
\$106.56	\$106.56 12120 Sunset Hills Road Suite 500							
Expenditure from corporate funds	Reston, VA 20190							
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.							
	Credit Card Fees							
	Credit Card Fees							
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OH								
Date	Payee name							
06/30/2025	PAYA							
Amount (\$)	Payee address; City; State; Zip Code							
\$28.93	12120 Sunset Hills Road Suite 500							
Expenditure from								
corporate funds	Reston, VA 20190							
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.							
	Credit Card Fees							
	Great Sala i ses							
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OI	•							
	Warrier V/4 1 0 540 J 0540							

### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		xpense Vages/	e Contract Labor		Travel in District Travel Out of Dist OTHER (enter a d	trict category not listed above)
1	Total pages Schedule F1:							Filer ID	(Ethics Commission Filers)
	Sch: 7/10 Rpt: 55/58	Texas Nurs	ses Association Political Ac	tion Com	mitte	ee		00017364	
4	Date	5 Payee name	)						
L	06/30/2025	PAYA							
6	Amount (\$)	7 Payee addre	ess; City; State	e; Zip Co	de				
	\$271.68	12120 Sun	set Hills Road Suite 500						
	Expenditure from corporate funds	Reston, VA	x 20190						
8	PURPOSE	(a) Category (S	See Categories listed at the top of this so	hedule)	(b)	Description			
	OF EXPENDITURE	Accounting	/Banking			<b>느</b>		e of Texas. Comp	
						Credit Card F		officeholder living	ехрепѕе
						2. Juli Jaia I	200		
9	Complete ONLY if direct	Candidate/Off	ficeholder name	Office sou	l ight			Office he	Id
	expenditure to benefit C/OI				J				
	Date	Payee name	)						
	04/30/2025	PAYA							
	Amount (\$)	Payee addre	. , , ,	e; Zip Co	de				
	\$45.00	12120 Sun	set Hills Road Suite 500						
	Expenditure from corporate funds	Reston, VA	A 20190						
	PURPOSE	(a) Category (s	See Categories listed at the top of this so	hedule)	(b)	Description			
	OF EXPENDITURE	Fees	•	-		<b>—</b>		e of Texas. Comp	
		Check if Austin, TX, officeholder living expense  Bank Draft Fee							
						Dain Dian FC	, .		
	Complete ONLY if direct expenditure to benefit C/Oł		ficeholder name	Office sou	l ght			Office he	ld
	Date	Payee name	)						
	05/31/2025	PAYA							
	Amount (\$)	Payee addre	ess; City; State	e; Zip Co	ode				
	\$45.00	12120 Sun	set Hills Road Suite 500						
_	- Formandik or form								
	Expenditure from corporate funds	Reston, VA	x 20190						
	PURPOSE	(a) Category (s	See Categories listed at the top of this so	:hedule)	(b)	Description			
	OF EXPENDITURE	Fees	•	•		ш		e of Texas. Comp	
						Check if Austin, Bank Draft Fe		officeholder living	expense
						שמווג טומוו דפ	.6		
	Complete ONLY if direct	Candidate/Off	ficeholder name	Office sou	abt			Office he	ld .
	expenditure to benefit C/O		noonoluoi name	JIIICE 300	giil			Onice He	IU

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
4. Tatalmana O. 1. 1. Tr							
1 Total pages Schedule F1: Sch: 8/10 Rpt: 56/58	2 FILER NAME Texas Nurses Association Political Action Committee  3 Filer ID (Ethics Commission Filers) 00017364						
4 Date	5 Payee name						
06/30/2025	PAYA						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$55.00	12120 Sunset Hills Road Suite 500						
Expenditure from corporate funds	Reston, VA 20190						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.						
EXI ENDITORE	Check if Austin, TX, officeholder living expense						
	Bank Draft Fee						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
02/25/2025	Segura, Yolanda						
Amount (\$)	Payee address; City; State; Zip Code						
\$150.00	3235 Antelope Hills Dr						
Ψ130.00	3233 Anterope Fillis Di						
Expenditure from corporate funds	Missouri City, TX 77459						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Return of Donation						
	Check if Austin, TX, officeholder living expense						
	Refund						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
01/01/2025	Texas Nurses Association						
Amount (\$)	Payee address; City; State; Zip Code						
\$0.41	4807 Spicewood Springs Road Bldg 3 Suite 100						
φυ.41	TOO T Spicewood Springs Mode bidg 3 Suite 100						
X Expenditure from corporate funds	Austin, TX 78759						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.						
LAI LINDITORE	Check if Austin, TX, officeholder living expense						
	Equipment lease						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O	1						

### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1 Total pages Schedule F1:							
Sch: 9/10 Rpt: 57/58	Texas Nurses Association Political Action Committee 00017364						
4 Date	5 Payee name						
02/01/2025	Texas Nurses Association						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$0.41	4807 Spicewood Springs Road Bldg 3 Suite 100						
Expenditure from corporate funds	Austin, TX 78759						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
	Equipment lease						
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
03/01/2025	Texas Nurses Association						
Amount (\$)	Payee address; City; State; Zip Code						
\$0.41	4807 Spicewood Springs Road Bldg 3 Suite 100						
X Expenditure from corporate funds	Austin, TX 78759						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
Equipment lease							
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
04/01/2025	Texas Nurses Association						
Amount (\$)	Payee address; City; State; Zip Code						
\$0.41	4807 Spicewood Springs Road Bldg 3 Suite 100						
X Expenditure from corporate funds	Austin, TX 78759						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.						
	Check if Austin, TX, officeholder living expense  Equipment lease						
	Equipment lease						
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O							

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations M Candidate/Officeholder/I Credit Card Payment	1ade By - Political (	Committee	Gift/Awards/Memorials Exp Legal Services  The Instruction Guide	Salaries	/Wages	/Contract Labor	Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule	. F1: 1	D FILED NAME					3 Filer ID	(Ethics Commission Filers)
1					A -+: O		I		(Ethics Commission Filers)
	Sch: 10/10 Rpt: 58	5/58	Texas nurs	es Association Poli	ucai Action Coi	mmu	ee	00017364	
4	Date	:	Payee name						
	05/01/2025		Texas Nurs	es Association					
6	Amount (\$)		7 Payee addres	ss; City;	State; Zip C	ode			
	\$0	).41	4807 Spice	wood Springs Road	d Bldg 3 Suite 1	.00			
			•	1 3	3				
X	Expenditure from		Acceting TV 7	20750					
	corporate funds		Austin, TX 7	8759					
8	PURPOSE	- [0	( <b>a)</b> Category (Se	ee Categories listed at the to	p of this schedule)	(b)	Description		
	OF EXPENDITURE		Office Overl	nead/Rental Expen	ise		므	outside of Texas. Com	
							Equipment lea	TX, officeholder living	expense
							Equipment led	236	
9	Complete ONLY if dire expenditure to benefit		Candidate/Offi	ceholder name	Office so	ught		Office he	eld
	experialtare to beliefit	CON							
	Date		Payee name						
	06/01/2025		Texas Nurs	es Association					
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode			
	` '	0.41	•	wood Springs Road	•				
	ΨΟ	′. <del>4</del> 1	4007 Spices	wood Springs Road	Diag 5 Saite 1	.00			
X	Expenditure from								
Ĺ	corporate funds		Austin, TX 7	78759					
	PURPOSE	- (	( <b>a)</b> Category (Se	ee Categories listed at the to	p of this schedule)	(b)	Description		
	OF EXPENDITURE		Office Overl	nead/Rental Expen	ise			outside of Texas. Com	
Check if Austin, 1X, officenoider living expense						expense			
							Equipment lea	ase	
	Complete ONLY if dire		Candidate/Offi	ceholder name	Office so	ught		Office he	eld
	expenditure to benefit	COH							