### MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

### FORM MPAC COVER SHEET PG 1

The MPAC Instruction	Guide explains how to complete this form.	2 Total pages filed: 65	
3 COMMITTEE NAME		00069305	OFFICE USE ONLY
Texas Associatior	n of Nurse Anesthetists Political Action Cor	nmittee	Date Received ELECTRONICALLY FILED 07/07/2025
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	1
ADDRESS	919 Congress Ave., Suite 720		
	Austin, TX 78701		Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Dessint # Amount
NAME	Ms. Andrea	N.	Receipt # Amount
			Date Processed
	NICKNAME LAST	SUFFIX	K
	Pee		Date Imaged
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE)	; APT / SUITE #; CITY; ST	ATE; ZIP CODE
TREASURER STREET	919 Congress Ave., Suite 720		
ADDRESS			
(Residence or Business)	Austin, TX 78701		
7 CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE
TREASURER MAILING	919 Congress Ave., Suite 720		
ADDRESS			
	Austin, TX 78701		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(512) 495-9004		
9 REPORT TYPE			
	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)
10 MONTHLY REPORT FILING	January 5 Apri	I 5 X July 5	October 5
DEADLINE	February 5 May	7 5 August 5	November 5
	March 5 June	e 5 September 5	December 5
11 PERIOD COVERED	Month Day Year	THROUGH Month	Day Year
COVERED	05/26/2025	06/25/2	2025
		TO PAGE 2	
Forms provided by Te	exas Ethics Commission www.e	thics.state.tx.us	Version V4.1.0.f10d0fd8

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Association of N	urse Anesthetists Politi		00069305	. , ,
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	19,920.11
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	1,233.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	221,922.81
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	rjury, that the mation require	accompanying report is d to be reported by me
		Ms. Andr	ea N. Pee	
		Signature of Ca	mpaign Treası	urer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	nis the	day
of	_, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offi	cer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.f10d0fd8

# FORM MPAC

#### COVER SHEET PG 3 3 of 65

17 COMMITTEE	(Ethics Commission Filers)							
Texas Assoc								
	19 SCHEDULE SUBTOTALS NAME OF SCHEDULE							
1. X S	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 18,608.17					
2. 🗌 S	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3. 🗌 S	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO DRGANIZATION	)R	\$					
	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA ABOR ORGANIZATION	ATION OR	\$					
6. X S	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	<b>\$</b> 511.94					
	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR DRGANIZATION		\$ 800.00					
8. 🗌 S	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$					
9. 🗌 S	SCHEDULE E: LOANS		\$					
10. X S	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	<b>\$</b> 1,233.22					
11. 🗌 S	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
12. 🗌 S	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
13. 🗌 S	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
14. 🗌 S	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	\$					
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$ 0.52					

**SUBTOTALS - MPAC** 

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/58 Rpt: 4/65 FILER NAME Filer ID (Ethics Commission Filers) 2 3 Texas Association of Nurse Anesthetists Political Action Committee 00069305 4 Date Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/10/2025 Abraham, Bibin \$100.00 6 Contributor address; City; State; Zip Code Irving, TX 75063 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Certified Registered Nurse Anesthetist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/17/2025 Agbahiwe, Krystal \$83.33 Contributor address; City; State; Zip Code Manvel, TX 77578 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/10/2025 Albrecht, Kelsey \$83.33 Contributor address; City; State; Zip Code Houston, TX 77009 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/04/2025 \$100.00 Albright, Brian Contributor address; City; State; Zip Code EL PASO, TX 79911 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/31/2025 \$200.00 Altuna, Carolyn Contributor address; City; State; Zip Code Austin, TX 78723 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist

The Instruction Guide explains how to complete this form.       1 Total pages Statelide AL: Sch: 2/58 Rpt: 5/65         2       FLER NAME Toxas Association of Nurse Anesthetists Political Action Committee       9 Flefit Di (Ethics Commission Filers) 00059305         4       Date 06/18/2025       5 Full name of contributor Andersen, Jernifer       0 ac-state PAC (UDE Andersen, Jernifer       7 Amount of Contribution (\$)         8       Principal occupation / 3ob tile (See Instructions) Certified Registered Nurse Anesthetist       9 Employer (See Instructions)       Amount of Contribution (\$)         04/18/2025       Full name of contributor Andersen, Jernifer       0 ac-state PAC (UDE Andersen, Jernifer       Amount of Contribution (\$)         04/18/2025       Full name of contributor Midland, TX 79705       Employer (See Instructions)       Amount of Contribution (\$)         04/18/2025       Full name of contributor Midland, TX 79705       Employer (See Instructions)       Amount of Contribution (\$)         04/18/2025       Full name of contributor Anderses, Lytyin Contributor address; City, State, Zip Code       Amount of Contribution (\$)       \$25,00         01/19/2025       Full name of contributor Notifies (See Instructions)       Employer (See Instructions)       \$25,00         01/19/2025       Full name of contributor Notifies (See Instructions)       Employer (See Instructions)       \$25,00         01/19/2025       Full name of contributor Notifies (See Instructi							
Texas Association of Nurse Anesthetists Political Action Committee       00069305         4 Date       5 Full name of contributor       out-attate PAC (ID::::::::::::::::::::::::::::::::::::		The Instruc	ction Guide explains how to complete this f	orm.	1		
4       Date       5       Full name of contributor       owt of state PAC (D#	2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
06/18/2025       Andersen, Jennifer       \$83.33         6       Contributor address; City; State; Zip Code       \$midland, TX 79705         7       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         06/18/2025       Full name of contributor       out-of-state PAC (ID)::		Texas Assoc	ciation of Nurse Anesthetists Political Action Commit	tee		00069305	
6       Contributor address; City; State; Zip Code         Midland, TX 79705       Principal occupation / Job title (See Instructions)         Certified Registered Nurse Anesthetist       Date         D6/18/2025       Full name of contributor         Midland, TX 79705       Octoristicutor address; City; State; Zip Code         Midland, TX 79705       Amount of Contribution (\$)         O6/18/2025       Full name of contributor         Midland, TX 79705       Contribution address; City; State; Zip Code         Midland, TX 79705       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Employer (See Instructions)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         06/25/2025       Full name of contributor       out-of-state PAC (ID#	4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
Midland, TX 79705         8       Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist <ul> <li>Employer (See Instructions)</li> <li>Amount of Contribution (S)</li> <li>S41.67</li> <li>Contributor address; City; State: Zip Code</li> <li>Midland, TX 79705</li> </ul> Amount of Contribution (S) <ul> <li>S41.67</li> <li>Contributor address; City; State: Zip Code</li> <li>Midland, TX 79705</li> <li>Employer (See Instructions)</li> <li>Certified Registered Nurse Anesthetist</li> </ul> Amount of Contribution (S) <ul> <li>S41.67</li> <li>Contributor address; City; State: Zip Code</li> <li>Full name of contributor</li></ul>		06/18/2025	Andersen, Jennifer				\$83.33
Midland, TX 79705         8       Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist <ul> <li>Employer (See Instructions)</li> <li>Amount of Contribution (S)</li> <li>S41.67</li> <li>Contributor address; City; State: Zip Code</li> <li>Midland, TX 79705</li> </ul> Amount of Contribution (S) <ul> <li>S41.67</li> <li>Contributor address; City; State: Zip Code</li> <li>Midland, TX 79705</li> <li>Employer (See Instructions)</li> <li>Certified Registered Nurse Anesthetist</li> </ul> Amount of Contribution (S) <ul> <li>S41.67</li> <li>Contributor address; City; State: Zip Code</li> <li>Full name of contributor</li></ul>			6 Contributor address; City; State; Zip Code		1		
8       Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist       9       Employer (See Instructions)         Date 06/18/2025       Full name of contributor       out-of-state PAC (Der) Andersen, Jennifer       Amount of Contribution (\$)         S411.67       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Amount of Contribution (\$)         Date 06/25/2025       Full name of contributor       out-of-state PAC (Der) Andrews, Lynn       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Flower Mound, TX 76226       Amount of Contribution (\$)       \$25.00         Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist       Employer (See Instructions)       \$25.00         Contributor address; City; State; Zip Code       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$)         05/31/2025       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$)       \$83.33         06/21/2025       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$)       \$83.33         Of/31/2025       Full n							
8       Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist       9       Employer (See Instructions)         Date 06/18/2025       Full name of contributor       out-of-state PAC (Der) Andersen, Jennifer       Amount of Contribution (\$)         S411.67       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Amount of Contribution (\$)         Date 06/25/2025       Full name of contributor       out-of-state PAC (Der) Andrews, Lynn       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Flower Mound, TX 76226       Amount of Contribution (\$)       \$25.00         Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist       Employer (See Instructions)       \$25.00         Contributor address; City; State; Zip Code       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$)         05/31/2025       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$)       \$83.33         06/21/2025       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$)       \$83.33         Of/31/2025       Full n							
Certified Registered Nurse Anesthetist       Andersen, Jennifer       Andersen, Jennifer       Andersen, Jennifer       Andersen, Jennifer       S41.67         O6/18/2025       Andersen, Jennifer       Contributor address; City: State; Zip Code       Andersen, Jennifer       S41.67         Willand, TX 79705       Employer (See Instructions)       Employer (See Instructions)       S25.00         O6/25/2025       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         O6/25/2025       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         O6/25/2025       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         O6/25/2025       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         Certified Registered Nurse Anesthetist       Employer (See Instructions)       S25.00         Certified Registered Nurse Anesthetist       Employer (See Instructions)       S33.33         Contributor address; City; State; Zip Code       Antony, Jennifer       Amount of Contribution (\$)         O5/31/2025       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         O6/21/2025       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         O6/21/2025			Midland, TX 79705				
Date       Full name of contributor       out-of-state PAC (IDI:	8			9 Employer (See Instructions	5)		
06/18/2025       Andersen, Jennifer       \$41.67         Contributor address; City; State; Zip Code       Midland, TX 79705         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Employer (See Instructions)         Od/25/2025       Andrews, Lynn       Amount of Contribution (\$)         06/25/2025       Andrews, Lynn       S25.00         Contributor address; City; State; Zip Code       Flower Mound, TX 76226         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Employer (See Instructions)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         05/31/2025       Full name of contributor       out-of-state PAC (ID#         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Employer (See Instructions)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Contributor address; City; State; Zip Code         06/21/		Certified Rec	jistered Nurse Anesthetist				
Contributor address; City, State; Zip Code         Midland, TX 79705         Principal occupation / Job title (See Instructions)         Certified Registered Nurse Anesthetist         Date       Full name of contributor out-of-state PAC (ID#:)         Andrews, Lynn       Amount of Contribution (\$)         Contributor address; City, State; Zip Code       Amount of Contribution (\$)         Flower Mound, TX 76226       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Amount of Contribution (\$)         05/31/2025       Full name of contributor out-of-state PAC (ID#:)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Amount of Contributor (\$)         06/21/2025       Full name of contributor		Date	Full name of contributor out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code       Midland, TX 79705         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Certified Registered Nurse Anesthetist       amount of Contribution (\$)         06/25/2025       Andrews, Lynn       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$25.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$25.00         Contributor address; City; State; Zip Code       Flower Mound, TX 76226       Amount of Contributor         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$33.33         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$83.33         Contributor address; City; State; Zip Code       Texarkana, TX 75501       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Employer (See Instructions)       \$83.33         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$83.33         Ob/21/2025       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         Ob/21/2025       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         Ob/21/2025       Full name of contribu		06/18/2025					\$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist       Employer (See Instructions)         Date 06/25/2025       Full name of contributor out-of-state PAC (D#:) Andrews, Lynn Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$25.00         Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist       Employer (See Instructions) Certified Registered Nurse Anesthetist         Date 05/31/2025       Full name of contributor out-of-state PAC (D#:) Anthony, Jennifer       Amount of Contribution (\$) \$83.33         Os/31/2025       Full name of contributor out-of-state PAC (ID#:) Anthony, Jennifer       Amount of Contribution (\$) \$83.33         Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist       Employer (See Instructions) Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist       Employer (See Instructions) Certified Registered Nurse Anesthetist         Date 06/21/2025       Full name of contributor out-of-state PAC (ID#:) Apodaca, Rylee       Amount of Contribution (\$) \$83.33         Oate 06/21/2025       Full name of contributor out-of-state PAC (ID#:) Apodaca, Rylee       Amount of Contribution (\$) \$83.33         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$83.33         Contributor address; City; State; Zip Code Houston, TX 77004       Employer (See Instru		1			1		
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist       Employer (See Instructions)         Date 06/25/2025       Full name of contributor out-of-state PAC (D#:) Andrews, Lynn Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$25.00         Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist       Employer (See Instructions) Certified Registered Nurse Anesthetist         Date 05/31/2025       Full name of contributor out-of-state PAC (D#:) Anthony, Jennifer       Amount of Contribution (\$) \$83.33         Os/31/2025       Full name of contributor out-of-state PAC (ID#:) Anthony, Jennifer       Amount of Contribution (\$) \$83.33         Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist       Employer (See Instructions) Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist       Employer (See Instructions) Certified Registered Nurse Anesthetist         Date 06/21/2025       Full name of contributor out-of-state PAC (ID#:) Apodaca, Rylee       Amount of Contribution (\$) \$83.33         Oate 06/21/2025       Full name of contributor out-of-state PAC (ID#:) Apodaca, Rylee       Amount of Contribution (\$) \$83.33         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$83.33         Contributor address; City; State; Zip Code Houston, TX 77004       Employer (See Instru							
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist       Employer (See Instructions)         Date 06/25/2025       Full name of contributor out-of-state PAC (D#:) Andrews, Lynn Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$25.00         Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist       Employer (See Instructions) Certified Registered Nurse Anesthetist         Date 05/31/2025       Full name of contributor out-of-state PAC (D#:) Anthony, Jennifer       Amount of Contribution (\$) \$83.33         Os/31/2025       Full name of contributor out-of-state PAC (ID#:) Anthony, Jennifer       Amount of Contribution (\$) \$83.33         Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist       Employer (See Instructions) Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist       Employer (See Instructions) Certified Registered Nurse Anesthetist         Date 06/21/2025       Full name of contributor out-of-state PAC (ID#:) Apodaca, Rylee       Amount of Contribution (\$) \$83.33         Oate 06/21/2025       Full name of contributor out-of-state PAC (ID#:) Apodaca, Rylee       Amount of Contribution (\$) \$83.33         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$83.33         Contributor address; City; State; Zip Code Houston, TX 77004       Employer (See Instru							
Certified Registered Nurse Anesthetist       Amount of Contribution (\$)         Date       Full name of contributor							
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/25/2025       Andrews, Lynn       \$25.00         Contributor address; City; State; Zip Code       Flower Mound, TX 76226       \$25.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$25.00         Certified Registered Nurse Anesthetist       out-of-state PAC (ID#:				Employer (See Instructions	5)		
06/25/2025       Andrews, Lynn       \$25.00         Contributor address; City; State; Zip Code       Flower Mound, TX 76226         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:		Certified Reg	jistered Nurse Anesthetist				
Contributor address; City, State; Zip Code         Flower Mound, TX 76226         Principal occupation / Job title (See Instructions)         Certified Registered Nurse Anesthetist         Date       Full name of contributor out-of-state PAC (ID#:)         Anthony, Jennifer       Amount of Contribution (\$)         05/31/2025       Anthony, Jennifer         Contributor address; City, State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Employer (See Instructions)         Obj/21/2025       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/21/2025       Apodaca, Rylee       S83.33         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Houston, TX 77004       Employer (See Instructions)				)	Γ	Amount of Contribution (\$)	
Flower Mound, TX 76226       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)         05/31/2025       Anthony, Jennifer       Amount of Contribution (\$)         Contributor address; City, State; Zip Code       Texarkana, TX 75501       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Sea 3.33         Certified Registered Nurse Anesthetist       Employer (See Instructions)       Sea 3.33         Ob/21/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/21/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$83.33         06/21/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$83.33         Houston, TX 77004       Employer (See Instructions)       Employer (See Instructions)       \$83.33         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$83.33         Principal occupation / Job title (See Instructions)       Employer (See Instructions) <td></td> <td>06/25/2025</td> <td>Andrews, Lynn</td> <td></td> <td></td> <td></td> <td>\$25.00</td>		06/25/2025	Andrews, Lynn				\$25.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/31/2025       Anthony, Jennifer       \$83.33         Contributor address; City; State; Zip Code       Full name of contributor       \$83.33         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$83.33         Certified Registered Nurse Anesthetist       Employer (See Instructions)       \$83.33         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/21/2025       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$83.33         06/21/2025       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$83.33         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$83.33         Of/21/2025       Full name of contributor			Contributor address; City; State; Zip Code		]		
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/31/2025       Anthony, Jennifer       \$83.33         Contributor address; City; State; Zip Code       Full name of contributor       \$83.33         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$83.33         Certified Registered Nurse Anesthetist       Employer (See Instructions)       \$83.33         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/21/2025       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$83.33         06/21/2025       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$83.33         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$83.33         Of/21/2025       Full name of contributor							
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/31/2025       Anthony, Jennifer       \$83.33         Contributor address; City; State; Zip Code       Full name of contributor       \$83.33         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$83.33         Certified Registered Nurse Anesthetist       Employer (See Instructions)       \$83.33         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/21/2025       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$83.33         06/21/2025       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$83.33         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$83.33         Of/21/2025       Full name of contributor			Flavor Mound TV 76026				
Certified Registered Nurse Anesthetist       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)         05/31/2025       Anthony, Jennifer       \$83.33         Contributor address; City; State; Zip Code       Full name of contribution (\$)       \$83.33         Contributor address; City; State; Zip Code       Employer (See Instructions)       \$83.33         Certified Registered Nurse Anesthetist       Employer (See Instructions)       \$83.33         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/21/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Mouston, TX 77004       Houston, TX 77004       Employer (See Instructions)		Dringing ago		Employer (Coo Instructions	<u> </u>		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/31/2025       Anthony, Jennifer       \$83.33         Contributor address; City; State; Zip Code       \$83.33         Texarkana, TX 75501       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Employer (See Instructions)         O6/21/2025       Full name of contributor       out-of-state PAC (ID#:)         Apodaca, Rylee				Employer (See instructions	5)		
05/31/2025       Anthony, Jennifer       \$83.33         Contributor address; City; State; Zip Code       \$83.33         Texarkana, TX 75501       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Employer (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:)         Apodaca, Rylee		_		<u> </u>	1		
Contributor address; City; State; Zip Code         Texarkana, TX 75501         Principal occupation / Job title (See Instructions)         Certified Registered Nurse Anesthetist         Date       Full name of contributor out-of-state PAC (ID#:)         Apodaca, Rylee				)		Amount of Contribution (\$)	<b>*</b> 00.00
Texarkana, TX 75501         Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist         Date       Full name of contributor on out-of-state PAC (ID#:)         Apodaca, Rylee       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Full number of Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		05/31/2025	-				\$83.33
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Employer (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/21/2025       Apodaca, Rylee       \$83.33         Contributor address; City; State; Zip Code       Houston, TX 77004         Principal occupation / Job title (See Instructions)       Employer (See Instructions)			Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Employer (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/21/2025       Apodaca, Rylee       \$83.33         Contributor address; City; State; Zip Code       Houston, TX 77004         Principal occupation / Job title (See Instructions)       Employer (See Instructions)							
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Employer (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/21/2025       Apodaca, Rylee       \$83.33         Contributor address; City; State; Zip Code       Houston, TX 77004         Principal occupation / Job title (See Instructions)       Employer (See Instructions)			Texarkana TX 75501				
Certified Registered Nurse Anesthetist       Anount of Contributor         Date       Full name of contributor       out-of-state PAC (ID#:)         06/21/2025       Apodaca, Rylee       \$83.33         Contributor address; City; State; Zip Code       Full name of contributor       \$83.33         Houston, TX 77004       Houston, TX 77004       Employer (See Instructions)	-	Principal occu		Fmplover (See Instructions	<u>ار</u>		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/21/2025       Apodaca, Rylee       \$83.33         Contributor address; City; State; Zip Code       Houston, TX 77004         Principal occupation / Job title (See Instructions)       Employer (See Instructions)					-,		
06/21/2025       Apodaca, Rylee       \$83.33         Contributor address; City; State; Zip Code       Houston, TX 77004         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	╞	_			Γ	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Houston, TX 77004 Principal occupation / Job title (See Instructions) Employer (See Instructions)				)			\$83.33
Houston, TX 77004       Principal occupation / Job title (See Instructions)       Employer (See Instructions)		00/21/2020			ł		Ψ00.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Continuation address, City, State, Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Houston, TX 77004				
	$\vdash$	Principal occu		Employer (See Instructions	1 S)		
	$\vdash$		I				

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 3/58 Rpt: 6/65 FILER NAME Filer ID (Ethics Commission Filers) 2 3 Texas Association of Nurse Anesthetists Political Action Committee 00069305 4 Date Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/27/2025 Appel, Jessica \$25.00 6 Contributor address; City; State; Zip Code Fort Worth, TX 76110 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Certified Registered Nurse Anesthetist Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/24/2025 Bagos, JESUS \$83.33 Contributor address; City; State; Zip Code Houston, TX 77045 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/24/2025 Baker, Forrest \$41.67 Contributor address; City; State; Zip Code Argyle, TX 76226 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/04/2025 Balogun, Damilola \$83.33 Contributor address; City; State; Zip Code Houston, TX 77054 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/31/2025 \$83.33 Barr, Mark Contributor address; City; State; Zip Code Houston, TX 77019 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/58 Rpt: 7/65	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
		ciation of Nurse Anesthetists Political Action Commit			00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	05/26/2025	Bazan, Erica				\$41.67
	ł	6 Contributor address; City; State; Zip Code				
	ļ					
	ļ					
		Katy, TX 77493				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/31/2025	Bedia, Jennifer				\$30.00
	ł	Contributor address; City; State; Zip Code				
	ļ					
	ļ					
		Spring, TX 77388				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/06/2025	Bergeron, Mark				\$83.33
	1	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Houston, TX 77006				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/22/2025	Blacketter, Lisa				\$30.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	Dett Laurana TV 77070				
	Duin singl oppu	Port Lavaca, TX 77979		Ĺ		
		ipation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	5)		
			<u> </u>	-		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	÷50.00
	06/24/2025	Bohner, Mishawna				\$83.33
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	Declaral TV 75007				
$\vdash$	Dringing occu	Rockwall, TX 75087	Employer (See Instructions	<u> </u>		
		ipation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	5)		
<u> </u>						

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 5/58 Rpt: 8/65 FILER NAME Filer ID (Ethics Commission Filers) 2 3 Texas Association of Nurse Anesthetists Political Action Committee 00069305 4 Date Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/21/2025 Booth, Kristen \$30.00 6 Contributor address; City; State; Zip Code Houston, TX 77027 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Certified Registered Nurse Anesthetist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/20/2025 Bourgeois, Robert \$83.33 Contributor address; City; State; Zip Code Sugar Land, TX 77479 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/17/2025 Bowden, Shyanne \$30.00 Contributor address; City; State; Zip Code Fort Worth, TX 76108 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/25/2025 Bradley, Frances \$89.00 Contributor address; City; State; Zip Code El Paso, TX 79924 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/23/2025 Brauneck, Tyler \$83.33 Contributor address; City; State; Zip Code Helotes, TX 78023 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist

The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/58 Rpt: 9/65	
2 FILER NAME			3	Filer ID (Ethics Commission	i Filers)
Texas Assoc	iation of Nurse Anesthetists Political Action Commit			00069305	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
05/26/2025	Broadhead, Preston				\$83.33
	6 Contributor address; City; State; Zip Code		ł		
	Texarkana, TX 75503				
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
Certified Reg	jistered Nurse Anesthetist				
Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
06/25/2025	Brown, Rewa				\$62.50
	Contributor address; City; State; Zip Code		1		
	Salado, TX 76571				
	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Certified Reg	jistered Nurse Anesthetist				
Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
06/07/2025	Bullerwell, Megan				\$30.00
ĺ	Contributor address; City; State; Zip Code		1		
	1				
<u> </u>	Bellaire, TX 77401		Ļ		
	pation / Job title (See Instructions)	Employer (See Instructions	3)		
	jistered Nurse Anesthetist		—		
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
06/24/2025	Burkhardt, Hillary				\$30.00
	Contributor address; City; State; Zip Code				
	1				
	Nederland, TX 77627				
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	jistered Nurse Anesthetist		"		
Date	Full name of contributor out-of-state PAC (ID#:		—	Amount of Contribution (\$)	
06/05/2025	Burnett, Christine	)			\$41.67
00,00,2020	Contributor address; City; State; Zip Code		ł		Ψ-1210.
	Continuation address, City, State, Zip Code				
	1				
	Friendswood, TX 77546				
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
	jistered Nurse Anesthetist		,		

F	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/58 Rpt: 10/65	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit			00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	06/15/2025	Byars, Michael				\$83.33
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77019				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Certified Reo	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/22/2025	Cadambi, Avantika				\$83.33
		Contributor address; City; State; Zip Code				
		Keller, TX 76248				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/31/2025	Campos, Maximina				\$83.33
		Contributor address; City; State; Zip Code				
	<u> </u>	Mansfield, TX 76063				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certineu Rei	gistered Nurse Anesthetist		-		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/03/2025	Cano, Amalia				\$83.33
		Contributor address; City; State; Zip Code				
		Brownsville, TX 78520				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		gistered Nurse Anesthetist		9		
╞			<u> </u>			
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$62.50
	00/25/2025	Carter, Lisa				ΦU2.00
		Contributor address; City; State; Zip Code				
		College Station, TX 77845				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> נו		
		gistered Nurse Anesthetist		,		
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The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/58 Rpt: 11/65	
2 FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
Texas Assoc	ciation of Nurse Anesthetists Political Action Commit			00069305	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
06/01/2025	Carter, T'Anya				\$83.33
	6 Contributor address; City; State; Zip Code		ł		
	Dallas, TX 75235				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<b></b> 3)		
Certified Re	gistered Nurse Anesthetist				
Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
06/14/2025	Caswell, Abigail				\$83.33
	Contributor address; City; State; Zip Code		ł		·
	Friendswood, TX 77546				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
-	gistered Nurse Anesthetist		,		
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Π	Amount of Contribution (\$)	
06/02/2025	Clark, Clayton	/			\$83.33
00/02/2020			ł		Ψ00.00
	Contributor address; City; State; Zip Code				
	Wichita Falls, TX 76301				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
-	gistered Nurse Anesthetist		.,		
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Π	Amount of Contribution (\$)	
05/31/2025	Clucas, Shala	/			\$83.33
00/01/2020			ł		Ψ00.00
	Contributor address; City; State; Zip Code				
	Rockwall, TX 75032				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
·	gistered Nurse Anesthetist		•,		
Date	-	<u> </u>	<del>—</del>	Amount of Contribution (\$)	
05/26/2025	Full name of contributor out-of-state PAC (ID#: Co, Arianne	/			\$83.33
00/20/2020			•		Ψ00.00
	Contributor address; City; State; Zip Code				
	Fort Worth, TX 76126				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	د) ا		
-	gistered Nurse Anesthetist		<i>)</i>		
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F	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/58 Rpt: 12/65	
2	FILER NAME			3	Filer ID (Ethics Commission	i Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit			00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	05/31/2025	Coast, Nora				\$83.33
		6 Contributor address; City; State; Zip Code				
		Mcallen, TX 78504				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Certified Rec	gistered Nurse Anesthetist				
╞	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	05/27/2025	Collins, Gregory			• -	\$83.33
		Contributor address; City; State; Zip Code				
		Granbury, TX 76049				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Certified Reg	gistered Nurse Anesthetist				
╞	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/10/2025	Comans, Tyler				\$41.67
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76179				
		ipation / Job title (See Instructions)	Employer (See Instructions	)		
	Certified Rec	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/20/2025	Cook, Ashley				\$83.33
		Contributor address; City; State; Zip Code				
		Frisco, TX 75035				
		ipation / Job title (See Instructions)	Employer (See Instructions	)		
	Certified Reg	gistered Nurse Anesthetist				
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/21/2025	Cooney, Michael				\$30.00
		Contributor address; City; State; Zip Code				
		Keller, TX 76248				
		ipation / Job title (See Instructions)	Employer (See Instructions	)		
	Certified Reg	gistered Nurse Anesthetist				

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/58 Rpt: 13/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Committ			00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/21/2025	Corder, Kenny				\$83.33
		6 Contributor address; City; State; Zip Code				
		1				
		Abilene, TX 79606				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	;)		
	Certified Reg	gistered Nurse Anesthetist				
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	06/25/2025	Corder, Kenny				\$117.00
		Contributor address; City; State; Zip Code				
		1				
		Abilene, TX 79606				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	, ;)		
		gistered Nurse Anesthetist		,		
⊢	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	06/22/2025	Cornelius, Brian	/			\$83.33
	0012212020	Contributor address; City; State; Zip Code				Ψ00.0C
		Continuation address, City, State, Zip Code				
		1				
		Burleson, TX 76028				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)		
		gistered Nurse Anesthetist		,		
╞	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	_	Amount of Contribution (\$)	
	06/01/2025	Cornell, Mark	/			\$83.33
	00/01/2020					Ψ00.00
		Contributor address; City; State; Zip Code				
		1				
		San Antonio, TX 78254-1841				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	L;)		
		gistered Nurse Anesthetist		,		
╞	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	—	Amount of Contribution (\$)	
	06/01/2025	Coronado, Israel	/			\$83.33
	00/01/2020					Ψ00.00
		Contributor address; City; State; Zip Code				
		1				
		Weslaco, TX 78596				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ר</u>		
		gistered Nurse Anesthetist		9		
			<u> </u>			

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 11/58 Rpt: 14/65 FILER NAME Filer ID (Ethics Commission Filers) 2 3 Texas Association of Nurse Anesthetists Political Action Committee 00069305 4 Date Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/27/2025 Corpus, Jose \$10.00 6 Contributor address; City; State; Zip Code Perrysburg, OH 43551 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Certified Registered Nurse Anesthetist Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/17/2025 Culp, Mark \$62.50 Contributor address; City; State; Zip Code Weatherford, TX 76087 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/27/2025 Curbow, Kelly \$50.00 Contributor address; City; State; Zip Code Hideaway, TX 75771 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/24/2025 Custance, jessica \$15.00 Contributor address; City; State; Zip Code Aledo, TX 76008 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/31/2025 Davis, Rachel \$83.34 Contributor address; City; State; Zip Code Houston, TX 77057 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/58 Rpt: 15/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	tiation of Nurse Anesthetists Political Action Commit			00069305	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	05/31/2025	Davis, Veronica				\$100.00
		6 Contributor address; City; State; Zip Code				
		Harlingen, TX 78550				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Certified Reg	jistered Nurse Anesthetist				
╞	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/15/2025	Dawson, Alyssa	/			\$83.33
		Contributor address; City; State; Zip Code				,
		McAllen, TX 78504				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions			
		gistered Nurse Anesthetist		,		
⊨			、 、		Amount of Contribution (f)	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	¢02.22
	06/03/2025					\$83.33
		Contributor address; City; State; Zip Code				
		Bedford, TX 76022				
_	Dringing ogg	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		gistered Nurse Anesthetist	Employer (See Instructions	)		
	Certilleu Reț					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/17/2025	Devoto, Rachel				\$41.67
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78257				
	-	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/03/2025	Dinos, Michael				\$83.33
		Contributor address; City; State; Zip Code				
		Pharr, TX 78539				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				

	The Instrue	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/58 Rpt: 16/65	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	iation of Nurse Anesthetists Political Action Commit	tee		00069305	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	06/07/2025	Dishman, Deniz				\$83.33
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77027				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> ز)		
		jistered Nurse Anesthetist		,		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	#00.00
	06/17/2025	Dishon, Julia				\$20.00
		Contributor address; City; State; Zip Code				
		Beaumont, TX 77707				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	jistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	05/27/2025	Dominick, Melissa				\$62.50
		Contributor address; City; State; Zip Code				
		Spring, TX 77379				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	jistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/20/2025	Dores, Tina				\$83.33
		Contributor address; City; State; Zip Code				
		Laredo, TX 78045				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L;)		
	-	jistered Nurse Anesthetist				
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/22/2025	Doria, Mark	)			\$41.67
	00/22/2023					Ψ41.07
		Contributor address; City; State; Zip Code				
l		Katy, TX 77494				
⊢	Dringing and		Employer (Coolectruction	<u> </u>		
		pation / Job title (See Instructions)	Employer (See Instructions	)		
∟		jistered Nurse Anesthetist				
1						

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	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/58 Rpt: 17/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit			00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
ľ	06/22/2025	DuBose, Mary	/		,	\$30.00
	00,22,232	6 Contributor address; City; State; Zip Code		•		+00.22
		Continuation address, City, State, Zip Code				
		Lufkin, TX 75915				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	L		
		gistered Nurse Anesthetist		-,		
╞	Date		)	Γ	Amount of Contribution (\$)	
	06/07/2025	Full name of contributor out-of-state PAC (ID#: Dupree, Garrett	/			\$30.00
	00/07/2023			ł		φου.υυ
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76126				
$\vdash$	Dringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		gistered Nurse Anesthetist	Employer (See Instructions	5)		
				-		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/17/2025	Dupriest, Wesley				\$83.33
		Contributor address; City; State; Zip Code		]		
		Manvel, TX 77578				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)	
	05/31/2025	Eapen, Jasmin				\$83.33
		Contributor address; City; State; Zip Code		1		
		Manvel, TX 77578				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
╞	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	06/17/2025	Eddy, Rachel				\$100.00
		Contributor address; City; State; Zip Code		$\mathbf{I}$		
		Heath, TX 75032				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L S)		
		gistered Nurse Anesthetist		-,		
$\vdash$						

The Instr	uction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 15/58 Rpt: 18/65	
2 FILER NAM	 E		3	Filer ID (Ethics Commission	ı Filers)
	ociation of Nurse Anesthetists Political Action Commit	ttee		00069305	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
05/31/2025	5 Elam, Halie				\$62.50
	6 Contributor address; City; State; Zip Code		1		
	Amarillo, TX 79108				
8 Principal oc	cupation / Job title (See Instructions)	9 Employer (See Instructions	5)		
Certified R	egistered Nurse Anesthetist				
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
05/28/2025				- ·	\$41.67
	Contributor address; City; State; Zip Code		ł		
	······································				
	Bullard, TX 75757				
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	5)		
Certified R	egistered Nurse Anesthetist				
Date	Full name of contributor out-of-state PAC (ID#:	)	Ι	Amount of Contribution (\$)	
06/04/2025				•••	\$83.33
	Contributor address; City; State; Zip Code		$\mathbf{I}$		
	Pearland, TX 77584				
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	5)		
Certified R	egistered Nurse Anesthetist				
Date	Full name of contributor Out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
06/18/2025					\$83.33
	Contributor address; City; State; Zip Code		$\mathbf{I}$		·
	Pearland, TX 77584				
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	5)		
Certified R	egistered Nurse Anesthetist				
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
05/31/2025					\$30.00
	Contributor address; City; State; Zip Code		$\mathbf{I}$		
	Dallas, TX 75206				
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	5)		
Certified R	egistered Nurse Anesthetist				

The Insti	ruction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/58 Rpt: 19/65	
2 FILER NAM			3	Filer ID (Ethics Commission	n Filers)
	sociation of Nurse Anesthetists Political Action Commit	ttee		00069305	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
05/26/202	5 Etheridge, Andrea				\$100.00
	6 Contributor address; City; State; Zip Code		1		
	College Station, TX 77845				
	cupation / Job title (See Instructions)	9 Employer (See Instructions	5)		
Certified F	Registered Nurse Anesthetist				
Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
05/26/202		······································		· · · · · · · · · · · · · · · · · · ·	\$83.33
00.20.20			$\mathbf{I}$		+
	Contributor address; City; State; Zip Code				
	Kemp, TX 75143	•			
	cupation / Job title (See Instructions)	Employer (See Instructions	5)		
Certified F	Registered Nurse Anesthetist				
Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
06/23/202					\$41.67
	Contributor address; City; State; Zip Code		ł		
	Manvel, TX 77578				
Drincinal oc	cupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Registered Nurse Anesthetist		5)		
Certineu			-		
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
05/28/202	5 Flores, Maria				\$85.00
	Contributor address; City; State; Zip Code		1		
	Houston, TX 77045				
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	5)		
Certified F	Registered Nurse Anesthetist				
Date	Full name of contributor Out-of-state PAC (ID#:_	)	T	Amount of Contribution (\$)	
05/31/202					\$41.67
00/01/202					Ψ+1.0,
	Contributor address; City; State; Zip Code				
	Aledo, TX 76008				
	cupation / Job title (See Instructions)	Employer (See Instructions	5)		
Certified F	Registered Nurse Anesthetist				

т	he Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 17/58 Rpt: 20/65	
<b>2</b> F	ILER NAME			3	Filer ID (Ethics Commission	ı Filers)
Т	exas Assoc	ciation of Nurse Anesthetists Political Action Commit	ttee		00069305	
4 D	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
0	6/22/2025	Frawley, Steven				\$83.33
		6 Contributor address; City; State; Zip Code		ł		
	1					
	1					
	1	Dallas, TX 75209				
<b>8</b> Pi	rincipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
С	ertified Rec	gistered Nurse Anesthetist				
D	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
0	6/03/2025	Freeman, Bailey				\$62.50
	ł	Contributor address; City; State; Zip Code		1		
	1					
	1					
		Fort Worth, TX 76116				
		pation / Job title (See Instructions)	Employer (See Instructions	3)		
С	ertified Rec	gistered Nurse Anesthetist				
D	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
0	6/14/2025	Gallagher, Brett				\$83.33
		Contributor address; City; State; Zip Code		1		
	!					
		Lubbock, TX 79423				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	ertified Reg	gistered Nurse Anesthetist		_		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
0	6/21/2025	Galvin, Vaughna				\$83.33
	1	Contributor address; City; State; Zip Code		]		
	1					
		Destrook TV 76126 AAE1				
		Benbrook, TX 76126-4451		ŕ		
		ipation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	3)		
				—		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	+00.00
0	6/02/2025	Garcia, David				\$83.33
	1	Contributor address; City; State; Zip Code				
	1					
	1	Can Antonia TV 702E1				
		San Antonio, TX 78251		ŕ		
		ipation / Job title (See Instructions)	Employer (See Instructions	3)		
		gistered Nurse Anesthetist				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 18/58 Rpt: 21/65
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ciation of Nurse Anesthetists Political Action Commit		00069305
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
06/18/2025	Garcia, Nataly		\$50.00
	6 Contributor address; City; State; Zip Code		•
	Contributor address, City, State, Zip Code		
	Pasadena, TX 77503		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/09/2025	Garcia, Raymond		\$83.33
	Contributor address; City; State; Zip Code		
	Willow Park, TX 76087		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Certified Rec	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/21/2025	Garza, Cristina		\$75.00
	Contributor address; City; State; Zip Code		•
	Mansfield, TX 76064		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	6)
Certified Rec	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/07/2025	Gegel, Brian		\$41.67
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78258		
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Certified Rec	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/17/2025	Gloff, Colton		\$20.00
	Contributor address; City; State; Zip Code		1
	Clifton, TX 76634		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Certified Rec	gistered Nurse Anesthetist		

т	he Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/58 Rpt: 22/65	
<b>2</b> F	ILER NAME			3	Filer ID (Ethics Commission	Filers)
		ciation of Nurse Anesthetists Political Action Commit			00069305	,
<b>4</b> D	vate	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
0	6/24/2025	Green, Jeff				\$83.33
		6 Contributor address; City; State; Zip Code		1		
		Amarillo, TX 79118				
<b>8</b> P	rincipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
С	ertified Reg	gistered Nurse Anesthetist				
D	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
0	5/31/2025	Green, Jessica				\$83.33
		Contributor address; City; State; Zip Code		1		
		BULLARD, TX 75757				
Р	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
С	ertified Rec	gistered Nurse Anesthetist				
D	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
0	5/26/2025	Guadamuz, Lilian				\$83.33
		Contributor address; City; State; Zip Code		1		
		Boerne, TX 78015				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
C	ertified Reg	gistered Nurse Anesthetist				
D	Date	Full name of contributor out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)	
0	6/14/2025	Guevara, Tessa				\$41.67
		Contributor address; City; State; Zip Code		1		
		Arlington, TX 76001				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
C	ertified Reg	gistered Nurse Anesthetist				
D	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
0	6/15/2025	Hack, Catherine				\$20.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75214				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
С	ertified Rec	gistered Nurse Anesthetist				

Th	e Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 20/58 Rpt: 23/65	
2 FIL	ER NAME			3	Filer ID (Ethics Commission	ı Filers)
Те	xas Assoc	ciation of Nurse Anesthetists Political Action Commit	ttee		00069305	
4 Dat	te	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
05/	/31/2025	Hammonds, Daniel				\$83.33
		6 Contributor address; City; State; Zip Code		1		
		Midlothian, TX 76065				
8 Prir	ncipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
Ce	rtified Reg	gistered Nurse Anesthetist				
Dat	te	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
06/	/17/2025	Hampton, Mark				\$83.33
		Contributor address; City; State; Zip Code		1		
		Fort Worth, TX 76116				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
Ce	rtified Reg	gistered Nurse Anesthetist				
Dat	te	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
06/	/24/2025	Hardy, Holly				\$20.00
		Contributor address; City; State; Zip Code		1		
		Fort Worth, TX 76109		Ĺ		
		pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	5)		
			<u> </u>	-		
Dat		Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	÷00.00
06/	/03/2025	Harper, Kyle				\$83.33
		Contributor address; City; State; Zip Code				
		Aledo, TX 76008				
Prir	ncinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>।</u> ३)		
		gistered Nurse Anesthetist		,		
Dat		Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	/29/2025	Hart, Christine	/			\$62.50
	20,2020	Contributor address; City; State; Zip Code		-		Ψ02.00
		Contributor address, City, State, Eip Sour				
		Plano, TX 75024				
Prir	ncipal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Ce	rtified Rec	gistered Nurse Anesthetist				

The Instruc	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 21/58 Rpt: 24/65
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ciation of Nurse Anesthetists Political Action Commit		00069305
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
06/12/2025	Hart, Christine		\$62.5
	6 Contributor address; City; State; Zip Code		
	Plano, TX 75024		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
Certified Reg	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/27/2025	Hawthorne, Mica		\$30.0
	Contributor address; City; State; Zip Code		
	Richmond, TX 77406		
	pation / Job title (See Instructions)	Employer (See Instructions	s)
Certified Reg	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/20/2025	Heathington, Beth		\$30.0
	Contributor address; City; State; Zip Code		
	Georgetown, TX 78633		
	pation / Job title (See Instructions)	Employer (See Instructions	s)
Certified Reg	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/24/2025	Hickman, Kathryn		\$30.0
	Contributor address; City; State; Zip Code		
	Adjuston TV 76001		
Dringing ago	Arlington, TX 76001		->
	pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	s)
		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/21/2025	High, Amber		\$41.6
	Contributor address; City; State; Zip Code		
	Diakingon TV 77520		
Dringing oogu	Dickinson, TX 77539	Employer (Cool Instructions	->
	pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	5)
Certineu Reg			

	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 22/58 Rpt: 25/65	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		ciation of Nurse Anesthetists Political Action Commit			00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/17/2025	Himsel, Ruth				\$41.67
		6 Contributor address; City; State; Zip Code				
		Georgetown, TX 78628				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Certified Rec	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/14/2025	Hollas, chalon				\$83.33
		Contributor address; City; State; Zip Code				
		Coppell, TX 75019				
	•	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Certified Rec	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/21/2025	Hollier, Royce				\$30.00
		Contributor address; City; State; Zip Code				
		Tomball, TX 77375				
		pation / Job title (See Instructions)	Employer (See Instructions	)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/17/2025	Hudson, Chelsie				\$62.50
		Contributor address; City; State; Zip Code				
		Missouri City, TX 77459				
$\vdash$	Dringingl occu	pation / Job title (See Instructions)	Employer (Soo Instructions	<u> </u>		
		gistered Nurse Anesthetist	Employer (See Instructions	)		
$\vdash$						
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>*</b> 20.00
	06/03/2025	Hutson, Jeff				\$30.00
		Contributor address; City; State; Zip Code				
		Graham, TX 76450				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
		gistered Nurse Anesthetist		,		
$\vdash$		,				

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	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 23/58 Rpt: 26/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		ciation of Nurse Anesthetists Political Action Commit			00069305	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	06/21/2025	Ilya, Malaniy				\$30.00
	ļ	6 Contributor address; City; State; Zip Code				
	ļ					
	ļ	Plano, TX 75093				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/26/2025	Jeffries, Tim				\$100.00
	ł	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Wichita Falls, TX 76308				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/24/2025	Jennings, Lisa				\$41.67
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Laredo, TX 78043				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)	
	06/02/2025	Ji, Julie				\$83.33
	ļ	Contributor address; City; State; Zip Code		]		
	ļ					
	ļ	Dollaira TV 77401				
	Dringing occu	Bellaire, TX 77401	Employer (See Instructions	<u> </u>		
		pation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	5)		
╞			<u> </u>	-		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>*</b> 100.00
	05/26/2025	John, Suja				\$100.00
	ļ	Contributor address; City; State; Zip Code				
		Dallas, TX 75219				
$\vdash$	Dringing occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		gistered Nurse Anesthetist	Employer (See Instructions	5)		
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 24/58 Rpt: 27/65	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit	ttee		00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	06/07/2025	Johnson, Ryan				\$30.00
	ļ	6 Contributor address; City; State; Zip Code		1		
	ļ					
		Houston, TX 77018				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	3)		
	Certified Rec	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/25/2025	Johnson-Cooks, Felicia				\$83.33
	1	Contributor address; City; State; Zip Code		1		
	ļ					
		San Antonio, TX 78220				
		upation / Job title (See Instructions)	Employer (See Instructions	3)		
	Certified Reç	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/22/2025	Jones, Nathan				\$30.00
	ļ	Contributor address; City; State; Zip Code		]		
	ļ	Manual TV 77570				
$\vdash$	Dringing occu	Manvel, TX 77578	Employer (See Instructions	$\sum_{i=1}^{n}$		
		upation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	5)		
╞		<u> </u>		<del>—</del>		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>\$10.00</b>
	06/22/2025	Jordan, Haley				\$10.00
		Contributor address; City; State; Zip Code				
	ļ	Belton, TX 76513				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ار</u> ج)		
		gistered Nurse Anesthetist		.,		
╞	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	05/26/2025	Kakenmaster, Kathryn	/		Amount of Continuation (c)	\$83.33
	00,20,21	Contributor address; City; State; Zip Code		ł		400.21
	ļ					
	ļ					
		Keller, TX 76248				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>		
	Certified Reg	gistered Nurse Anesthetist				

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 25/58 Rpt: 28/65 FILER NAME Filer ID (Ethics Commission Filers) 2 3 Texas Association of Nurse Anesthetists Political Action Committee 00069305 Full name of contributor 4 Date out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/31/2025 Kelly, Tamra \$41.67 6 Contributor address; City; State; Zip Code Humble, TX 77346 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Certified Registered Nurse Anesthetist Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/20/2025 Kelly, Tamra \$30.00 Contributor address; City; State; Zip Code JERSEY VILLAGE, TX 77040 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 06/21/2025 Kelly, Tamra \$62.50 Contributor address; City; State; Zip Code Humble, TX 77346 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/03/2025 Key, Robert \$83.33 Contributor address; City; State; Zip Code The Woodlands, TX 77381 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/16/2025 \$20.00 Koerth, Sara Contributor address; City; State; Zip Code Nacogdoches, TX 75963 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 26/58 Rpt: 29/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	tiation of Nurse Anesthetists Political Action Commit	tee		00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/16/2025	Kopp, Jennifer				\$83.33
		6 Contributor address; City; State; Zip Code				
		Pearland, TX 77581				
8			9 Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/22/2025	Krenek, Aaron				\$50.00
		Contributor address; City; State; Zip Code				
		Bay City, TX 77414				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/28/2025	Krenek, Debra				\$30.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78541				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/20/2025	Laidlaw, Jane				\$83.33
		Contributor address; City; State; Zip Code				
		Dallas, TX 75214		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/15/2025	Leach, Steven				\$100.00
		Contributor address; City; State; Zip Code				
		Device Viete TV 77502				
⊢	Daimeirent	Bayou Vista, TX 77563				
ĺ		pation / Job title (See Instructions)	Employer (See Instructions	5)		
L	Certilleu Re(	gistered Nurse Anesthetist				
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 27/58 Rpt: 30/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit			00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	06/13/2025	Lemen, Brandon				\$83.33
		6 Contributor address; City; State; Zip Code		1		
	ļ	Conroe, TX 77384				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Certified Rec	gistered Nurse Anesthetist				
╞	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	06/17/2025	Lemen, Lauren				\$83.33
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
	ļ	Conroe, TX 77384				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Certified Rec	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Ι	Amount of Contribution (\$)	
	06/20/2025	Leuellen, Jennifer				\$41.67
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Manvel, TX 77578				
		ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Certified Reç	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/22/2025	Magruder, Dana				\$83.33
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Austin, TX 78730		Ĺ		
		ipation / Job title (See Instructions)	Employer (See Instructions	S)		
	Certilleu Reț	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/05/2025	Malcolm, Andrea				\$100.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	Davina TV 70016				
$\vdash$	Dringing oog	Devine, TX 78016		<u> </u>		
		ipation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	5)		
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	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 28/58 Rpt: 31/65	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit			00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/22/2025	Manley, Matthew				\$50.00
	ł	6 Contributor address; City; State; Zip Code		1		
	ļ					
	ļ	Canyon, TX 79015				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/19/2025	Martin, DeaAnn				\$41.67
	ł	Contributor address; City; State; Zip Code		1		
	ļ					
		Allen, TX 75002				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	05/31/2025	Martin, James				\$30.00
	ł	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		College Station, TX 77845				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		_
	Certified Rec	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/23/2025	Martinez, Graciela				\$83.33
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Harlingen, TX 78552				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)	Ţ	Amount of Contribution (\$)	
	05/26/2025	Martinez, Jared				\$62.50
		Contributor address; City; State; Zip Code		]		
		Beaumont, TX 77705				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reç	gistered Nurse Anesthetist				

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 29/58 Rpt: 32/65	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit	ttee		00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/18/2025	Martisek, Emily				\$62.50
		6 Contributor address; City; State; Zip Code		1		
		Boerne, TX 78015				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/28/2025	Massey, Douglas				\$83.33
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78260				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/12/2025	Mayes, Evan				\$25.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75206				
	-	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/17/2025	McGuire, Erica				\$30.00
		Contributor address; City; State; Zip Code		1		
		Haskell, TX 79521				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/20/2025	McLaughlin, Erin				\$30.00
		Contributor address; City; State; Zip Code		]		
		Frisco, TX 75035				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 30/58 Rpt: 33/65
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ciation of Nurse Anesthetists Political Action Commit		00069305
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
06/21/2025	McPhail, Andrew		\$83.33
	6 Contributor address; City; State; Zip Code		1
	Plano, TX 75093		
	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Certified Reg	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/17/2025	McReynolds, Mary		\$30.00
	Contributor address; City; State; Zip Code		1
	Aledo, TX 76008		
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Certified Reo	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/27/2025	Michinock, Jessica		\$20.00
	Contributor address; City; State; Zip Code		1
	Round Rock, TX 78664		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Certified Rec	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/15/2025	Miller, Andre		\$83.33
	Contributor address; City; State; Zip Code		]
	Langua Ott - TV 77570		
D in sized as an	League City, TX 77573		
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
	gistered Nurse Anesthetist		<del>.</del>
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/31/2025	Minton, Brandon		\$83.33
	Contributor address; City; State; Zip Code		
	Dechville TV 76407 5710		
Dringing oog	Poolville, TX 76487-5719	Employer (Cool Instructions	
	ipation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	5)

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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 31/58 Rpt: 34/65	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		ciation of Nurse Anesthetists Political Action Committ			00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/03/2025	Moe, Naomie				\$83.33
	1	6 Contributor address; City; State; Zip Code		1		
		Floresville, TX 78114				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/20/2025	Mogire, Christine				\$30.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
		San Antonio, TX 78245				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/24/2025	Montoya, Juan			······································	\$83.33
		Contributor address; City; State; Zip Code		1		• -
	ļ					
	ļ	Houston, TX 77025				
$\vdash$	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		gistered Nurse Anesthetist				
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	06/02/2025	Moore, Mandy	/			\$50.00
	00,01,111	Contributor address; City; State; Zip Code				<b>400</b>
	ļ	Culturbulor address, City, State, Zip Code				
	ļ	Richardson, TX 75082				
⊢	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	」 s)		
		gistered Nurse Anesthetist		-,		
╞	Date	Full name of contributor out-of-state PAC (ID#:	\	Τ	Amount of Contribution (\$)	
	06/22/2025	Moore, Robert	/			\$30.00
	00/22/2020					Ψ00.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76116				
$\vdash$	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	e)		
		gistered Nurse Anesthetist		2)		
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	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/58 Rpt: 35/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		ciation of Nurse Anesthetists Political Action Commit			00069305	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	05/28/2025	Moore, Stephanie				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		College Station, TX 77845				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Certified Reç	gistered Nurse Anesthetist				
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/14/2025	Moore, Tammy				\$83.33
		Contributor address; City; State; Zip Code				
		Houston, TX 77080				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
	Certified Rec	gistered Nurse Anesthetist				
╞	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	05/28/2025	Morales, Timothy	/		, and an extension (	\$83.33
	•••••	Contributor address; City; State; Zip Code				+ <del>-</del>
		Missouri City, TX 77459				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/21/2025	Morris, Kim				\$30.00
		Contributor address; City; State; Zip Code		1		
		Crowley, TX 76036				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/27/2025	Moya, Lillian				\$62.50
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77025				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reç	gistered Nurse Anesthetist				
			<u> </u>			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 33/58 Rpt: 36/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit			00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	05/27/2025	Moya, Maria				\$30.00
	I	6 Contributor address; City; State; Zip Code				
		Katy, TX 77494				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<b>.</b> ;)		
	Certified Reg	gistered Nurse Anesthetist				
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/05/2025	Mueller, Joseph	/		,	\$100.00
		Contributor address; City; State; Zip Code				+
		Austin, TX 78736				
$\vdash$	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	L;)		
		gistered Nurse Anesthetist		,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>		Amount of Contribution (\$)	
	05/31/2025	Mueller, Sarah	/			\$30.00
	00/01/2020	Contributor address; City; State; Zip Code				400.00
		Continuation address, City, State, Lip Code				
		Inez, TX 77968				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L;)		
	Certified Reg	gistered Nurse Anesthetist				
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/15/2025	Mukherjee, Jeaniece	/		, uncant of contraction (	\$83.33
	00.20.20	Contributor address; City; State; Zip Code				<b>T - -</b> .
		Wichita Falls, TX 76308				
⊢	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	I;)		
		gistered Nurse Anesthetist				
╞	Date	Full name of contributor Out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	05/27/2025	Murphy, Yvonne	/		, whether a construction ( ) ,	\$50.00
		Contributor address; City; State; Zip Code				• -
		Georgetown, TX 78633				
⊢	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	L;)		
		gistered Nurse Anesthetist		,		
$\vdash$		<u></u>				
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 34/58 Rpt: 37/65	
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2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Committ			00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/19/2025	Murphy, Yvonne				\$50.00
	ļ	6 Contributor address; City; State; Zip Code				
	ļ					
		1				
		Georgetown, TX 78633				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Certified Rec	gistered Nurse Anesthetist				
⊢	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/09/2025	Nelson, Amanda			• •	\$83.33
		Contributor address; City; State; Zip Code				
	ļ	1				
	ļ	Fort Worth, TX 76111				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Certified Rec	gistered Nurse Anesthetist				
⊢	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	05/31/2025	Newman, Adam			• •	\$83.33
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	Dallas, TX 75206				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Certified Rec	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/17/2025	Nguyen, Thanh				\$62.50
		Contributor address; City; State; Zip Code				
	ļ					
	ļ					
		Houston, TX 77079				
		pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Certified Reç	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	05/27/2025	Nick, michael				\$83.33
	ļ	Contributor address; City; State; Zip Code	1			
		1				
		1				
		Abernathy, TX 79311				
		pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Certified Reç	gistered Nurse Anesthetist				

	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 35/58 Rpt: 38/65	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	siation of Nurse Anesthetists Political Action Commit			00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
	06/03/2025	Northcutt, Leann	,		/ mount of 2211112111 (1)	\$20.00
	00,00,2:	6 Contributor address; City; State; Zip Code				<b>*-0</b>
		Continuation address, City, State, Zip Code				
	ļ	Austin, TX 78745				
8	Principal occu	l	9 Employer (See Instructions	)		
		gistered Nurse Anesthetist		,		
╞	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	06/03/2025	Norwood, Jennifer	/			\$83.33
	00/00/2020	Contributor address; City; State; Zip Code				Ψ00.00
	ļ	Contributor address, City, State, Zip Code				
	ļ	Atlanta, GA 30324				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	-	gistered Nurse Anesthetist		,		
╞			<u> </u>		Amount of Contribution (¢)	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	¢02.22
	05/31/2025	Nugent, Hylda				\$83.33
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	Weatherford, TX 76087-3820				
$\vdash$	Bringinal occu	pation / Job title (See Instructions)	Employor (See Instructions	<u> </u>		
		gistered Nurse Anesthetist	Employer (See Instructions	)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	÷00.00
	06/03/2025	Oakman, Rachel				\$83.33
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	Wichita Falls, TX 76306				
	Dringing oou		Employer (Cool Instructions	<u> </u>		
		pation / Job title (See Instructions)	Employer (See Instructions	)		
		gistered Nurse Anesthetist	<u> </u>			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/23/2025	Odell, Wendy				\$83.33
		Contributor address; City; State; Zip Code				
		Southlake, TX 76092	]			
		pation / Job title (See Instructions)	Employer (See Instructions	)		
	Certified Reç	gistered Nurse Anesthetist				

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 36/58 Rpt: 39/65 FILER NAME Filer ID (Ethics Commission Filers) 2 3 Texas Association of Nurse Anesthetists Political Action Committee 00069305 4 Date Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/28/2025 Okello, Peter \$50.00 6 Contributor address; City; State; Zip Code Lubbock, TX 79423 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Certified Registered Nurse Anesthetist Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/31/2025 Olson, David \$83.33 Contributor address; City; State; Zip Code Ft worth, TX 76133 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/21/2025 Ombongi, Michael \$62.50 Contributor address; City; State; Zip Code McKinney, TX 75071 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/22/2025 Omoni, Peter \$83.33 Contributor address; City; State; Zip Code Katy, TX 77494 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/21/2025 \$30.00 Paloian, Meredith Contributor address; City; State; Zip Code Katy, TX 77494 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 37/58 Rpt: 40/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	iation of Nurse Anesthetists Political Action Commit	tee		00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/03/2025	Papizan, Cindy				\$83.33
		6 Contributor address; City; State; Zip Code				
		Saint Hedwig, TX 78152				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> ;)		
		jistered Nurse Anesthetist		,		
⊨				<u> </u>	Amount of Contribution (ft)	
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	¢20.00
	06/23/2025	Pare, John				\$30.00
		Contributor address; City; State; Zip Code				
		Tamala TV 70500				
		Temple, TX 76502		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	jistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/15/2025	Parnacott, Stewart				\$83.33
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77019				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	jistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/24/2025	Patel, Bhavika				\$83.33
		Contributor address; City; State; Zip Code				
		SugarLand, TX 77478				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	•	jistered Nurse Anesthetist		<i>,</i>		
╞	Date		\ \		Amount of Contribution (\$)	
	05/31/2025		)		Amount of Contribution (\$)	\$100.00
	05/31/2025					\$100.00
		Contributor address; City; State; Zip Code				
		Luflin TV 75001				
⊢	Duin circ - i	Lufkin, TX 75901				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	jistered Nurse Anesthetist				

The Instructi	ion Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 38/58 Rpt: 41/65
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Texas Associat	tion of Nurse Anesthetists Political Action Commit		00069305
4 Date 5	Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
06/13/2025	Pham, Holly		\$100.00
6	Contributor address; City; State; Zip Code		•
	Temple, TX 76502		
8 Principal occupat	tion / Job title (See Instructions)	9 Employer (See Instructions)	\$)
Certified Regist	tered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/14/2025	Pichon, Arianne		\$41.67
	Contributor address; City; State; Zip Code		
	Buda, TX 78610		
	tion / Job title (See Instructions)	Employer (See Instructions)	5)
Certified Regist	tered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/26/2025	Ponder, Amber		\$83.33
	Contributor address; City; State; Zip Code		1
	Abilene, TX 79606		
	tion / Job title (See Instructions) tered Nurse Anesthetist	Employer (See Instructions)	6)
_			1
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/17/2025	Powell, Steven		\$83.33
	Contributor address; City; State; Zip Code		
	Spring, TX 77381		
Principal occupat	tion / Job title (See Instructions)	Employer (See Instructions)	<u> </u>
	tered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
05/26/2025	Pugh, Alyssa	/	\$41.67
	Contributor address; City; State; Zip Code		
	Contributor address, Gity, State, Zip Code		
	Cresson, TX 76035		
Principal occupat	tion / Job title (See Instructions)	Employer (See Instructions)	5)
Certified Regist	tered Nurse Anesthetist		

	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 39/58 Rpt: 42/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit			00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	06/24/2025	Rabe, Cora			·····	\$83.33
		6 Contributor address; City; State; Zip Code	,			
		Humble, TX 77396-3888				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<b>.</b> 5)		
	Certified Rec	gistered Nurse Anesthetist				
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/22/2025	Rader, Haley			······ 、,	\$100.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77098				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<b>.</b> 5)		
	Certified Rec	gistered Nurse Anesthetist				
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	05/31/2025	Ramsey, Dana				\$83.33
		Contributor address; City; State; Zip Code				
		Austin, TX 78747				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/21/2025	Rao, Jacob				\$10.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75238				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/09/2025	Rebman, Misty				\$50.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 76248				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				

	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 40/58 Rpt: 43/65	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit			00069305	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	05/31/2025	Reed, Gerald			• •	\$83.33
		6 Contributor address; City; State; Zip Code		1		
		Corinth, TX 76210				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/11/2025	Reed, Troy				\$30.00
		Contributor address; City; State; Zip Code		1		
		New Braunfels, TX 78132				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/12/2025	Reidy, Catherine				\$83.33
		Contributor address; City; State; Zip Code		1		
		Crashung TV 76040				
	Dringing oog	Granbury, TX 76049	Employer (Cool Instructions	<u> </u>		
		ipation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	5)		
╘				1		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>*</b> 20.00
	06/02/2025	Renouard, Madison				\$30.00
		Contributor address; City; State; Zip Code				
		Grapevine, TX 76051				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 5)		
		gistered Nurse Anesthetist		-,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Τ	Amount of Contribution (\$)	
	06/11/2025	Resendez, Veronica	/		Allount of contribution (+)	\$30.00
	• • • •	Contributor address; City; State; Zip Code		$\mathbf{I}$		Ŧ
		Austin, TX 78757				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 41/58 Rpt: 44/65	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	ciation of Nurse Anesthetists Political Action Commit		00069305	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
06/17/2025	Resnick, Lillian		\$	\$30.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78735			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	)	
-	gistered Nurse Anesthetist		,	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
06/20/2025	Reyes, Elaynne		\$	30.00
	Contributor address; City; State; Zip Code			
	Arlington, TX 76005			
	upation / Job title (See Instructions)	Employer (See Instructions		
Certified Re	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/20/2025	Reynolds, Thomas		\$	62.50
	Contributor address; City; State; Zip Code			
D in single and	Burleson, TX 76028		、 、	
	upation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions		
		<u> </u>	2 - 11 J	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/14/2025	Rhodes, Lara		Φ	83.33
	Contributor address; City; State; Zip Code			
	Orange Park, TX 32073			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	)	
Certified Re	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/01/2025			\$1	100.00
	Contributor address; City; State; Zip Code			
	Amarillo, TX 79106			
	upation / Job title (See Instructions)	Employer (See Instructions	)	
Certified Re	gistered Nurse Anesthetist			
		·		

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 42/58 Rpt: 45/65
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Texas Assoc	ciation of Nurse Anesthetists Political Action Commit		00069305
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
05/31/2025	Richardson, Scott		\$83.3
	6 Contributor address; City; State; Zip Code		
	La Feria, TX 78559		
	upation / Job title (See Instructions)	9 Employer (See Instructions)	\$)
Certified Reg	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/18/2025	Rios, Jennifer		\$83.3
	Contributor address; City; State; Zip Code		
	Manvel, TX 77578		
	upation / Job title (See Instructions)	Employer (See Instructions)	;) 
Certified Re	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/01/2025	Rodrigeuez, Joseph		\$30.0
	Contributor address; City; State; Zip Code		
	Phoenix, AZ 85013-3635		
	upation / Job title (See Instructions)	Employer (See Instructions)	
Certified Re	gistered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/31/2025	Rodriguez, Juan		\$83.3
	Contributor address; City; State; Zip Code		1
	Corpus Christi, TX 78414		<u> </u>
	upation / Job title (See Instructions)	Employer (See Instructions)	;)
Certified Reg	gistered Nurse Anesthetist	<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/29/2025	Ross, Brittaney		\$30.0
	Contributor address; City; State; Zip Code		
	Dallas, TX 75206		-
	upation / Job title (See Instructions)	Employer (See Instructions)	;)
Certified Reg	gistered Nurse Anesthetist		

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 43/58 Rpt: 46/65
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Texas Association of Nurse Anesthetists Political Action Committee	00069305
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/04/2025 Ross, Robert	\$83.33
6 Contributor address; City; State; Zip Code	
Contributor address, City, State, Zip Code	
Arlington, TX 76017	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructi	ions)
Certified Registered Nurse Anesthetist	,
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/31/2025 Rutherford, Karrie	\$20.00
Contributor address; City; State; Zip Code	
Contributor dudress, City, State, Zip Code	
Caldwell, TX 77836	
Principal occupation / Job title (See Instructions) Employer (See Instructi	l ions)
Certified Registered Nurse Anesthetist	
Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/17/2025 Ryschon, Carolyn	\$83.33
Contributor address; City; State; Zip Code	
Contributor dudress, City, State, Zip Code	
Weatherford, TX 76088	
Principal occupation / Job title (See Instructions) Employer (See Instructi	ions)
Certified Registered Nurse Anesthetist	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/27/2025 Saenz, Melizza	\$62.50
Contributor address; City; State; Zip Code	
Belton, TX 76513	
Principal occupation / Job title (See Instructions) Employer (See Instructi	ions)
Certified Registered Nurse Anesthetist	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/27/2025 Salazar, Lorin	\$41.67
Contributor address; City; State; Zip Code	
Conroe, TX 77385	
Principal occupation / Job title (See Instructions) Employer (See Instructi	ions)
Certified Registered Nurse Anesthetist	

	The Instrue	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 44/58 Rpt: 47/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		ciation of Nurse Anesthetists Political Action Commit	ttee		00069305	
4	Date	5 Full name of contributor Dut-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	05/26/2025	Sanders, Kay				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		Fort Worth, TX 76179				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/02/2025	Santana, Elida				\$83.33
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78228				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	06/20/2025	Schaefer, Stephen				\$30.00
		Contributor address; City; State; Zip Code				
		New Braunfels, TX 78132				
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/20/2025	Schroeder, Sabrina				\$30.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78744	1			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/15/2025	Scudieri, Louise				\$62.50
		Contributor address; City; State; Zip Code				
	<u> </u>	Decatur, TX 76234	- · · · · · · · ·	Ļ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist				

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 45/58 Rpt: 48/65	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Committ			00069305	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/17/2025	Shaffer, Scott				\$83.33
	-	6 Contributor address; City; State; Zip Code		ł		
	I					
	I	1				
	I	Salida, CO 81201				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	<b></b> 3)		
	Certified Reg	gistered Nurse Anesthetist				
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/08/2025	Shahan, Jennifer				\$30.00
		Contributor address; City; State; Zip Code		ł		
	I					
	I	1				
	I	Colleyville, TX 76024				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	∟ 3)		
		gistered Nurse Anesthetist				
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	) !	Γ	Amount of Contribution (\$)	
	06/11/2025	Sheneman, Megan	/			\$40.00
	00, 22, 202	Contributor address; City; State; Zip Code		ł		Ŧ
	I	Contributor address, City, State, Zip Code				
	I					
	I	Houston, TX 77008				
	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions)	∟ 3)		
		gistered Nurse Anesthetist				
╞	Date	Full name of contributor Out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/15/2025	Sheppard, Amy	/		, ano and or elements ( ),	\$83.33
	00,20.2	Contributor address; City; State; Zip Code		ł		Ŧ==
	I	Contributor address, City, State, Zip Code				
	I					
	I	Fort Worth, TX 76110				
⊢	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions)	∟ 3)		
	•	gistered Nurse Anesthetist				
╞	Date	Full name of contributor Out-of-state PAC (ID#:	) 1	Γ	Amount of Contribution (\$)	
	05/26/2025	Sierra, David	/		, ano and or elements ( ),	\$10.00
	00,20,20	Contributor address; City; State; Zip Code		ł		<b>+</b>
	I	Contributor address, City, State, Zip Coue				
	I					
	I	Round Rock, TX 78664				
⊢	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
		gistered Nurse Anesthetist		"		
┝			<u>.</u>			

	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 46/58 Rpt: 49/65	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit	tee		00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/04/2025	Smart, Joshua				\$83.33
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77096				
8			9 Employer (See Instructions	)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/17/2025	Smit, Tammy				\$30.00
		Contributor address; City; State; Zip Code				
		Cleburne, TX 76031				
		pation / Job title (See Instructions)	Employer (See Instructions	)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/21/2025	Smith, Catherine				\$83.33
		Contributor address; City; State; Zip Code				
		Manual TV 77570				
$\vdash$	Dringing occu	Manvel, TX 77578 pation / Job title (See Instructions)	Employer (See Instructions	\		
	-	gistered Nurse Anesthetist	Employer (See Instructions	)		
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	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>#</b> 20.00
	06/14/2025	Smith, Charles				\$30.00
		Contributor address; City; State; Zip Code				
		San Benito, TX 78586				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
		gistered Nurse Anesthetist		,		
╞	Date	Full name of contributor out-of-state PAC (ID#:	\		Amount of Contribution (\$)	
	06/20/2025	Smith, Korde	/		Allount of Contribution (*)	\$50.00
	00.20.20	Contributor address; City; State; Zip Code				<b>T</b>
		Troup, TX 75789				
┢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Certified Reg	gistered Nurse Anesthetist				
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 47/58 Rpt: 50/65	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit			00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	06/20/2025	Smith, Rikysha				\$30.00
		6 Contributor address; City; State; Zip Code		ł		
		Spring, TX 77379				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
		gistered Nurse Anesthetist				
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/17/2025	Sorrell, Nicholas	/			\$83.33
	00/11/2020	Contributor address; City; State; Zip Code		•		Ψ00.00
	ļ	Continuation address, City, State, Lip Code				
	ļ					
	ļ	Montgomery, TX 77356				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
		gistered Nurse Anesthetist		,		
⊨			<u> </u>	1	Amount of Contribution (\$)	
	Date 06/01/2025		)		Amount of Contribution (\$)	\$5.00
	00/01/2023	Spears, Allison				ΦΟ.ΟΟ
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	Houston, TX 77018				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		gistered Nurse Anesthetist		>)		
╞			<u> </u>	1		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>#00.00</b>
	06/16/2025	Spitzer, Amanda				\$83.33
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	Fort Worth TV 76100				
$\vdash$	Dringingl oog	Fort Worth, TX 76109		<u> </u>		
		ipation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	5)		
				-		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/18/2025	Stephenson, Malia		]		\$50.00
	ļ	Contributor address; City; State; Zip Code		]		
	ļ					
		Keller, TX 76248	-			
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				

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	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 48/58 Rpt: 51/65	
2	FILER NAME	ME			Filer ID (Ethics Commission	Filers)
	Texas Assoc	ociation of Nurse Anesthetists Political Action Committee			00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
	05/31/2025	Stevenson, Joshua				\$83.33
	I	6 Contributor address; City; State; Zip Code		ł		
	I					
	I					
		Perryton, TX 79070				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions)	;)		
	Certified Rec	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/17/2025	Steward, Brynn				\$83.33
	I	Contributor address; City; State; Zip Code		1		
	I					
	I					
		Rockwall, TX 75087				
		upation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Certified Rec	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/19/2025	Stoner, Christin				\$83.33
	I	Contributor address; City; State; Zip Code	1	1		
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		Rockwall, TX 75087		Ļ		
	•	Ipation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Certifieu Reț	gistered Nurse Anesthetist	<u> </u>	—		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/20/2025	Stroderd, Trisha				\$30.00
	I	Contributor address; City; State; Zip Code				
	I					
	I	Spring, TX 77389				
	Dringingl occu	spring, 1X //389 pation / Job title (See Instructions)	Employer (Soo Instructions			
		gistered Nurse Anesthetist	Employer (See Instructions)	5)		
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	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	<b>*00.00</b>
	06/14/2025 Stroh, Christopher				\$83.33	
	I	Contributor address; City; State; Zip Code				
	I					
	I	Austin, TX 78750				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
		gistered Nurse Anesthetist		'n		
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The Instr	ruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 49/58 Rpt: 52/65
2 FILER NAM	 IE		<b>3</b> Filer ID (Ethics Commission Filers)
Texas Ass	ociation of Nurse Anesthetists Political Action Commi		00069305
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
06/21/202		/	\$85.00
00,22,202			•
	6 Contributor address; City; State; Zip Code		
	The Woodlands, TX 77382		
8 Principal oc	cupation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>
-	Registered Nurse Anesthetist		<i>''</i>
			Amount of Contribution (\$)
Date 05/28/202		)	Amount of Contribution (\$) \$83.33
03/20/2023			φου.υ.
	Contributor address; City; State; Zip Code		
	Houston, TX 77056		
Dringinal og		Employer (See Instructions	
-	cupation / Job title (See Instructions) Registered Nurse Anesthetist	Employer (See Instructions	;)
			<del>.</del>
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/16/202	5 Tabladillo, Meredith		\$30.00
	Contributor address; City; State; Zip Code		
	League City, TX 77573		
-	cupation / Job title (See Instructions)	Employer (See Instructions	\$)
Certified R	Registered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/22/202	5 Talley, Miriam		\$83.3
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78251-2359		
	cupation / Job title (See Instructions)	Employer (See Instructions	;) 
Certified R	Registered Nurse Anesthetist		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/12/202	— — —		\$83.3
Contributor address; City; State; Zip Code		•	
	Bayou Vista, TX 77563		
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	<u>۱</u> ۶)
-	Registered Nurse Anesthetist		, ,

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 50/58 Rpt: 53/65 FILER NAME Filer ID (Ethics Commission Filers) 2 3 Texas Association of Nurse Anesthetists Political Action Committee 00069305 4 Date Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/27/2025 Taylor, Jordan 6 Contributor address; City; State; Zip Code League City, TX 77573 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Certified Registered Nurse Anesthetist Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/21/2025 Teixeira, Breno Contributor address; City; State; Zip Code McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/04/2025 Thomas, Rodrick Contributor address; City; State; Zip Code Livingston, TX 77399 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/27/2025 Tomongha, Evangeline Contributor address; City; State; Zip Code Katy, TX 77494 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/27/2025 Tomongha, Evangeline Contributor address; City; State; Zip Code Katy, TX 77494 Principal occupation / Job title (See Instructions) Employer (See Instructions)

Certified Registered Nurse Anesthetist

\$83.33

\$41.67

\$62.50

\$62.50

\$62.50

Texas Association of Nurse Anesthetists Political Action Committee     00069305					
Texas Association of Nurse Anesthetists Political Action Committee       00069305         I Date       5 Full name of contribution       aux-of-state PAC (Dur	The Instruc	ction Guide explains how to complete this f	orm.		
Texas Association of Nurse Anesthelists Political Action Committee       00069305         I Date       5 Full name of contributor       nur-of-state PAC (DU	2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers	s)
05/27/2025       Tormongha, Evangeline       S62.50         6       Contributor address; City; State; Zip Code       S62.50         7       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Certified Registered Nurse Anesthetist       0ord-state PAC (D#	Texas Assoc	iation of Nurse Anesthetists Political Action Commit			
05/27/2025       Tomongha, Evangeline       \$62.50         6       Contributor address; City, State; Zip Code       \$         3       Principal occupation / Job title (See Instructions)       \$         Certified Registered Nurse Anesthetist       \$       Employer (See Instructions)         Of 31/2025       Full name of contributor       out-of-state PAC (DP       Amount of Contribution (\$)         05/31/2025       Full name of contributor       out-of-state PAC (DP       Amount of Contribution (\$)         05/31/2025       Full name of contributor       out-of-state PAC (DP       Amount of Contribution (\$)         06/19/2025       Full name of contributor       out-of-state PAC (DP       Amount of Contribution (\$)         06/19/2025       Full name of contributor       out-of-state PAC (DP       Amount of Contribution (\$)         06/19/2025       Full name of contributor       out-of-state PAC (DP       Amount of Contribution (\$)         06/19/2025       Full name of contributor       out-of-state PAC (DP       Amount of Contribution (\$)         06/19/2025       Full name of contributor       out-of-state PAC (DP       Amount of Contribution (\$)         06/16/2025       Full name of contributor       out-of-state PAC (DP       Amount of Contribution (\$)         06/16/2025       Full name of contributor       out-of-state PA	4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
6       Commbutor address: City, State; Zip Code         Katy, TX 77494       Fincipal occupation / Job title (See Instructions)         Certified Registered Nurse Anesthetist       Image: Contributor Image:	05/27/2025				2.50
katy, TX 77494         Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist       Perincipal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist       Amount of Contribution (S) \$62.50         Date Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist       Employer (See Instructions) Certified Registered Nurse Anesthetist         Date 06/19/2025       Full name of contributor					
Principal occupation / Job title (See Instructions)       Pemployer (See Instructions)         Certified Registered Nurse Anesthetist       autoristate PAC (IDE:)       Amount of Contribution (\$)         Date       G5/31/2025       Full name of contributor       autoristate PAC (IDE:)       Amount of Contribution (\$)         OS/31/2025       Full name of contributor       autoristate PAC (IDE:)       Amount of Contribution (\$)       \$62.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)       \$62.50         Certified Registered Nurse Anesthetist       Date       Outoristate PAC (IDE:)       Amount of Contribution (\$)       \$41.67         Contributor address; City, State; Zip Code       Contributor address; City, State; Zip Code       Amount of Contribution (\$)       \$41.67         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$41.67         Certified Registered Nurse Anesthetist       Employer (See Instructions)       \$41.67         Ob/19/2025       Full name of contributor       autoristate PAC (IDE:)       Amount of Contribution (\$)         Ob/16/2025       Full name of contributor       autoristate PAC (IDE:)       Amount of Contribution (\$)       \$100.00         Contributor address; City, State; Zip Code       Date					
Principal occupation / Job title (See Instructions)       Pemployer (See Instructions)         Certified Registered Nurse Anesthetist       autoristate PAC (IDE:)       Amount of Contribution (\$)         Date       G5/31/2025       Full name of contributor       autoristate PAC (IDE:)       Amount of Contribution (\$)         OS/31/2025       Full name of contributor       autoristate PAC (IDE:)       Amount of Contribution (\$)       \$62.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)       \$62.50         Certified Registered Nurse Anesthetist       Date       Outoristate PAC (IDE:)       Amount of Contribution (\$)       \$41.67         Contributor address; City, State; Zip Code       Contributor address; City, State; Zip Code       Amount of Contribution (\$)       \$41.67         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$41.67         Certified Registered Nurse Anesthetist       Employer (See Instructions)       \$41.67         Ob/19/2025       Full name of contributor       autoristate PAC (IDE:)       Amount of Contribution (\$)         Ob/16/2025       Full name of contributor       autoristate PAC (IDE:)       Amount of Contribution (\$)       \$100.00         Contributor address; City, State; Zip Code       Date					
Certified Registered Nurse Anesthetist       Amount of Contribution (\$)         Date 05/31/2025       Full name of contributor address: City, State, Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Se2.50         Certified Registered Nurse Anesthetist       amount of Contribution (\$)       \$62.50         Date 06/19/2025       Full name of contributor address; City, State; Zip Code       Amount of Contribution (\$)         Certified Registered Nurse Anesthetist       amount of Contribution (\$)       \$41.67         Ob/19/2025       Townson, Kella Contributor address; City, State; Zip Code       Amount of Contribution (\$)         Certified Registered Nurse Anesthetist       Employer (See Instructions)       \$41.67         Certified Registered Nurse Anesthetist       Employer (See Instructions)       \$100.00         Contributor address; City, State; Zip Code       Amount of Contribution (\$)       \$100.00         Contributor address; City, State; Zip Code       Amount of Contribution (\$)       \$83.33         Date		Katy, TX 77494			
Date       Full name of contributor       out-of-state PAC (ID#:			9 Employer (See Instructions	;)	
05/31/2025       Torres, Efrain       \$62.50         Contributor address; City; State; Zip Code       Argyle, TX 76226         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Employer (See Instructions)         Date       Full name of contributor out-of-state PAC (IDI:)       Amount of Contribution (\$)         06/19/2025       Townson, Keila       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S41.67         Certified Registered Nurse Anesthetist       Employer (See Instructions)       S41.67         Certified Registered Nurse Anesthetist       Employer (See Instructions)       S41.67         Contributor address; City, State; Zip Code       Amount of Contribution (\$)       S41.67         Ob/16/2025       Full name of contributor out-of-state PAC (IDI:)       Amount of Contribution (\$)       S100.00         Contributor address; City, State; Zip Code	Certified Reg	jistered Nurse Anesthetist			
Contributor address; City, State; Zip Code         Argyle, TX 76226         Principal occupation / Job title (See Instructions)         Certified Registered Nurse Anesthetist         Date         06/19/2025         Townson, Keila         Contributor address; City, State; Zip Code         Principal occupation / Job title (See Instructions)         Cedar Hill, TX 75104         Principal occupation / Job title (See Instructions)         Certified Registered Nurse Anesthetist         Date         Of16/2025         Tran, Sophia         Contributor address; City, State; Zip Code         Date         Date         Date         Date         Contributor address; City, State; Zip Code         Tran, Sophia         Contributor address; City, State; Zip Code         Date         Dallas, TX 75252         Principal occupation / Job title (See Instructions)         Certified Registered Nurse Anesthetist         Date         Date         O6/14/2025         Full name of contributor         Out-of-state PAC (ID#:	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
Argyle, TX 76226         Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist       Employer (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:	05/31/2025	Torres, Efrain		\$62	2.50
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/19/2025       Townson, Keila       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$41.67         Cedar Hill, TX 75104       Employer (See Instructions)       \$41.67         Crified Registered Nurse Anesthetist       Employer (See Instructions)       \$41.67         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/16/2025       Tran, Sophia       Amount of Contribution (\$)       \$100.00         Contributor address; City, State; Zip Code       Dallas, TX 75252       Employer (See Instructions)       \$100.00         Certified Registered Nurse Anesthetist       Employer (See Instructions)       \$41.67       \$41.67         Date       Dallas, TX 75252       Employer (See Instructions)       \$41.67       \$41.67         Date       Full name of contributor       out-of-state PAC (ID#:					
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/19/2025       Townson, Keila       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$41.67         Cedar Hill, TX 75104       Employer (See Instructions)       \$41.67         Crified Registered Nurse Anesthetist       Employer (See Instructions)       \$41.67         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/16/2025       Tran, Sophia       Amount of Contribution (\$)       \$100.00         Contributor address; City, State; Zip Code       Dallas, TX 75252       Employer (See Instructions)       \$100.00         Certified Registered Nurse Anesthetist       Employer (See Instructions)       \$41.67       \$41.67         Date       Dallas, TX 75252       Employer (See Instructions)       \$41.67       \$41.67         Date       Full name of contributor       out-of-state PAC (ID#:					
Certified Registered Nurse Anesthetist       Amount of Contribution (\$)         Date       Full name of contributor address; City; State; Zip Code       Amount of Contribution (\$)         O6/19/2025       Contributor address; City; State; Zip Code       S41.67         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S41.67         Certified Registered Nurse Anesthetist       Employer (See Instructions)       S41.67         O6/16/2025       Tran, Sophia       out-of-state PAC (ID#:					
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/19/2025       Townson, Keila       \$41.67         Contributor address; City; State; Zip Code       Cedar Hill, TX 75104       \$41.67         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Full name of contributor         Certified Registered Nurse Anesthetist       0ut-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/16/2025       Tran, Sophia       \$100.00       \$100.00         Contributor address; City; State; Zip Code       Dallas, TX 75252       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$83.33         Certified Registered Nurse Anesthetist       Employer (See Instructions)       \$83.33         Ob/14/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/14/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$83.33         06/14/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$83.33         <			Employer (See Instructions	;)	
06/19/2025       Townson, Keila       \$41.67         Contributor address; City; State; Zip Code       Cedar Hill, TX 75104         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Certified Registered Nurse Anesthetist       anount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution address; City; State; Zip Code       \$100.00         Contributor address; City; State; Zip Code       \$100.00         Dallas, TX 75252       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Amount of Contribution (\$)         O6/14/2025       Tucker, Crystal       Amount of Contribution (\$)         O6/14/2025       Tucker, Crystal       \$83.33         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Hallsville, TX 75650       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Certified Reg	jistered Nurse Anesthetist			
Contributor address; City; State; Zip Code         Cedar Hill, TX 75104         Principal occupation / Job title (See Instructions)         Certified Registered Nurse Anesthetist         Date       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)         O6/16/2025       Tran, Sophia         Contributor address; City; State; Zip Code         Dallas, TX 75252         Principal occupation / Job title (See Instructions)         Certified Registered Nurse Anesthetist         Date       Full name of contributor out-of-state PAC (ID#:         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Employer (See Instructions)         Od/14/2025       Tucker, Crystal       Amount of Contribution (\$)         06/14/2025       Tucker, Crystal       \$83.33         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Hallsville, TX 75650       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)			)	Amount of Contribution (\$)	
Cedar Hill, TX 75104       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#)         06/16/2025       Tran, Sophia       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Date       Dallas, TX 75252       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Employer (See Instructions)         Od/14/2025       Full name of contributor	06/19/2025	Townson, Keila		\$42	1.67
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         06/16/2025       Tran, Sophia       \$100.00         Contributor address; City; State; Zip Code       S100.00         Dallas, TX 75252       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/14/2025       Full name of contributor       out-of-state PAC (ID#:)         06/14/2025       Full name of contributor       out-of-state PAC (ID#:)         Hallsville, TX 75650       Employer (See Instructions)       \$83.33         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         06/16/2025       Tran, Sophia       \$100.00         Contributor address; City; State; Zip Code       S100.00         Dallas, TX 75252       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/14/2025       Full name of contributor       out-of-state PAC (ID#:)         06/14/2025       Full name of contributor       out-of-state PAC (ID#:)         Hallsville, TX 75650       Employer (See Instructions)       \$83.33         Principal occupation / Job title (See Instructions)       Employer (See Instructions)					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         06/16/2025       Tran, Sophia       \$100.00         Contributor address; City; State; Zip Code       S100.00         Dallas, TX 75252       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/14/2025       Full name of contributor       out-of-state PAC (ID#:)         06/14/2025       Full name of contributor       out-of-state PAC (ID#:)         Hallsville, TX 75650       Employer (See Instructions)       \$83.33         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Coder Hill TV 75104			
Certified Registered Nurse Anesthetist         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/16/2025       Tran, Sophia       \$100.00         Contributor address; City; State; Zip Code       Dallas, TX 75252         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         O6/14/2025       Tucker, Crystal       \$83.33         Contributor address; City; State; Zip Code       Hallsville, TX 75650       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$83.33	Dringing oppu		Employer (Soo Instructions		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/16/2025       Tran, Sophia       \$100.00         Contributor address; City; State; Zip Code       Dallas, TX 75252         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)         Mount of Contributor address; City; State; Zip Code       Amount of Contribution (\$)         06/14/2025       Full name of contributor       out-of-state PAC (ID#:)         Mount of Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Hallsville, TX 75650       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)			Employer (See instructions	<i>;</i> )	
06/16/2025       Tran, Sophia       \$100.00         Contributor address; City; State; Zip Code       Dallas, TX 75252         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         06/14/2025       Tucker, Crystal       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Hallsville, TX 75650         Principal occupation / Job title (See Instructions)       Employer (See Instructions)					
Contributor address; City; State; Zip Code         Dallas, TX 75252         Principal occupation / Job title (See Instructions)         Certified Registered Nurse Anesthetist         Date       Full name of contributor on out-of-state PAC (ID#:)         Mount of Contribution (\$)         06/14/2025         Tucker, Crystal         Contributor address; City; State; Zip Code         Hallsville, TX 75650         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)			)		
Dallas, TX 75252         Principal occupation / Job title (See Instructions)         Certified Registered Nurse Anesthetist         Date       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)         Tucker, Crystal         Contributor address; City; State; Zip Code         Hallsville, TX 75650         Principal occupation / Job title (See Instructions)         Employer (See Instructions)	00/10/2025			ΦΤΟΙ	0.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Employer (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:)         06/14/2025       Tucker, Crystal         Contributor address; City; State; Zip Code       \$83.33         Hallsville, TX 75650       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Employer (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/14/2025       Tucker, Crystal       \$83.33         Contributor address; City; State; Zip Code       Hallsville, TX 75650         Principal occupation / Job title (See Instructions)       Employer (See Instructions)					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Certified Registered Nurse Anesthetist       Employer (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:)         06/14/2025       Tucker, Crystal         Contributor address; City; State; Zip Code       \$83.33         Hallsville, TX 75650       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Dallas. TX 75252			
Certified Registered Nurse Anesthetist       Amount of Contributor out-of-state PAC (ID#:)         Date       Full name of contributor out-of-state PAC (ID#:)         06/14/2025       Tucker, Crystal         Contributor address; City; State; Zip Code       \$83.33         Hallsville, TX 75650       Hallsville (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Principal occu		Employer (See Instructions	<u> </u>	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/14/2025       Tucker, Crystal       \$83.33         Contributor address; City; State; Zip Code       Hallsville, TX 75650         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				/	
06/14/2025       Tucker, Crystal       \$83.33         Contributor address; City; State; Zip Code       Hallsville, TX 75650         Principal occupation / Job title (See Instructions)       Employer (See Instructions)			<u> </u>	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code         Hallsville, TX 75650         Principal occupation / Job title (See Instructions)         Employer (See Instructions)					3.33
Hallsville, TX 75650       Principal occupation / Job title (See Instructions)       Employer (See Instructions)					0.2
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
		Hallsville, TX 75650			
Certified Registered Nurse Anesthetist	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)	
	Certified Reg	gistered Nurse Anesthetist			

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 52/58 Rpt: 55/65	
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers	rs)	
Texas Assoc	ciation of Nurse Anesthetists Political Action Commit		00069305	-
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
06/14/2025	Tucker, Crystal			83.33
	6 Contributor address; City; State; Zip Code			
	Hallsville, TX 75650			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Certified Re	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/15/2025	Tydlaska, Jason			83.33
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76112			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Certified Reg	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/17/2025	Udu, Khadijah		\$8	83.33
	Contributor address; City; State; Zip Code			
	Houston, TX 77057			
-	upation / Job title (See Instructions)	Employer (See Instructions		
Certified Reg	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/05/2025	Ulinski, Jessica		\$8	83.33
	Contributor address; City; State; Zip Code			
	Georgetown, TX 78626			
-	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Certified Reg	gistered Nurse Anesthetist			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/26/2025	Van Meter, Grant		\$10	00.00
	Contributor address; City; State; Zip Code			
	Victoria, TX 77904			
-	upation / Job title (See Instructions)	Employer (See Instructions	)	
Certified Reg	gistered Nurse Anesthetist			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 53/58 Rpt: 56/65	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
		ciation of Nurse Anesthetists Political Action Commit			00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/23/2025	Varghese, Rincy				\$62.50
		6 Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
	ļ	Georgetown, TX 78628				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/07/2025	Vera, Martha				\$30.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
		Pearland, TX 77584				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
⊨	Date	Full name of contributor out-of-state PAC (ID#:	·	Π	Amount of Contribution (\$)	
	05/31/2025	Vetitoe, Lori			• •	\$83.33
	-	Contributor address; City; State; Zip Code		•		
	ļ					
	ļ					
	ļ	Spring, TX 77379				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
⊨	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	06/03/2025	Vo, Anthony			• .	\$100.00
		Contributor address; City; State; Zip Code		•		
	ļ					
	ļ	AUSTIN, TX 78717				
┢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Rec	gistered Nurse Anesthetist				
⊨	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	06/20/2025	Vollmering, Kaylan				\$62.50
	Contributor address; City; State; Zip Code		•			
	ļ					
	ļ	Victoria, TX 77904				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
		gistered Nurse Anesthetist		-		
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	The Instrue	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 54/58 Rpt: 57/65	
2	FILER NAME				Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Committee			00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	
	06/24/2025	Vu, Hai				\$83.33
		6 Contributor address; City; State; Zip Code				
		Beaumont, TX 77706-6730				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Certified Reg	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/22/2025	Walden, Micah				\$83.33
		Contributor address; City; State; Zip Code				
		Sulphur Springs, TX 75483				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/22/2025	Walford, Brian				\$83.33
		Contributor address; City; State; Zip Code				
		Victoria, TX 77904				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/09/2025	Walker, Brian				\$41.67
		Contributor address; City; State; Zip Code				
		Harlingen, TX 78552				
		pation / Job title (See Instructions)	Employer (See Instructions	)		
	Certified Reg	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/21/2025	Ward, Robyn				\$83.33
		Contributor address; City; State; Zip Code				
L		Aledo, TX 76008				
		pation / Job title (See Instructions)	Employer (See Instructions	)		
	Certified Reg	gistered Nurse Anesthetist				

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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 55/58 Rpt: 58/65	
2	FILER NAME			3	Filer ID (Ethics Commission	ו Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Committ			00069305	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	05/26/2025	Washington, Nancy				\$83.33
		6 Contributor address; City; State; Zip Code		•		
	I					
	I	1				
	I	Houston, TX 77020				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Certified Reg	gistered Nurse Anesthetist	1			
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/18/2025	Whaley, Johanna				\$30.00
		Contributor address; City; State; Zip Code		•		
	l					
	l					
	l	Fort Worth, TX 76179				
$\vdash$	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		gistered Nurse Anesthetist				
⊨	Date	Full name of contributor Out-of-state PAC (ID#:		Π	Amount of Contribution (\$)	
	06/17/2025	Wheelock, Cherese	/			\$100.00
	001112020		ļ	•		Ψ100.00
	I	Contributor address; City; State; Zip Code				
	I	1				
	I	Cedar Park, TX 78641				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		gistered Nurse Anesthetist		-,		
╞	Date	Full name of contributor out-of-state PAC (ID#:		Π	Amount of Contribution (\$)	
	06/24/2025	Whiteley, Kristina	'			\$30.00
	00/2-1/2020	-		•		φ00.00
	l	Contributor address; City; State; Zip Code				
	I	1				
	l	Victoria, TX 77904				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	⊥ 5)		
		gistered Nurse Anesthetist		-,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	06/17/2025	Wilderman, Danielle	'			\$83.33
	001112020			•		Ψ00.00
	I	Contributor address; City; State; Zip Code				
	I	1				
	I	Waxahachie, TX 75167				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	e)		
		gistered Nurse Anesthetist		<i>&gt;</i> )		
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	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 56/58 Rpt: 59/65	
2	FILER NAME	IE			Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Commit	ttee		00069305	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	06/18/2025	Wilderman, Danielle				\$83.33
	l	6 Contributor address; City; State; Zip Code		1		
	I					
	I	1				
		Waxahachie, TX 75167				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Certified Rec	gistered Nurse Anesthetist				
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/12/2025	Wilkerson, Anthony				\$83.33
		Contributor address; City; State; Zip Code		1		
	I	1				
	I	1				
		McAllen, TX 78504				
		upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Certified Rec	gistered Nurse Anesthetist				
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	05/26/2025	Williams, Desiree				\$100.00
	I	Contributor address; City; State; Zip Code				
	I	1				
	I					
		Dayton, TX 77021	<u> </u>	Ĺ		
		upation / Job title (See Instructions) gistered Nurse Anesthetist	Employer (See Instructions	;)		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/16/2025	Williams, Kelsey				\$41.67
	I	Contributor address; City; State; Zip Code				
	I	1				
	I	Dallas, TX 75287				
$\vdash$	Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> נו		
		gistered Nurse Anesthetist		<i>''</i>		
╞	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	_	Amount of Contribution (\$)	
	06/07/2025	Wilson, Ashley	)			\$100.00
	Contributor address; City; State; Zip Code				Ψ100.00	
	I	Continuation address, City, State, Zip Code				
	I	1				
	I	Corpus Christi, TX 78414				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L 5)		
		gistered Nurse Anesthetist		,		
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#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 57/58 Rpt: 60/65 FILER NAME Filer ID (Ethics Commission Filers) 2 3 Texas Association of Nurse Anesthetists Political Action Committee 00069305 4 Date Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/26/2025 Wilson, Diana \$30.00 6 Contributor address; City; State; Zip Code Cedar Creek, TX 78612 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Certified Registered Nurse Anesthetist Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/10/2025 Winter, Emily \$30.00 Contributor address; City; State; Zip Code League City, TX 77573 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/24/2025 Wommack, Aiya \$83.33 Contributor address; City; State; Zip Code Naples, TX 75568 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/04/2025 Yarbrough, Haley \$83.33 Contributor address; City; State; Zip Code Port Lavaca, TX 77979 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/21/2025 \$30.00 Zacek, Jessica Contributor address; City; State; Zip Code Houston, TX 77024 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 58/58 Rpt: 61/65 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Texas Association of Nurse Anesthetists Political Action Committee 00069305 Date Amount of Contribution (\$) 4 5 Full name of contributor out-of-state PAC (ID#: 7 06/20/2025 bishop, harold \$83.33 6 Contributor address; City; State; Zip Code Lufkin, TX 75904-6304 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Certified Registered Nurse Anesthetist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/18/2025 \$41.67 eisa, lina Contributor address; City; State; Zip Code Sugar Land, TX 77498 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/31/2025 regalado, Eduardo \$83.33 ..... Contributor address; City; State; Zip Code Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Employer (See Instructions) Certified Registered Nurse Anesthetist

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

<sup>1</sup> The Instruction Guide explains how to complete this form.			1	Total pages S Sch: 1/1 Rp	Schedule C3: t: 62/65		
2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Texas Assoc	ciat	ion of Nurse Anesthetists Political Action Committee		00069305		
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	06/01/2025		Texas Association of Nurse Anesthetists			416.00	
	Date		Corporation / Labor Organization name		Amount (\$)		
	05/26/2025		Texas Association of Nurse Anesthetists			95.94	

# NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

	The Instruction Guide explains how to complete this form.			1	Total pages S Sch: 1/1 Rp		
2	FILER NAME			3	Filer ID	(Ethics Commission Filers)	
	Texas Assoc	iat	ion of Nurse Anesthetists Political Action Committee		00069305		
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	06/06/2025		Texas Association of Nurse Anesthetists				400.00
	Date		Corporation / Labor Organization name		Amount (\$)		
	06/20/2025		Texas Association of Nurse Anesthetists				400.00

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	EXPENDITURE CATEGORIES FOR BOX 8(a)         Event Expense       Loan Repayment/Reimbursement Fees       Solicitation/Fundraising Expense         Food/Beverage Expense       Polling Expense       Transportation Equipment & Related Expense         Giff/Awards/Memorials Expense       Polling Expense       Travel in District         I Committee       Legal Services       Salaries/Wages/Contract Labor       OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 64/65	Texas Association of Nurse Anesthetists Political Action 00069305
4 Date	5 Payee name
06/02/2025	American Express Merchant Services
6 Amount (\$) \$1,233.22	7 Payee address; City; State; Zip Code PO Box 53852
Expenditure from corporate funds	Phoenix, AZ 85072-3852
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit card processing of campaign contributions.</li> </ul>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

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

SCHEDULE K

	The Instruction Guide explains how to complete this form.			ages Schedule K: ./1 Rpt: 65/65		
2	FILER NAME				(Ethics Commission Fi	lers)
	Texas Assoc	ciation of Nurse Anesthetists Political Action Committee		00069	305	
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
	05/31/2025	University Federal Credit Union				\$0.02
		<ul> <li>6 Address of person from whom amount is received; City; State; Zip Code</li> </ul>				
		Austin, TX 78704				
		7 Purpose for which amount is received Check if po	olitic	al cont	ribution returned to filer	
		Interest				
F	Date	Name of person from whom amount is received			Amount (\$)	
	05/31/2025	University Federal Credit Union			y inount (¢)	\$0.50
	00/01/2020					<b>\$0.00</b>
	Address of person from whom amount is received; City; State; Zip Code					
		Austin, TX 78704				
			olitic	al cont	l ribution returned to filer	
		Interest	JIIIC			