

# MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC  
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00069305		2 Total pages filed: 63	
3 COMMITTEE NAME Texas Association of Nurse Anesthetists Political Action Committee				<b>OFFICE USE ONLY</b>  Date Received ELECTRONICALLY FILED 08/05/2025  Date Hand-delivered or Date Postmarked  Receipt #                      Amount  Date Processed  Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP 919 Congress Ave., Suite 720  Austin, TX 78701				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI Ms.                      Andrea N.				
	NICKNAME                      LAST                      SUFFIX Pee				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE 919 Congress Ave., Suite 720  Austin, TX 78701				
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX;                      APT / SUITE #;    CITY;    STATE;    ZIP CODE 919 Congress Ave., Suite 720  Austin, TX 78701				
8 CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION (512) 495-9004				
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)				
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input checked="" type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5				
11 PERIOD COVERED	Month    Day    Year                      THROUGH                      Month    Day    Year 06/26/2025                      07/25/2025				

GO TO PAGE 2

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas Association of Nurse Anesthetists Political Action Committee		<b>13 Filer ID</b> (Ethics Commission Filers) 00069305
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 21,409.31
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 881.62
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 234,212.61
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

### 16 AFFIDAVIT

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

Ms. Andrea N. Pee

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**SUBTOTALS - MPAC****FORM MPAC**  
**COVER SHEET PG 3**  
3 of 63

<b>17 COMMITTEE NAME</b> Texas Association of Nurse Anesthetists Political Action Committee		<b>18 Filer ID</b> 00069305	(Ethics Commission Filers)
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	20,097.37
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
6.	<input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	511.94
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	800.00
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	881.62
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0.49

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/56 Rpt: 4/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abraham, Bibin <b>6</b> Contributor address; City; State; Zip Code  Irving, TX 75063	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albrecht, Kelsey Contributor address; City; State; Zip Code  Houston, TX 77009	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albright, Brian Contributor address; City; State; Zip Code  EL PASO, TX 79911	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Altuna, Carolyn Contributor address; City; State; Zip Code  Austin, TX 78723	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andersen, Jennifer Contributor address; City; State; Zip Code  Midland, TX 79705	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/56 Rpt: 5/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andersen, Jennifer <hr/> <b>6</b> Contributor address; City; State; Zip Code  Midland, TX 79705	<b>7</b> Amount of Contribution (\$)  \$41.67
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, Lynn <hr/> 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)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony, Jennifer <hr/> Contributor address; City; State; Zip Code  Texarkana, TX 75501	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Appel, Jessica <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76110	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bagos, JESUS <hr/> Contributor address; City; State; Zip Code  Houston, TX 77045	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/56 Rpt: 6/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Forrest <hr/> <b>6</b> Contributor address; City; State; Zip Code  Argyle, TX 76226	<b>7</b> Amount of Contribution (\$)  \$41.67
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balogun, Damilola <hr/> Contributor address; City; State; Zip Code  Houston, TX 77054	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barr, Mark <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bazan, Erica <hr/> Contributor address; City; State; Zip Code  Katy, TX 77493	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedia, Jennifer <hr/> Contributor address; City; State; Zip Code  Spring, TX 77388	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/56 Rpt: 7/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergeron, Mark <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77006	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop, Harold Contributor address; City; State; Zip Code  Lufkin, TX 75904-6304	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blacketter, Lisa Contributor address; City; State; Zip Code  Port Lavaca, TX 77979	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bohner, Mishawna Contributor address; City; State; Zip Code  Rockwall, TX 75087	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Booth, Kristen Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/56 Rpt: 8/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bourgeois, Robert S <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowden, Shyanne <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76108	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley, Frances <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79924	Amount of Contribution (\$)  \$89.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brauneck, Tyler <hr/> Contributor address; City; State; Zip Code  Helotes, TX 78023	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broadhead, Preston <hr/> Contributor address; City; State; Zip Code  Texarkana, TX 75503	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/56 Rpt: 9/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Rewa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Salado, TX 76571	<b>7</b> Amount of Contribution (\$)  \$62.50
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bullerwell, Megan <hr/> Contributor address; City; State; Zip Code  Bellaire, TX 77401	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkhardt, Hillary <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnett, Christine <hr/> Contributor address; City; State; Zip Code  Friendswood, TX 77546	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byars, Michael <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019	Amount of Contribution (\$)  \$93.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/56 Rpt: 10/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cadambi, Avantika <hr/> <b>6</b> Contributor address; City; State; Zip Code  Keller, TX 76248	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campos, Maximina <hr/> Contributor address; City; State; Zip Code  Mansfield, TX 76063	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cano, Amalia <hr/> Contributor address; City; State; Zip Code  Brownsville, TX 78520	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Lisa <hr/> Contributor address; City; State; Zip Code  College Station, TX 77845	Amount of Contribution (\$)  \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, T'Anyia <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75235	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/56 Rpt: 11/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caswell, Abigail <hr/> <b>6</b> Contributor address; City; State; Zip Code  Friendswood, TX 77546	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Clayton <hr/> Contributor address; City; State; Zip Code  Wichita Falls, TX 76301	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clucas, Shala <hr/> Contributor address; City; State; Zip Code  Rockwall, TX 75032	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Co, Arianne <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76126	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coast, Nora <hr/> Contributor address; City; State; Zip Code  Mcallen, TX 78504	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/56 Rpt: 12/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 06/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Gregory <hr/> <b>6</b> Contributor address; City; State; Zip Code  Granbury, TX 76049	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comans, Tyler <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76179	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Ashley <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75035	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooney, Michael <hr/> Contributor address; City; State; Zip Code  Keller, TX 76248	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corder, Kenny <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79606	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/56 Rpt: 13/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corder, Kenny <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79606	<b>7</b> Amount of Contribution (\$)  \$117.00
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornelius, Brian <hr/> Contributor address; City; State; Zip Code  Burleson, TX 76028	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornell, Mark <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78254-1841	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpus, Jose <hr/> Contributor address; City; State; Zip Code  Perrysburg, OH 43551	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culp, Mark <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/56 Rpt: 14/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 06/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curbow, Kelly <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hideaway, TX 75771	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Custance, Jessica <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Rachel <hr/> Contributor address; City; State; Zip Code  Houston, TX 77057	Amount of Contribution (\$)  \$83.34
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Veronica <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78550	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Alyssa <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/56 Rpt: 15/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devlin, Courtney <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bedford, TX 76022	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devoto, Rachel <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78257	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dishman, Deniz <hr/> Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dishon, Julia <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77707	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dominick, Melissa <hr/> Contributor address; City; State; Zip Code  Spring, TX 77379	Amount of Contribution (\$)  \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/56 Rpt: 16/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Does, Tina <hr/> <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78045	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doria, Mark <hr/> Contributor address; City; State; Zip Code  Katy, TX 77494	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DuBose, Mary <hr/> Contributor address; City; State; Zip Code  Lufkin, TX 75915	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dupriest, Wesley <hr/> Contributor address; City; State; Zip Code  Manvel, TX 77578	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eapen, Jasmin <hr/> Contributor address; City; State; Zip Code  Manvel, TX 77578	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/56 Rpt: 17/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddy, Rachel <hr/> <b>6</b> Contributor address; City; State; Zip Code  Heath, TX 75032	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eisa, Lina <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77498	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elam, Halie <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79108	Amount of Contribution (\$)  \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Kari <hr/> Contributor address; City; State; Zip Code  Bullard, TX 75757	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhardt, Taylor <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77584	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/56 Rpt: 18/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhardt, Taylor <b>6</b> Contributor address; City; State; Zip Code  Pearland, TX 77584	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estes, Sonia Contributor address; City; State; Zip Code  Dallas, TX 75206	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Etheridge, Andrea Contributor address; City; State; Zip Code  College Station, TX 77845	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farmer, Masson (Mr.) Contributor address; City; State; Zip Code  Kemp, TX 75143	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flemming, Editha Contributor address; City; State; Zip Code  Manvel, TX 77578	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/56 Rpt: 19/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 06/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Maria Romina <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77045	<b>7</b> Amount of Contribution (\$)  \$85.00
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franklin, Jade <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frawley, Steven <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75209	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeman, Bailey <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76116	Amount of Contribution (\$)  \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallagher, Brett <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79423	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/56 Rpt: 20/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvin, Vaughna <b>6</b> Contributor address; City; State; Zip Code  Benbrook, TX 76126-4451	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, David Contributor address; City; State; Zip Code  San Antonio, TX 78251	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Nataly Contributor address; City; State; Zip Code  Pasadena, TX 77503	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Raymond Contributor address; City; State; Zip Code  Willow Park, TX 76087	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Dupree Contributor address; City; State; Zip Code  Fort Worth, TX 76126	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/56 Rpt: 21/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Cristina <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mansfield, TX 76064	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gegel, Brian <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78258	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloff, Colton <hr/> Contributor address; City; State; Zip Code  Clifton, TX 76634	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Jeff <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79118	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Jessica <hr/> Contributor address; City; State; Zip Code  BULLARD, TX 75757	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/56 Rpt: 22/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Julia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78731	<b>7</b> Amount of Contribution (\$)  \$41.67
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guadamuz, Lilian <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78015	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guevara, Tessa <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76001	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hack, Catherine <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75214	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammonds, Daniel <hr/> Contributor address; City; State; Zip Code  Midlothian, TX 76065	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/56 Rpt: 23/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardy, Holly <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Kyle <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Christine <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024	Amount of Contribution (\$)  \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Christine <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024	Amount of Contribution (\$)  \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Christine <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024	Amount of Contribution (\$)  \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/56 Rpt: 24/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heathington, Beth <hr/> <b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78633	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right;">\$30.00</div>
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hickman, Kathryn <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76001	Amount of Contribution (\$)  <div style="text-align: right;">\$30.00</div>
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) High, Amber <hr/> Contributor address; City; State; Zip Code  Dickinson, TX 77539	Amount of Contribution (\$)  <div style="text-align: right;">\$41.67</div>
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Himself, Ruth <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78628	Amount of Contribution (\$)  <div style="text-align: right;">\$41.67</div>
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Chelsie <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$)  <div style="text-align: right;">\$62.50</div>
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/56 Rpt: 25/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutson, Jeff <hr/> <b>6</b> Contributor address; City; State; Zip Code  Graham, TX 76450	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ilya, Malaniy <hr/> Contributor address; City; State; Zip Code  Plano, TX 75093	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffries, Tim <hr/> Contributor address; City; State; Zip Code  Wichita Falls, TX 76308	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennings, Lisa <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78043	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ji, Julie <hr/> Contributor address; City; State; Zip Code  Bellaire, TX 77401	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/56 Rpt: 26/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 06/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Suja <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Ryan Contributor address; City; State; Zip Code  Houston, TX 77018	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson-Cooks, Felicia Contributor address; City; State; Zip Code  San Antonio, TX 78220	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Nathan Contributor address; City; State; Zip Code  Manvel, TX 77578	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan, Haley Contributor address; City; State; Zip Code  Belton, TX 76513	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/56 Rpt: 27/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 06/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kakenmaster, Kathryn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Keller, TX 76248	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Tamra <hr/> Contributor address; City; State; Zip Code  Humble, TX 77346	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Tamra <hr/> Contributor address; City; State; Zip Code  Humble, TX 77346	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Tamra <hr/> Contributor address; City; State; Zip Code  Humble, TX 77346	Amount of Contribution (\$)  \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Key, Robert <hr/> Contributor address; City; State; Zip Code  The Woodlands, TX 77381	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/56 Rpt: 28/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koerth, Sara <b>6</b> Contributor address; City; State; Zip Code  Nacogdoches, TX 75963	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kopp, Jennifer Contributor address; City; State; Zip Code  Pearland, TX 77581	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krenek, Aaron Contributor address; City; State; Zip Code  Bay City, TX 77414	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krenek, Debra Contributor address; City; State; Zip Code  Edinburg, TX 78541	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laidlaw, Jane Contributor address; City; State; Zip Code  Dallas, TX 75214	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/56 Rpt: 29/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leach, Steven <b>6</b> Contributor address; City; State; Zip Code  Bayou Vista, TX 77563	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemen, Brandon Contributor address; City; State; Zip Code  Conroe, TX 77384	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leuellen, Jennifer Contributor address; City; State; Zip Code  Manvel, TX 77578	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locums Now LLC Contributor address; City; State; Zip Code  Saint Cloud, FL 34771	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mabry, Lee Contributor address; City; State; Zip Code  Katy, TX 77450	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/56 Rpt: 30/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magruder, Dana <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78730	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malcolm, Andrea <hr/> Contributor address; City; State; Zip Code  Devine, TX 78016	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manley, Matthew <hr/> Contributor address; City; State; Zip Code  Canyon, TX 79015	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, DeaAnn <hr/> Contributor address; City; State; Zip Code  Allen, TX 75002	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, James <hr/> Contributor address; City; State; Zip Code  College Station, TX 77845	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/56 Rpt: 31/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Graciela <hr/> <b>6</b> Contributor address; City; State; Zip Code  Harlingen, TX 78552	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Jared <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77705	Amount of Contribution (\$)  \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martisek, Emily <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78015	Amount of Contribution (\$)  \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massey, Douglas <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78260	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mata, Angelica <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/56 Rpt: 32/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayes, Evan <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75206	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuire, Erica Contributor address; City; State; Zip Code  Haskell, TX 79521	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLaughlin, Erin Contributor address; City; State; Zip Code  Frisco, TX 75035	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPhail, Andrew Contributor address; City; State; Zip Code  Plano, TX 75093	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McReynolds, Mary Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/56 Rpt: 33/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 06/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michinock, Jessica <b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78664	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minton, Brandon Contributor address; City; State; Zip Code  Poolville, TX 76487-5719	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moe, Naomie Contributor address; City; State; Zip Code  Floresville, TX 78114	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mogire, Christine Contributor address; City; State; Zip Code  San Antonio, TX 78245	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montoya, Juan Contributor address; City; State; Zip Code  Houston, TX 77025	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/56 Rpt: 34/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Mandy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Richardson, TX 75082	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Robert <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76116	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Stephanie <hr/> Contributor address; City; State; Zip Code  College Station, TX 77845	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Tammy <hr/> Contributor address; City; State; Zip Code  Houston, TX 77080	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Timothy <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/56 Rpt: 35/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Kim <hr/> <b>6</b> Contributor address; City; State; Zip Code  Crowley, TX 76036	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moya, Lillian <hr/> Contributor address; City; State; Zip Code  Houston, TX 77025	Amount of Contribution (\$)  \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moya, Maria <hr/> Contributor address; City; State; Zip Code  Katy, TX 77494	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mueller, Joseph <hr/> Contributor address; City; State; Zip Code  Austin, TX 78736	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mueller, Sarah <hr/> Contributor address; City; State; Zip Code  Inez, TX 77968	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/56 Rpt: 36/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mukherjee, Jeaniece <b>6</b> Contributor address; City; State; Zip Code  Wichita Falls, TX 76308	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Yvonne Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Yvonne Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Amanda Contributor address; City; State; Zip Code  Fort Worth, TX 76111	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Adam Contributor address; City; State; Zip Code  Dallas, TX 75206	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/56 Rpt: 37/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Thanh <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77079	<b>7</b> Amount of Contribution (\$)  \$62.50
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nick, Michael <hr/> Contributor address; City; State; Zip Code  Abernathy, TX 79311	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norwood, Jennifer <hr/> Contributor address; City; State; Zip Code  Atlanta, GA 30324	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nugent, Hylda <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087-3820	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oakman, Rachel <hr/> Contributor address; City; State; Zip Code  Wichita Falls, TX 76306	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/56 Rpt: 38/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Odell, Wendy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Southlake, TX 76092	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Okello, Peter <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79423	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, David <hr/> Contributor address; City; State; Zip Code  Ft worth, TX 76133	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ombongi, Michael <hr/> Contributor address; City; State; Zip Code  McKinney, TX 75071	Amount of Contribution (\$)  \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Omoni, Peter <hr/> Contributor address; City; State; Zip Code  Katy, TX 77494	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/56 Rpt: 39/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paloian, Meredith <hr/> <b>6</b> Contributor address; City; State; Zip Code  Katy, TX 77494	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Papizan, Cindy <hr/> Contributor address; City; State; Zip Code  Saint Hedwig, TX 78152	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pare, John <hr/> Contributor address; City; State; Zip Code  Temple, TX 76502	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parnacott, Stewart <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Bhavika <hr/> Contributor address; City; State; Zip Code  SugarLand, TX 77478	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/56 Rpt: 40/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 06/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pendleton, Kyle <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lufkin, TX 75901	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham, Holly <hr/> Contributor address; City; State; Zip Code  Temple, TX 76502	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pichon, Arianne <hr/> Contributor address; City; State; Zip Code  Buda, TX 78610	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ponder, Amber <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79606	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Steven <hr/> Contributor address; City; State; Zip Code  Spring, TX 77381	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/56 Rpt: 41/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 06/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pugh, Alyssa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cresson, TX 76035	<b>7</b> Amount of Contribution (\$)  \$41.67
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rabe, Cora <hr/> Contributor address; City; State; Zip Code  Humble, TX 77396-3888	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rader, Haley <hr/> Contributor address; City; State; Zip Code  Houston, TX 77098	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramsey, Dana <hr/> Contributor address; City; State; Zip Code  Austin, TX 78747	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rao, Jacob <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75238	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/56 Rpt: 42/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebman, Misty <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 76248	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Gerald Contributor address; City; State; Zip Code  Corinth, TX 76210	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Troy Contributor address; City; State; Zip Code  New Braunfels, TX 78132	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regalado, Eduardo Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reidy, Catherine Contributor address; City; State; Zip Code  Granbury, TX 76049	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/56 Rpt: 43/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renouard, Madison <b>6</b> Contributor address; City; State; Zip Code  Grapevine, TX 76051	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Resendez, Veronica Contributor address; City; State; Zip Code  Austin, TX 78757	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Resnick, Lillian Contributor address; City; State; Zip Code  Austin, TX 78735	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Elayne Contributor address; City; State; Zip Code  Arlington, TX 76005	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Thomas Contributor address; City; State; Zip Code  Burleson, TX 76028	Amount of Contribution (\$)  \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/56 Rpt: 44/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, Lara <hr/> <b>6</b> Contributor address; City; State; Zip Code  Orange Park, TX 32073	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Christy <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79106	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Scott <hr/> Contributor address; City; State; Zip Code  La Feria, TX 78559	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios, Jennifer <hr/> Contributor address; City; State; Zip Code  Manvel, TX 77578	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Joseph <hr/> Contributor address; City; State; Zip Code  Phoenix, AZ 85013-3635	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/56 Rpt: 45/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 06/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Juan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 06/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Brittane <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75206	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Robert <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76017	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz, Elida <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78228	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutherford, Karrie <hr/> Contributor address; City; State; Zip Code  Caldwell, TX 77836	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/56 Rpt: 46/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryschon, Carolyn <b>6</b> Contributor address; City; State; Zip Code Weatherford, TX 76088	<b>7</b> Amount of Contribution (\$) \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Melizza Contributor address; City; State; Zip Code Belton, TX 76513	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar, Lorin Contributor address; City; State; Zip Code Conroe, TX 77385	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Kay Contributor address; City; State; Zip Code Fort Worth, TX 76179	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaefer, Stephen Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/56 Rpt: 47/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schroeder, Sabrina <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78744	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scudieri, Louise <hr/> Contributor address; City; State; Zip Code  Decatur, TX 76234	Amount of Contribution (\$)  \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaffer, Scott <hr/> Contributor address; City; State; Zip Code  Salida, CO 81201	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shahan, Jennifer <hr/> Contributor address; City; State; Zip Code  Colleyville, TX 76024	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheneman, Megan <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/56 Rpt: 48/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheppard, Amy <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76110	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sierra, David Contributor address; City; State; Zip Code  Round Rock, TX 78664	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smart, Joshua Contributor address; City; State; Zip Code  Houston, TX 77096	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smit, Tammy Contributor address; City; State; Zip Code  Cleburne, TX 76031	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Catherine Contributor address; City; State; Zip Code  Manvel, TX 77578	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/56 Rpt: 49/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Charles <b>6</b> Contributor address; City; State; Zip Code  San Benito, TX 78586	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Korde Contributor address; City; State; Zip Code  Troup, TX 75789	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Rikysha Contributor address; City; State; Zip Code  Spring, TX 77379	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorrell, Nicholas Contributor address; City; State; Zip Code  Montgomery, TX 77356	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spears, Allison Contributor address; City; State; Zip Code  Houston, TX 77018	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/56 Rpt: 50/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spitzer, Amanda <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephenson, Malia Contributor address; City; State; Zip Code  Keller, TX 76248	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevenson, Joshua Contributor address; City; State; Zip Code  Perryton, TX 79070	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steward, Brynn Contributor address; City; State; Zip Code  Rockwall, TX 75087	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stoner, Christin Contributor address; City; State; Zip Code  Rockwall, TX 75087	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/56 Rpt: 51/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stroderd, Trisha <hr/> <b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77389	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stroh, Christopher <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sumodobila, Janet <hr/> Contributor address; City; State; Zip Code  The Woodlands, TX 77382	Amount of Contribution (\$)  \$85.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Supan, Maria <hr/> Contributor address; City; State; Zip Code  Houston, TX 77056	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tabladillo, Meredith <hr/> Contributor address; City; State; Zip Code  League City, TX 77573	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/56 Rpt: 52/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talley, Miriam <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78251-2359	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talon, Mark <hr/> Contributor address; City; State; Zip Code  Bayou Vista, TX 77563	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teixeira, Breno <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Rodrick <hr/> Contributor address; City; State; Zip Code  Livingston, TX 77399	Amount of Contribution (\$)  \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomongha, Evangeline <hr/> Contributor address; City; State; Zip Code  Katy, TX 77494	Amount of Contribution (\$)  \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/56 Rpt: 53/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 06/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Efrain <hr/> <b>6</b> Contributor address; City; State; Zip Code  Argyle, TX 76226	<b>7</b> Amount of Contribution (\$)  \$62.50
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Townson, Keila <hr/> Contributor address; City; State; Zip Code  Cedar Hill, TX 75104	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Crystal <hr/> Contributor address; City; State; Zip Code  Hallsville, TX 75650	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Crystal <hr/> Contributor address; City; State; Zip Code  Hallsville, TX 75650	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tydlaska, Jason <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76112	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/56 Rpt: 54/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Udu, Khadijah <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77057	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ulinski, Jessica <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78626	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Meter, Grant <hr/> Contributor address; City; State; Zip Code  Victoria, TX 77904	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varghese, Rincy <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78628	Amount of Contribution (\$)  \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vera, Martha <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77584	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/56 Rpt: 55/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 06/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vetitoe, Lori <hr/> <b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77379	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vo, Anthony <hr/> Contributor address; City; State; Zip Code  AUSTIN, TX 78717	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vollmering, Kaylan <hr/> Contributor address; City; State; Zip Code  Victoria, TX 77904	Amount of Contribution (\$)  \$62.50
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vu, Hai <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77706-6730	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walden, Micah <hr/> Contributor address; City; State; Zip Code  Sulphur Springs, TX 75483	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/56 Rpt: 56/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walford, Brian <b>6</b> Contributor address; City; State; Zip Code Victoria, TX 77904	<b>7</b> Amount of Contribution (\$) \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Brian Contributor address; City; State; Zip Code Harlingen, TX 78552	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Robyn Contributor address; City; State; Zip Code Aledo, TX 76008	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washington, Nancy Contributor address; City; State; Zip Code Houston, TX 77020	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whaley, Johanna Contributor address; City; State; Zip Code Fort Worth, TX 76179	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/56 Rpt: 57/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whiteley, Kristina <hr/> <b>6</b> Contributor address; City; State; Zip Code  Victoria, TX 77904	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 07/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whittaker, Ericka <hr/> Contributor address; City; State; Zip Code  Midland, TX 79707	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilderman, Danielle <hr/> Contributor address; City; State; Zip Code  Waxahachie, TX 75167	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilderman, Danielle <hr/> Contributor address; City; State; Zip Code  Waxahachie, TX 75167	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Kelsey <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75287	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/56 Rpt: 58/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Ashley <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Diana <hr/> Contributor address; City; State; Zip Code  Cedar Creek, TX 78612	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winter, Emily <hr/> Contributor address; City; State; Zip Code  League City, TX 77573	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wommack, Aiya <hr/> Contributor address; City; State; Zip Code  Naples, TX 75568	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 07/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarbrough, Haley <hr/> Contributor address; City; State; Zip Code  Port Lavaca, TX 77979	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/56 Rpt: 59/63
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zacek, Jessica <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77024	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		<b>9</b> Employer (See Instructions)

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C3:  
Sch: 1/1 Rpt: 60/63

2 FILER NAME

Texas Association of Nurse Anesthetists Political Action Committee

3 Filer ID (Ethics Commission Filers)  
00069305

4 Date

06/26/2025

5 Corporation / Labor Organization name

Texas Association of Nurse Anesthetists

6 Amount (\$)

416.00

Date

07/01/2025

Corporation / Labor Organization name

Texas Association of Nurse Anesthetists

Amount (\$)

95.94

# NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C4:  
Sch: 1/1 Rpt: 61/63

2 FILER NAME

Texas Association of Nurse Anesthetists Political Action Committee

3 Filer ID (Ethics Commission Filers)  
00069305

4 Date

07/04/2025

5 Corporation / Labor Organization name

Texas Association of Nurse Anesthetists

6 Amount (\$)

400.00

Date

07/18/2025

Corporation / Labor Organization name

Texas Association of Nurse Anesthetists

Amount (\$)

400.00

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 62/63	<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action	<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 07/01/2025	<b>5</b> Payee name American Express Merchant Services	
<b>6</b> Amount (\$) \$881.62  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 53852  Phoenix, AZ 85072-3852	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing of campaign contributions.
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:  
Sch: 1/1 Rpt: 63/63

2 FILER NAME

Texas Association of Nurse Anesthetists Political Action Committee

3 Filer ID (Ethics Commission Filers)  
00069305

4 Date

06/30/2025

5 Name of person from whom amount is received

University Federal Credit Union

8 Amount (\$)

\$0.49

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

Austin, TX 78704

7 Purpose for which amount is received

Interest

☐ Check if political contribution returned to filer