

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00017364	2 Total pages filed: 46
3 COMMITTEE NAME Texas Nurses Association Political Action Committee			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/14/2026 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4807 Spicewood Springs Road Bldg 3, Suite 100 Austin, TX 78759		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Serena NICKNAME LAST SUFFIX Bumpus		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4807 Spicewood Springs Road Bldg. 3 Suite 100 Austin, TX 78759		
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4807 Spicewood Springs Road Bldg. 3 Suite 100 Austin, TX 78759		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 452-0645 x138		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year 07/01/2025 THROUGH Month Day Year 12/31/2025		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas Nurses Association Political Action Committee	<b>13 Filer ID</b> (Ethics Commission Filers) 00017364
---	---

<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 Molly Cook State Senator
		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	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 28,499.68
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 5,689.39
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 80,149.41
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.

Mrs. Serena Bumpus  
\_\_\_\_\_  
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

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**  
ADDENDUM

Page 3 of 46

<b>12 COMMITTEE NAME</b> Texas Nurses Association Political Action Committee	<b>13 Filer ID</b> (Ethics Commission Filers) 00017364
---	---

<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 Kimmie Ellison State Representative
		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>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 Holly Jeffreys State Representative
		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.)	

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
4 of 46

<b>17 COMMITTEE NAME</b> Texas Nurses Association Political Action Committee		<b>18 Filer ID</b> (Ethics Commission Filers) 00017364
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,026.00
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 checked="" type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 24,473.68
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
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	\$ 5,689.39
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/33 Rpt: 5/46
<b>2</b> FILER NAME Texas Nurses Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 07/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashford, Lisa <b>6</b> Contributor address; City; State; Zip Code Ft Worth, TX 76114-4535	<b>7</b> Amount of Contribution (\$) \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Registered Nurse		<b>9</b> Employer (See Instructions)
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashford, Lisa Contributor address; City; State; Zip Code Ft Worth, TX 76114-4535	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashford, Lisa Contributor address; City; State; Zip Code Ft Worth, TX 76114-4535	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashford, Lisa Contributor address; City; State; Zip Code Ft Worth, TX 76114-4535	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashford, Lisa Contributor address; City; State; Zip Code Ft Worth, TX 76114-4535	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		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: 2/33 Rpt: 6/46
<b>2</b> FILER NAME Texas Nurses Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 12/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashford, Lisa <b>6</b> Contributor address; City; State; Zip Code Ft Worth, TX 76114-4535	<b>7</b> Amount of Contribution (\$) \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Registered Nurse		<b>9</b> Employer (See Instructions)
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baird, Becky Contributor address; City; State; Zip Code Dallas, TX 75229-2473	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baird, Becky Contributor address; City; State; Zip Code Dallas, TX 75229-2473	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baird, Becky Contributor address; City; State; Zip Code Dallas, TX 75229-2473	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baird, Becky Contributor address; City; State; Zip Code Dallas, TX 75229-2473	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		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: 3/33 Rpt: 7/46
<b>2</b> FILER NAME Texas Nurses Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 11/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baird, Becky <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75229-2473	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Registered Nurse		<b>9</b> Employer (See Instructions)
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baird, Becky Contributor address; City; State; Zip Code  Dallas, TX 75229-2473	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Connie Contributor address; City; State; Zip Code  San Antonio, TX 78247	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Connie Contributor address; City; State; Zip Code  San Antonio, TX 78247	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Connie Contributor address; City; State; Zip Code  San Antonio, TX 78247	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Registered Nurse		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: 4/33 Rpt: 8/46
<b>2</b> FILER NAME Texas Nurses Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 10/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Connie <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78247	<b>7</b> Amount of Contribution (\$)  \$40.00
<b>8</b> Principal occupation / Job title (See Instructions) Registered Nurse		<b>9</b> Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Connie Contributor address; City; State; Zip Code  San Antonio, TX 78247	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Connie Contributor address; City; State; Zip Code  San Antonio, TX 78247	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bender, Melinda Contributor address; City; State; Zip Code  New Braunfels, TX 78132-4538	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bender, Melinda Contributor address; City; State; Zip Code  New Braunfels, TX 78132-4538	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		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: 5/33 Rpt: 9/46
<b>2</b> FILER NAME Texas Nurses Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 09/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bender, Melinda <hr/> <b>6</b> Contributor address; City; State; Zip Code  New Braunfels, TX 78132-4538	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Registered Nurse		<b>9</b> Employer (See Instructions)
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bender, Melinda <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78132-4538	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bender, Melinda <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78132-4538	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bender, Melinda <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78132-4538	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casburn, Sue Sharon <hr/> Contributor address; City; State; Zip Code  Yantis, TX 75497-5482	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		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: 6/33 Rpt: 10/46
<b>2</b> FILER NAME Texas Nurses Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 08/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casburn, Sue Sharon <b>6</b> Contributor address; City; State; Zip Code  Yantis, TX 75497-5482	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Registered Nurse		<b>9</b> Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casburn, Sue Sharon Contributor address; City; State; Zip Code  Yantis, TX 75497-5482	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casburn, Sue Sharon Contributor address; City; State; Zip Code  Yantis, TX 75497-5482	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casburn, Sue Sharon Contributor address; City; State; Zip Code  Yantis, TX 75497-5482	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casburn, Sue Sharon Contributor address; City; State; Zip Code  Yantis, TX 75497-5482	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		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: 7/33 Rpt: 11/46
<b>2</b> FILER NAME Texas Nurses Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 10/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Ruben <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75229-2473	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Nursing Director		<b>9</b> Employer (See Instructions)
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Ruben Contributor address; City; State; Zip Code  Dallas, TX 75229-2473	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Nursing Director		Employer (See Instructions)
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Ruben Contributor address; City; State; Zip Code  Dallas, TX 75229-2473	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Nursing Director		Employer (See Instructions)
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Margie Contributor address; City; State; Zip Code  Brownsville, TX 78520-9229	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Margie Contributor address; City; State; Zip Code  Brownsville, TX 78520-9229	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		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: 8/33 Rpt: 12/46
<b>2</b> FILER NAME Texas Nurses Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 09/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Margie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Brownsville, TX 78520-9229	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Registered Nurse		<b>9</b> Employer (See Instructions)
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Margie <hr/> Contributor address; City; State; Zip Code  Brownsville, TX 78520-9229	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Margie <hr/> Contributor address; City; State; Zip Code  Brownsville, TX 78520-9229	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Margie <hr/> Contributor address; City; State; Zip Code  Brownsville, TX 78520-9229	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78217-4025	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		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: 9/33 Rpt: 13/46
<b>2</b> FILER NAME Texas Nurses Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 08/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78217-4025	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Registered Nurse		<b>9</b> Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy Contributor address; City; State; Zip Code  San Antonio, TX 78217-4025	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy Contributor address; City; State; Zip Code  San Antonio, TX 78217-4025	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy Contributor address; City; State; Zip Code  San Antonio, TX 78217-4025	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy Contributor address; City; State; Zip Code  San Antonio, TX 78217-4025	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		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: 10/33 Rpt: 14/46
<b>2</b> FILER NAME Texas Nurses Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 07/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diamond, Cindy L <b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78626	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Registered Nurse		<b>9</b> Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diamond, Cindy L Contributor address; City; State; Zip Code  Georgetown, TX 78626	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diamond, Cindy L Contributor address; City; State; Zip Code  Georgetown, TX 78626	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diamond, Cindy L Contributor address; City; State; Zip Code  Georgetown, TX 78626	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diamond, Cindy L Contributor address; City; State; Zip Code  Georgetown, TX 78626	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Registered Nurse		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: 11/33 Rpt: 15/46
<b>2</b> FILER NAME Texas Nurses Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 12/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diamond, Cindy L <hr/> <b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78626	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Registered Nurse		<b>9</b> Employer (See Instructions)
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaudette, Lauren <hr/> Contributor address; City; State; Zip Code  Nacogdoches, TX 75964-7180	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) FNP		Employer (See Instructions)
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaudette, Lauren <hr/> Contributor address; City; State; Zip Code  Nacogdoches, TX 75964-7180	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) FNP		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaudette, Lauren <hr/> Contributor address; City; State; Zip Code  Nacogdoches, TX 75964-7180	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) FNP		Employer (See Instructions)
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaudette, Lauren <hr/> Contributor address; City; State; Zip Code  Nacogdoches, TX 75964-7180	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) FNP		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: 12/33 Rpt: 16/46
<b>2</b> FILER NAME Texas Nurses Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 11/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaudette, Lauren <b>6</b> Contributor address; City; State; Zip Code  Nacogdoches, TX 75964-7180	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) FNP		<b>9</b> Employer (See Instructions)
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaudette, Lauren Contributor address; City; State; Zip Code  Nacogdoches, TX 75964-7180	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) FNP		Employer (See Instructions)
Date 07/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Pamela Contributor address; City; State; Zip Code  Corpus Christi, TX 78412	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions)
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Pamela Contributor address; City; State; Zip Code  Corpus Christi, TX 78412	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions)
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herman, Candice Contributor address; City; State; Zip Code  Dallas, TX 75231	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		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: 13/33 Rpt: 17/46
<b>2</b> FILER NAME Texas Nurses Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 08/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herman, Candice <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75231	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Registered Nurse		<b>9</b> Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herman, Candice Contributor address; City; State; Zip Code  Dallas, TX 75231	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herman, Candice Contributor address; City; State; Zip Code  Dallas, TX 75231	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herman, Candice Contributor address; City; State; Zip Code  Dallas, TX 75231	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herman, Candice Contributor address; City; State; Zip Code  Dallas, TX 75231	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		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: 14/33 Rpt: 18/46
<b>2</b> FILER NAME Texas Nurses Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 07/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inglis, Toni <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78703-5402	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Registered Nurse		<b>9</b> Employer (See Instructions)
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inglis, Toni Contributor address; City; State; Zip Code  Austin, TX 78703-5402	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inglis, Toni Contributor address; City; State; Zip Code  Austin, TX 78703-5402	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inglis, Toni Contributor address; City; State; Zip Code  Austin, TX 78703-5402	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inglis, Toni Contributor address; City; State; Zip Code  Austin, TX 78703-5402	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		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: 15/33 Rpt: 19/46
<b>2</b> FILER NAME Texas Nurses Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 12/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inglis, Toni <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78703-5402	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Registered Nurse		<b>9</b> Employer (See Instructions)
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez, Monica <hr/> Contributor address; City; State; Zip Code  Houston, TX 77006	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Celeste <hr/> Contributor address; City; State; Zip Code  Garland, TX 75043-1431	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Celeste <hr/> Contributor address; City; State; Zip Code  Garland, TX 75043-1431	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Celeste <hr/> Contributor address; City; State; Zip Code  Garland, TX 75043-1431	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		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: 16/33 Rpt: 20/46
<b>2</b> FILER NAME Texas Nurses Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 10/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Celeste <hr/> <b>6</b> Contributor address; City; State; Zip Code  Garland, TX 75043-1431	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Registered Nurse		<b>9</b> Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Celeste <hr/> Contributor address; City; State; Zip Code  Garland, TX 75043-1431	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Celeste <hr/> Contributor address; City; State; Zip Code  Garland, TX 75043-1431	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Patricia <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79423	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) Nurse Educator		Employer (See Instructions)
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Patricia <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79423	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) Nurse Educator		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: 17/33 Rpt: 21/46
<b>2</b> FILER NAME Texas Nurses Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 10/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Patricia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79423	<b>7</b> Amount of Contribution (\$)  \$42.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Educator		<b>9</b> Employer (See Instructions)
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Patricia <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79423	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) Nurse Educator		Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Patricia <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79423	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) Nurse Educator		Employer (See Instructions)
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loera, Gloria <hr/> Contributor address; City; State; Zip Code  Austin, TX 78748	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Associate Professor/Program Director		Employer (See Instructions)
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loera, Gloria <hr/> Contributor address; City; State; Zip Code  Austin, TX 78748	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Associate Professor/Program Director		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: 18/33 Rpt: 22/46
<b>2</b> FILER NAME Texas Nurses Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 09/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loera, Gloria <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78748	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Associate Professor/Program Director		<b>9</b> Employer (See Instructions)
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loera, Gloria <hr/> Contributor address; City; State; Zip Code  Austin, TX 78748	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Associate Professor/Program Director		Employer (See Instructions)
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loera, Gloria <hr/> Contributor address; City; State; Zip Code  Austin, TX 78748	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Associate Professor/Program Director		Employer (See Instructions)
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loera, Gloria <hr/> Contributor address; City; State; Zip Code  Austin, TX 78748	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Associate Professor/Program Director		Employer (See Instructions)
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merian, Merry <hr/> Contributor address; City; State; Zip Code  Wimberly, TX 78676-3027	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Registered Nurse		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: 19/33 Rpt: 23/46
<b>2</b> FILER NAME Texas Nurses Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 08/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merian, Merry <hr/> <b>6</b> Contributor address; City; State; Zip Code  Wimberly, TX 78676-3027	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Registered Nurse		<b>9</b> Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merian, Merry <hr/> Contributor address; City; State; Zip Code  Wimberly, TX 78676-3027	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merian, Merry <hr/> Contributor address; City; State; Zip Code  Wimberly, TX 78676-3027	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merian, Merry <hr/> Contributor address; City; State; Zip Code  Wimberly, TX 78676-3027	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merian, Merry <hr/> Contributor address; City; State; Zip Code  Wimberly, TX 78676-3027	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Registered Nurse		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: 20/33 Rpt: 24/46
<b>2</b> FILER NAME Texas Nurses Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 07/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Joyce <b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79765	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) Registered Nurse		<b>9</b> Employer (See Instructions)
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Joyce Contributor address; City; State; Zip Code  Odessa, TX 79765	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Joyce Contributor address; City; State; Zip Code  Odessa, TX 79765	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Joyce Contributor address; City; State; Zip Code  Odessa, TX 79765	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Joyce Contributor address; City; State; Zip Code  Odessa, TX 79765	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Registered Nurse		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: 21/33 Rpt: 25/46
<b>2</b> FILER NAME Texas Nurses Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 12/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Joyce <b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79765	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) Registered Nurse		<b>9</b> Employer (See Instructions)
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moon, Michael Contributor address; City; State; Zip Code  San Antonio, TX 78232-4137	Amount of Contribution (\$)  \$6.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moon, Michael Contributor address; City; State; Zip Code  San Antonio, TX 78232-4137	Amount of Contribution (\$)  \$6.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moon, Michael Contributor address; City; State; Zip Code  San Antonio, TX 78232-4137	Amount of Contribution (\$)  \$6.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moon, Michael Contributor address; City; State; Zip Code  San Antonio, TX 78232-4137	Amount of Contribution (\$)  \$6.00
Principal occupation / Job title (See Instructions) Professor		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: 22/33 Rpt: 26/46
<b>2</b> FILER NAME Texas Nurses Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 11/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moon, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78232-4137	<b>7</b> Amount of Contribution (\$)  \$6.00
<b>8</b> Principal occupation / Job title (See Instructions) Professor		<b>9</b> Employer (See Instructions)
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moon, Michael <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78232-4137	Amount of Contribution (\$)  \$6.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrell, Patricia <hr/> Contributor address; City; State; Zip Code  Winnie, TX 77665	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions)
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrell, Patricia <hr/> Contributor address; City; State; Zip Code  Winnie, TX 77665	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrell, Patricia <hr/> Contributor address; City; State; Zip Code  Winnie, TX 77665	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) RN		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: 23/33 Rpt: 27/46
<b>2</b> FILER NAME Texas Nurses Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 10/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrell, Patricia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Winnie, TX 77665	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) RN		<b>9</b> Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrell, Patricia <hr/> Contributor address; City; State; Zip Code  Winnie, TX 77665	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions)
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrell, Patricia <hr/> Contributor address; City; State; Zip Code  Winnie, TX 77665	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions)
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moss, Edtrina <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$)  \$65.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moss, Edtrina <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$)  \$65.00
Principal occupation / Job title (See Instructions) Registered Nurse		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: 24/33 Rpt: 28/46
<b>2</b> FILER NAME Texas Nurses Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 09/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moss, Edtrina <b>6</b> Contributor address; City; State; Zip Code  Missouri City, TX 77459	<b>7</b> Amount of Contribution (\$)  \$65.00
<b>8</b> Principal occupation / Job title (See Instructions) Registered Nurse		<b>9</b> Employer (See Instructions)
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moss, Edtrina Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$)  \$65.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moss, Edtrina Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$)  \$65.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Rebekah Contributor address; City; State; Zip Code  Midland, TX 79703	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Rebekah Contributor address; City; State; Zip Code  Midland, TX 79703	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Registered Nurse		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: 25/33 Rpt: 29/46
<b>2</b> FILER NAME Texas Nurses Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 09/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Rebekah <b>6</b> Contributor address; City; State; Zip Code  Midland, TX 79703	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Registered Nurse		<b>9</b> Employer (See Instructions)
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Rebekah Contributor address; City; State; Zip Code  Midland, TX 79703	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Rebekah Contributor address; City; State; Zip Code  Midland, TX 79703	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Rebekah Contributor address; City; State; Zip Code  Midland, TX 79703	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson-Walker, Lucas Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Registered Nurse		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: 26/33 Rpt: 30/46
<b>2</b> FILER NAME Texas Nurses Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 07/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Kay <b>6</b> Contributor address; City; State; Zip Code Ft Worth, TX 76179-4004	<b>7</b> Amount of Contribution (\$) \$40.00
<b>8</b> Principal occupation / Job title (See Instructions) Registered Nurse		<b>9</b> Employer (See Instructions)
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Kay Contributor address; City; State; Zip Code Ft Worth, TX 76179-4004	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Kay Contributor address; City; State; Zip Code Ft Worth, TX 76179-4004	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Kay Contributor address; City; State; Zip Code Ft Worth, TX 76179-4004	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Kay Contributor address; City; State; Zip Code Ft Worth, TX 76179-4004	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Registered Nurse		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: 27/33 Rpt: 31/46
<b>2</b> FILER NAME Texas Nurses Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 12/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Kay <hr/> <b>6</b> Contributor address; City; State; Zip Code  Ft Worth, TX 76179-4004	<b>7</b> Amount of Contribution (\$)  \$40.00
<b>8</b> Principal occupation / Job title (See Instructions) Registered Nurse		<b>9</b> Employer (See Instructions)
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tschirch, Poldi <hr/> Contributor address; City; State; Zip Code  Houston, TX 77018-2013	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tschirch, Poldi <hr/> Contributor address; City; State; Zip Code  Houston, TX 77018-2013	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tschirch, Poldi <hr/> Contributor address; City; State; Zip Code  Houston, TX 77018-2013	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tschirch, Poldi <hr/> Contributor address; City; State; Zip Code  Houston, TX 77018-2013	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Registered Nurse		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: 28/33 Rpt: 32/46
<b>2</b> FILER NAME Texas Nurses Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 11/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tschirch, Poldi <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77018-2013	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) Registered Nurse		<b>9</b> Employer (See Instructions)
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tschirch, Poldi <hr/> Contributor address; City; State; Zip Code  Houston, TX 77018-2013	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vitek, Laura <hr/> Contributor address; City; State; Zip Code  Houston, TX 77036-4001	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vitek, Laura <hr/> Contributor address; City; State; Zip Code  Houston, TX 77036-4001	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vitek, Laura <hr/> Contributor address; City; State; Zip Code  Houston, TX 77036-4001	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Registered Nurse		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: 29/33 Rpt: 33/46
<b>2</b> FILER NAME Texas Nurses Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 10/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vitek, Laura <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77036-4001	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Registered Nurse		<b>9</b> Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vitek, Laura <hr/> Contributor address; City; State; Zip Code  Houston, TX 77036-4001	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vitek, Laura <hr/> Contributor address; City; State; Zip Code  Houston, TX 77036-4001	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, James Jeffrey <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79413-4805	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, James Jeffrey <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79413-4805	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Registered Nurse		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: 30/33 Rpt: 34/46
<b>2</b> FILER NAME Texas Nurses Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 09/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, James Jeffrey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79413-4805	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Registered Nurse		<b>9</b> Employer (See Instructions)
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, James Jeffrey <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79413-4805	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, James Jeffrey <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79413-4805	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, James Jeffrey <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79413-4805	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woolbert, Lynda <hr/> Contributor address; City; State; Zip Code  West Columbia, TX 77486-9640	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) PNP		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: 31/33 Rpt: 35/46
<b>2</b> FILER NAME Texas Nurses Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 08/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woolbert, Lynda <b>6</b> Contributor address; City; State; Zip Code  West Columbia, TX 77486-9640	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) PNP		<b>9</b> Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woolbert, Lynda Contributor address; City; State; Zip Code  West Columbia, TX 77486-9640	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) PNP		Employer (See Instructions)
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woolbert, Lynda Contributor address; City; State; Zip Code  West Columbia, TX 77486-9640	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) PNP		Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woolbert, Lynda Contributor address; City; State; Zip Code  West Columbia, TX 77486-9640	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) PNP		Employer (See Instructions)
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woolbert, Lynda Contributor address; City; State; Zip Code  West Columbia, TX 77486-9640	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) PNP		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: 32/33 Rpt: 36/46
<b>2</b> FILER NAME Texas Nurses Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 07/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zelanko, Jeanie <b>6</b> Contributor address; City; State; Zip Code Mesquite, TX 75150-6012	<b>7</b> Amount of Contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Registered Nurse		<b>9</b> Employer (See Instructions)
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zelanko, Jeanie Contributor address; City; State; Zip Code Mesquite, TX 75150-6012	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zelanko, Jeanie Contributor address; City; State; Zip Code Mesquite, TX 75150-6012	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zelanko, Jeanie Contributor address; City; State; Zip Code Mesquite, TX 75150-6012	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zelanko, Jeanie Contributor address; City; State; Zip Code Mesquite, TX 75150-6012	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A1:  
Sch: 33/33 Rpt: 37/46

**2** FILER NAME

Texas Nurses Association Political Action Committee

**3** Filer ID (Ethics Commission Filers)  
00017364

**4** Date

12/11/2025

**5** Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Zelanko, Jeanie

**7** Amount of Contribution (\$)

\$25.00

**6** Contributor address; City; State; Zip Code

Mesquite, TX 75150-6012

**8** Principal occupation / Job title (See Instructions)

Registered Nurse

**9** Employer (See Instructions)

# NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

**SCHEDULE C2**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C2: Sch: 1/1 Rpt: 38/46	
<b>2</b> FILER NAME Texas Nurses Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00017364	
<b>4</b> Date 07/31/2025	<b>5</b> Corporation / Labor Organization name Texas Nurses Association <hr/> <b>6</b> Corporation / Labor Organization address; City; State; Zip Code  Austin, TX 78759	<b>7</b> Amount of contribution(\$) \$5,225.65	<b>8</b> In-kind contribution description Administrative
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Date 08/31/2025	Corporation / Labor Organization name Texas Nurses Association <hr/> Corporation / Labor Organization address; City; State; Zip Code  Austin, TX 78759	Amount of contribution(\$) \$3,903.29	In-kind contribution description Administrative
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Date 09/30/2025	Corporation / Labor Organization name Texas Nurses Association <hr/> Corporation / Labor Organization address; City; State; Zip Code  Austin, TX 78759	Amount of contribution(\$) \$3,968.55	In-kind contribution description Administrative
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Date 10/31/2025	Corporation / Labor Organization name Texas Nurses Association <hr/> Corporation / Labor Organization address; City; State; Zip Code  Austin, TX 78759	Amount of contribution(\$) \$3,928.33	In-kind contribution description Administrative
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Date 11/30/2025	Corporation / Labor Organization name Texas Nurses Association <hr/> Corporation / Labor Organization address; City; State; Zip Code  Austin, TX 78759	Amount of contribution(\$) \$3,332.95	In-kind contribution description Administrative
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Date 12/31/2025	Corporation / Labor Organization name Texas Nurses Association <hr/> Corporation / Labor Organization address; City; State; Zip Code  Austin, TX 78759	Amount of contribution(\$) \$4,114.91	In-kind contribution description Administrative
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

# 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: 1/8 Rpt: 39/46	<b>2</b> FILER NAME Texas Nurses Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 12/17/2025	<b>5</b> Payee name Ellison Campaign	
<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 6800 Westgate Blvd Suite 132-163 Austin, TX 78745	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<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 Campaign Contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/17/2025	Payee name Holly Jeffreys for Texas Campaign	
Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 16  Bushland, TX 79012	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2025	Payee name Molly for Texas	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 667238  Houston, TX 77266	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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: 2/8 Rpt: 40/46	<b>2</b> FILER NAME Texas Nurses Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 07/31/2025	<b>5</b> Payee name PAYA	
<b>6</b> Amount (\$) \$45.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 12120 Sunset Hills Road Suite 500  Reston, VA 20190	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Bank Draft Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/31/2025	Payee name PAYA	
Amount (\$) \$141.58  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12121 Sunset Hills Road Suite 500  Reston, VA 20190	
PURPOSE OF EXPENDITURE	<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 Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/31/2025	Payee name PAYA	
Amount (\$) \$4.02  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12122 Sunset Hills Road Suite 500  Reston, VA 20190	
PURPOSE OF EXPENDITURE	<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 Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# 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: 3/8 Rpt: 41/46	<b>2</b> FILER NAME Texas Nurses Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 08/31/2025	<b>5</b> Payee name PAYA	
<b>6</b> Amount (\$) \$3.80  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 12123 Sunset Hills Road Suite 500  Reston, VA 20190	
<b>8</b> PURPOSE OF EXPENDITURE	<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 Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/31/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$141.58  <input type="checkbox"/> Expenditure from corporate funds	Payee name PAYA  Payee address; City; State; Zip Code 12124 Sunset Hills Road Suite 500  Reston, VA 20190	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/31/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$45.00  <input type="checkbox"/> Expenditure from corporate funds	Payee name PAYA  Payee address; City; State; Zip Code 12125 Sunset Hills Road Suite 500  Reston, VA 20190	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Draft Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# 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: 4/8 Rpt: 42/46	<b>2</b> FILER NAME Texas Nurses Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 09/30/2025	<b>5</b> Payee name PAYA	
<b>6</b> Amount (\$) \$45.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 12126 Sunset Hills Road Suite 500  Reston, VA 20190	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Bank Draft Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/30/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$2.65  <input type="checkbox"/> Expenditure from corporate funds	Payee name PAYA  Payee address; City; State; Zip Code 12127 Sunset Hills Road Suite 500  Reston, VA 20190	
PURPOSE OF EXPENDITURE	<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 Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/30/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$141.58  <input type="checkbox"/> Expenditure from corporate funds	Payee name PAYA  Payee address; City; State; Zip Code 12128 Sunset Hills Road Suite 500  Reston, VA 20190	
PURPOSE OF EXPENDITURE	<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 Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# 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: 5/8 Rpt: 43/46	<b>2</b> FILER NAME Texas Nurses Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 10/31/2025	<b>5</b> Payee name PAYA	
<b>6</b> Amount (\$) \$19.62  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 12129 Sunset Hills Road Suite 500  Reston, VA 20190	
<b>8</b> PURPOSE OF EXPENDITURE	<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 Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/31/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$141.68  <input type="checkbox"/> Expenditure from corporate funds	Payee name PAYA  Payee address; City; State; Zip Code 12130 Sunset Hills Road Suite 500  Reston, VA 20190	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/31/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$45.00  <input type="checkbox"/> Expenditure from corporate funds	Payee name PAYA  Payee address; City; State; Zip Code 12131 Sunset Hills Road Suite 500  Reston, VA 20190	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Draft Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# 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: 6/8 Rpt: 44/46	<b>2</b> FILER NAME Texas Nurses Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 11/30/2025	<b>5</b> Payee name PAYA	
<b>6</b> Amount (\$) \$240.37  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 12132 Sunset Hills Road Suite 500  Reston, VA 20190	
<b>8</b> PURPOSE OF EXPENDITURE	<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 Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name PAYA		
Amount (\$) \$45.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12133 Sunset Hills Road Suite 500  Reston, VA 20190	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Bank Draft Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name PAYA		
Amount (\$) \$1.15  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12134 Sunset Hills Road Suite 500  Reston, VA 20190	
PURPOSE OF EXPENDITURE	<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 Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# 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: 7/8 Rpt: 45/46	<b>2</b> FILER NAME Texas Nurses Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 12/31/2025	<b>5</b> Payee name PAYA	
<b>6</b> Amount (\$) \$7.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 12135 Sunset Hills Road Suite 500  Reston, VA 20190	
<b>8</b> PURPOSE OF EXPENDITURE	<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 Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/31/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$45.00  <input type="checkbox"/> Expenditure from corporate funds	Payee name PAYA  Payee address; City; State; Zip Code 12136 Sunset Hills Road Suite 500  Reston, VA 20190	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Bank Draft Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/31/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$141.36  <input type="checkbox"/> Expenditure from corporate funds	Payee name PAYA  Payee address; City; State; Zip Code 12137 Sunset Hills Road Suite 500  Reston, VA 20190	
PURPOSE OF EXPENDITURE	<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 Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# 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: 8/8 Rpt: 46/46	<b>2</b> FILER NAME Texas Nurses Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00017364
<b>4</b> Date 10/29/2025	<b>5</b> Payee name Texas Nurses Association	
<b>6</b> Amount (\$) \$433.00  <input checked="" type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 4807 Spicewood Springs Rd Bldg 3 Ste 100 Austin, TX 78759	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<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 Awards
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held