

**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 # <input type="text"/> Amount <input type="text"/> 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 Mrs. Serena	MS / MRS / MR 			MI	
	NICKNAME LAST Bumpus	SUFFIX			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 4807 Spicewood Springs Road Bldg. 3 Suite 100 Austin, TX 78759	APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; 4807 Spicewood Springs Road Bldg. 3 Suite 100 Austin, TX 78759	APT / SUITE #;	CITY;	STATE;	ZIP CODE
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"/> July 15	<input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff	<input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year 07/01/2025	Month Day Year THROUGH 12/31/2025			
11 ELECTION	ELECTION DATE Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> General	ELECTION TYPE <input type="checkbox"/> Runoff <input type="checkbox"/> Special	<input type="checkbox"/> Other	

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

**FORM GPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Texas Nurses Association Political Action Committee		13 FILER ID (Ethics Commission Filers) 00017364
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Molly Cook State Senator B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 28,499.68
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,689.39
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 80,149.41
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

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

12 COMMITTEE NAME Texas Nurses Association Political Action Committee		13 FILER ID (Ethics Commission Filers) 00017364
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Kimmie Ellison State Representative B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Holly Jeffreys State Representative B. Opposed
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed	
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
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17 COMMITTEE NAME Texas Nurses Association Political Action Committee	18 FILER ID (Ethics Commission Filers) 00017364
19 SCHEDULE SUBTOTALS 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/33 Rpt: 5/46
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 07/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashford, Lisa 6 Contributor address; City; State; Zip Code Ft Worth, TX 76114-4535	7 Amount of Contribution (\$) \$10.00
	8 Principal occupation / Job title (See Instructions) Registered Nurse	
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	
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	
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	
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	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/33 Rpt: 6/46
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 12/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashford, Lisa	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Ft Worth, TX 76114-4535	
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baird, Becky	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75229-2473	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75229-2473	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75229-2473	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75229-2473	
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: 3/33 Rpt: 7/46
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 11/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baird, Becky 6 Contributor address; City; State; Zip Code Dallas, TX 75229-2473	7 Amount of Contribution (\$) \$10.00
	8 Principal occupation / Job title (See Instructions) Registered Nurse	
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	
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	
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	
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	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/33 Rpt: 8/46
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 10/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Connie 6 Contributor address; City; State; Zip Code San Antonio, TX 78247	7 Amount of Contribution (\$) \$40.00
	8 Principal occupation / Job title (See Instructions) Registered Nurse	
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	
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	
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	
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	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/33 Rpt: 9/46
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bender, Melinda	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code New Braunfels, TX 78132-4538	
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bender, Melinda	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code New Braunfels, TX 78132-4538	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code New Braunfels, TX 78132-4538	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code New Braunfels, TX 78132-4538	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Yantis, TX 75497-5482	
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: 6/33 Rpt: 10/46
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 08/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casburn, Sue Sharon 6 Contributor address; City; State; Zip Code Yantis, TX 75497-5482	7 Amount of Contribution (\$) \$10.00
	8 Principal occupation / Job title (See Instructions) Registered Nurse	
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	
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	
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	
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	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/33 Rpt: 11/46
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 10/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Ruben	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75229-2473	
8 Principal occupation / Job title (See Instructions) Nursing Director		9 Employer (See Instructions)
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Ruben	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Dallas, TX 75229-2473	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Dallas, TX 75229-2473	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Brownsville, TX 78520-9229	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Brownsville, TX 78520-9229	
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: 8/33 Rpt: 12/46
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Margie 6 Contributor address; City; State; Zip Code Brownsville, TX 78520-9229	7 Amount of Contribution (\$) \$10.00
	8 Principal occupation / Job title (See Instructions) Registered Nurse	
Date 10/12/2025	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	
Date 11/12/2025	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	
Date 12/12/2025	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	
Date 07/12/2025	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	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/33 Rpt: 13/46
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 08/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy 6 Contributor address; City; State; Zip Code San Antonio, TX 78217-4025	7 Amount of Contribution (\$) \$10.00
	8 Principal occupation / Job title (See Instructions) Registered Nurse	
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	
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	
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	
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	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/33 Rpt: 14/46
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 07/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diamond, Cindy L 6 Contributor address; City; State; Zip Code Georgetown, TX 78626	7 Amount of Contribution (\$) \$20.00
	8 Principal occupation / Job title (See Instructions) Registered Nurse	
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	
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	
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	
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	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/33 Rpt: 15/46
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 12/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diamond, Cindy L 6 Contributor address; City; State; Zip Code Georgetown, TX 78626	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 07/12/2025	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 08/12/2025	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 09/12/2025	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 10/12/2025	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/33 Rpt: 16/46
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 11/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaudette, Lauren 6 Contributor address; City; State; Zip Code Nacogdoches, TX 75964-7180	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) FNP		9 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/33 Rpt: 17/46
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 08/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herman, Candice 6 Contributor address; City; State; Zip Code Dallas, TX 75231	7 Amount of Contribution (\$) \$10.00
	8 Principal occupation / Job title (See Instructions) Registered Nurse	
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	
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	
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	
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	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/33 Rpt: 18/46
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 07/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inglis, Toni 6 Contributor address; City; State; Zip Code Austin, TX 78703-5402	7 Amount of Contribution (\$) \$10.00
	8 Principal occupation / Job title (See Instructions) Registered Nurse	
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	
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	
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	
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	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/33 Rpt: 19/46
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 12/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inglis, Toni	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Austin, TX 78703-5402	
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez, Monica	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77006	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Garland, TX 75043-1431	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Garland, TX 75043-1431	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Garland, TX 75043-1431	
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: 16/33 Rpt: 20/46
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 10/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Celeste 6 Contributor address; City; State; Zip Code Garland, TX 75043-1431	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Celeste 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 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 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 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/33 Rpt: 21/46
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 10/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Patricia 6 Contributor address; City; State; Zip Code Lubbock, TX 79423	7 Amount of Contribution (\$) \$42.00
	8 Principal occupation / Job title (See Instructions) Nurse Educator	
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Patricia Contributor address; City; State; Zip Code Lubbock, TX 79423	Amount of Contribution (\$) \$42.00
	Principal occupation / Job title (See Instructions) Nurse Educator	
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Patricia Contributor address; City; State; Zip Code Lubbock, TX 79423	Amount of Contribution (\$) \$42.00
	Principal occupation / Job title (See Instructions) Nurse Educator	
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loera, Gloria Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Associate Professor/Program Director	
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loera, Gloria Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Associate Professor/Program Director	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/33 Rpt: 22/46
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 09/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loera, Gloria	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Austin, TX 78748	
8 Principal occupation / Job title (See Instructions) Associate Professor/Program Director		9 Employer (See Instructions)
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loera, Gloria	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78748	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78748	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78748	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Wimberly, TX 78676-3027	
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: 19/33 Rpt: 23/46
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 08/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merian, Merry 6 Contributor address; City; State; Zip Code Wimberly, TX 78676-3027	7 Amount of Contribution (\$) \$20.00
	8 Principal occupation / Job title (See Instructions) Registered Nurse	
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merian, Merry Contributor address; City; State; Zip Code Wimberly, TX 78676-3027	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) Registered Nurse	
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merian, Merry Contributor address; City; State; Zip Code Wimberly, TX 78676-3027	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) Registered Nurse	
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merian, Merry Contributor address; City; State; Zip Code Wimberly, TX 78676-3027	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) Registered Nurse	
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merian, Merry Contributor address; City; State; Zip Code Wimberly, TX 78676-3027	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) Registered Nurse	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/33 Rpt: 24/46
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 07/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Joyce 6 Contributor address; City; State; Zip Code Odessa, TX 79765	7 Amount of Contribution (\$) \$30.00
	8 Principal occupation / Job title (See Instructions) Registered Nurse	
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	
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	
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	
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	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/33 Rpt: 25/46
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 12/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Joyce 6 Contributor address; City; State; Zip Code Odessa, TX 79765	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/33 Rpt: 26/46
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 11/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moon, Michael 6 Contributor address; City; State; Zip Code San Antonio, TX 78232-4137	7 Amount of Contribution (\$) \$6.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions)
Date 12/12/2025	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 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrell, Patricia 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 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 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/33 Rpt: 27/46
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 10/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrell, Patricia 6 Contributor address; City; State; Zip Code Winnie, TX 77665	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) RN		9 Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrell, Patricia 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 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 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 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/33 Rpt: 28/46
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 09/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moss, Edtrina 6 Contributor address; City; State; Zip Code Missouri City, TX 77459	7 Amount of Contribution (\$) \$65.00
	8 Principal occupation / Job title (See Instructions) Registered Nurse	
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	
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	
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	
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	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/33 Rpt: 29/46
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Rebekah 6 Contributor address; City; State; Zip Code Midland, TX 79703	7 Amount of Contribution (\$) \$20.00
	8 Principal occupation / Job title (See Instructions) Registered Nurse	
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	
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	
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	
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	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/33 Rpt: 30/46
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 07/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Kay 6 Contributor address; City; State; Zip Code Ft Worth, TX 76179-4004	7 Amount of Contribution (\$) \$40.00
	8 Principal occupation / Job title (See Instructions) Registered Nurse	
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	
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	
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	
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	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/33 Rpt: 31/46
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 12/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Kay	7 Amount of Contribution (\$) \$40.00
	6 Contributor address; City; State; Zip Code Ft Worth, TX 76179-4004	
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tschirch, Poldi	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Houston, TX 77018-2013	
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	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Houston, TX 77018-2013	
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	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Houston, TX 77018-2013	
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	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Houston, TX 77018-2013	
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: 28/33 Rpt: 32/46
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 11/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tschirch, Poldi 6 Contributor address; City; State; Zip Code Houston, TX 77018-2013	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tschirch, Poldi 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 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 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 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/33 Rpt: 33/46
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 10/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vitek, Laura 6 Contributor address; City; State; Zip Code Houston, TX 77036-4001	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vitek, Laura 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 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 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 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/33 Rpt: 34/46
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 09/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, James Jeffrey	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Lubbock, TX 79413-4805	
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, James Jeffrey	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Lubbock, TX 79413-4805	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Lubbock, TX 79413-4805	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Lubbock, TX 79413-4805	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code West Columbia, TX 77486-9640	
Principal occupation / Job title (See Instructions) PNP		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/33 Rpt: 35/46
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 08/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woolbert, Lynda 6 Contributor address; City; State; Zip Code West Columbia, TX 77486-9640	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) PNP		9 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/33 Rpt: 36/46
2 FILER NAME Texas Nurses Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017364
4 Date 07/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zelanko, Jeanie 6 Contributor address; City; State; Zip Code Mesquite, TX 75150-6012	7 Amount of Contribution (\$) \$25.00
	8 Principal occupation / Job title (See Instructions) Registered Nurse	
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	
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	
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	
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	

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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Zelanko, Jeanie 6 Contributor address; City; State; Zip Code Mesquite, TX 75150-6012	7 Amount of Contribution (\$) \$25.00
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

<p>The Instruction Guide explains how to complete this form.</p>			
<p>1 Total pages Schedule C2: Sch: 1/1 Rpt: 38/46</p>			
<p>2 FILER NAME Texas Nurses Association Political Action Committee</p>		<p>3 Filer ID (Ethics Commission Filers) 00017364</p>	
<p>4 Date 07/31/2025</p>	<p>5 Corporation / Labor Organization name Texas Nurses Association</p>	<p>7 Amount of contribution(\$) \$5,225.65</p>	<p>8 In-kind contribution description Administrative</p>
	<p>6 Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78759</p>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<p>Date 08/31/2025</p>	<p>Corporation / Labor Organization name Texas Nurses Association</p>	<p>Amount of contribution(\$) \$3,903.29</p>	<p>In-kind contribution description Administrative</p>
	<p>Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78759</p>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<p>Date 09/30/2025</p>	<p>Corporation / Labor Organization name Texas Nurses Association</p>	<p>Amount of contribution(\$) \$3,968.55</p>	<p>In-kind contribution description Administrative</p>
	<p>Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78759</p>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<p>Date 10/31/2025</p>	<p>Corporation / Labor Organization name Texas Nurses Association</p>	<p>Amount of contribution(\$) \$3,928.33</p>	<p>In-kind contribution description Administrative</p>
	<p>Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78759</p>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<p>Date 11/30/2025</p>	<p>Corporation / Labor Organization name Texas Nurses Association</p>	<p>Amount of contribution(\$) \$3,332.95</p>	<p>In-kind contribution description Administrative</p>
	<p>Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78759</p>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<p>Date 12/31/2025</p>	<p>Corporation / Labor Organization name Texas Nurses Association</p>	<p>Amount of contribution(\$) \$4,114.91</p>	<p>In-kind contribution description Administrative</p>
	<p>Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78759</p>	<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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/8 Rpt: 39/46	2 FILER NAME Texas Nurses Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00017364
4 Date 12/17/2025	5 Payee name Ellison Campaign	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 6800 Westgate Blvd Suite 132-163 Austin, TX 78745	
<input type="checkbox"/> Expenditure from corporate funds	(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
9 Complete ONLY 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	Payee address; City; State; Zip Code PO Box 16 Bushland, TX 79012	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY 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	Payee address; City; State; Zip Code PO Box 667238 Houston, TX 77266	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/8 Rpt: 40/46	2 FILER NAME Texas Nurses Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00017364
4 Date 07/31/2025	5 Payee name PAYA	
6 Amount (\$) \$45.00	7 Payee address; City; State; Zip Code 12120 Sunset Hills Road Suite 500 Reston, VA 20190	
<input type="checkbox"/> Expenditure from corporate funds	(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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/31/2025	Payee name PAYA	
Amount (\$) \$141.58	Payee address; City; State; Zip Code 12121 Sunset Hills Road Suite 500 Reston, VA 20190	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/31/2025	Payee name PAYA	
Amount (\$) \$4.02	Payee address; City; State; Zip Code 12122 Sunset Hills Road Suite 500 Reston, VA 20190	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/8 Rpt: 41/46	2 FILER NAME Texas Nurses Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00017364
4 Date 08/31/2025	5 Payee name PAYA	
6 Amount (\$) \$3.80	7 Payee address; City; State; Zip Code 12123 Sunset Hills Road Suite 500 Reston, VA 20190	
<input type="checkbox"/> Expenditure from corporate funds	(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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/31/2025	Payee name PAYA	
Amount (\$) \$141.58	Payee address; City; State; Zip Code 12124 Sunset Hills Road Suite 500 Reston, VA 20190	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/31/2025	Payee name PAYA	
Amount (\$) \$45.00	Payee address; City; State; Zip Code 12125 Sunset Hills Road Suite 500 Reston, VA 20190	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/8 Rpt: 42/46	2 FILER NAME Texas Nurses Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00017364
4 Date 09/30/2025	5 Payee name PAYA	
6 Amount (\$) \$45.00	7 Payee address; City; State; Zip Code 12126 Sunset Hills Road Suite 500 Reston, VA 20190	
<input type="checkbox"/> Expenditure from corporate funds	(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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/30/2025	Payee name PAYA	
Amount (\$) \$2.65	Payee address; City; State; Zip Code 12127 Sunset Hills Road Suite 500 Reston, VA 20190	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/30/2025	Payee name PAYA	
Amount (\$) \$141.58	Payee address; City; State; Zip Code 12128 Sunset Hills Road Suite 500 Reston, VA 20190	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/8 Rpt: 43/46	2 FILER NAME Texas Nurses Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00017364
4 Date 10/31/2025	5 Payee name PAYA	
6 Amount (\$) \$19.62	7 Payee address; City; State; Zip Code 12129 Sunset Hills Road Suite 500 Reston, VA 20190	
<input type="checkbox"/> Expenditure from corporate funds	(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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/31/2025	Payee name PAYA	
Amount (\$) \$141.68	Payee address; City; State; Zip Code 12130 Sunset Hills Road Suite 500 Reston, VA 20190	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/31/2025	Payee name PAYA	
Amount (\$) \$45.00	Payee address; City; State; Zip Code 12131 Sunset Hills Road Suite 500 Reston, VA 20190	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/8 Rpt: 44/46	2 FILER NAME Texas Nurses Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00017364
4 Date 11/30/2025	5 Payee name PAYA	
6 Amount (\$) \$240.37	7 Payee address; City; State; Zip Code 12132 Sunset Hills Road Suite 500 Reston, VA 20190	
<input type="checkbox"/> Expenditure from corporate funds	(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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/30/2025	Payee name PAYA	
Amount (\$) \$45.00	Payee address; City; State; Zip Code 12133 Sunset Hills Road Suite 500 Reston, VA 20190	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/30/2025	Payee name PAYA	
Amount (\$) \$1.15	Payee address; City; State; Zip Code 12134 Sunset Hills Road Suite 500 Reston, VA 20190	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/8 Rpt: 45/46	2 FILER NAME Texas Nurses Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00017364
4 Date 12/31/2025	5 Payee name PAYA	
6 Amount (\$) \$7.00	7 Payee address; City; State; Zip Code 12135 Sunset Hills Road Suite 500 Reston, VA 20190	
<input type="checkbox"/> Expenditure from corporate funds	(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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/31/2025	Payee name PAYA	
Amount (\$) \$45.00	Payee address; City; State; Zip Code 12136 Sunset Hills Road Suite 500 Reston, VA 20190	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/31/2025	Payee name PAYA	
Amount (\$) \$141.36	Payee address; City; State; Zip Code 12137 Sunset Hills Road Suite 500 Reston, VA 20190	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/8 Rpt: 46/46	2 FILER NAME Texas Nurses Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00017364	
4 Date 10/29/2025	5 Payee name Texas Nurses Association		
6 Amount (\$) \$433.00	7 Payee address; City; State; Zip Code 4807 Spicewood Springs Rd Bldg 3 Ste 100 Austin, TX 78759		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(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	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held