



# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas Association of Nurse Anesthetists Political Action Committee	<b>13 Filer ID</b> (Ethics Commission Filers) 00069305
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 21,511.10
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 10,957.63
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 322,980.56
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. Wendy Odell  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - MPAC

<b>17 COMMITTEE NAME</b> Texas Association of Nurse Anesthetists Political Action Committee		<b>18 Filer ID</b> (Ethics Commission Filers) 00069305
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 20,199.16
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 511.94
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 800.00
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 10,957.63
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.50

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/61 Rpt: 4/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/10/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abraham, Bibin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Irving, TX 75063	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Albrecht, Kelsey <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Albright, Brian <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79911	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Altuna, Carolyn <hr/> Contributor address; City; State; Zip Code  Austin, TX 78723	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Andersen, Jennifer <hr/> Contributor address; City; State; Zip Code  Midland, TX 79705	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		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: 2/61 Rpt: 5/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/18/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Andersen, Jennifer ..... <b>6</b> Contributor address; City; State; Zip Code  Midland, TX 79705	<b>7</b> Amount of Contribution (\$)  \$41.67
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 02/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Andrews, Lynn ..... Contributor address; City; State; Zip Code  Flower Mound, TX 76226	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anthony, Jennifer ..... Contributor address; City; State; Zip Code  Texarkana, TX 75501	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Apodaca, Rylee ..... Contributor address; City; State; Zip Code  Houston, TX 77004	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Appel, Jessica ..... Contributor address; City; State; Zip Code  Fort Worth, TX 76110	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 3/61 Rpt: 6/70
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/24/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bagos, Jesus A	7 Amount of Contribution (\$)  \$83.33
	6 Contributor address; City; State; Zip Code  Houston, TX 77045	
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker, Forrest	Amount of Contribution (\$)  \$41.67
	Contributor address; City; State; Zip Code  Argyle, TX 76226	
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Balogun, Damilola	Amount of Contribution (\$)  \$83.33
	Contributor address; City; State; Zip Code  Houston, TX 77054	
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barr, Mark	Amount of Contribution (\$)  \$83.33
	Contributor address; City; State; Zip Code  Houston, TX 77019	
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bazan, Erica	Amount of Contribution (\$)  \$41.67
	Contributor address; City; State; Zip Code  Katy, TX 77493	
Principal occupation / Job title (See Instructions) CRNA		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: 4/61 Rpt: 7/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/21/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bell, Leslie <hr/> <b>6</b> Contributor address; City; State; Zip Code  McKinney, TX 75069	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bergeron, Mark <hr/> Contributor address; City; State; Zip Code  Houston, TX 77006	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bishop, Harold <hr/> Contributor address; City; State; Zip Code  Lufkin, TX 75904-6304	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Nurse Anesthetist		Employer (See Instructions)
Date 02/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Black, Melanie <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Black, Melanie <hr/> Contributor address; City; State; Zip Code  Round rock, TX 78681	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		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: 5/61 Rpt: 8/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/22/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blacketter, Lisa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Port Lavaca, TX 77979	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Booth, Kristen <hr/> Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bourgeois, Robert S <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bowden, Shyanne <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76108	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bradley, Frances E <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79924	Amount of Contribution (\$)  \$89.00
Principal occupation / Job title (See Instructions) CRNA		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: 6/61 Rpt: 9/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brauneck, Tyler J <hr/> <b>6</b> Contributor address; City; State; Zip Code  Helotes, TX 78023	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Broadhead, Preston <hr/> Contributor address; City; State; Zip Code  Texarkana, TX 75503	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Broussard, Theresa L <hr/> Contributor address; City; State; Zip Code  FULSHEAR, TX 77423	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Rewa <hr/> Contributor address; City; State; Zip Code  Salado, TX 76571	Amount of Contribution (\$)  \$62.50
Principal occupation / Job title (See Instructions) Crna		Employer (See Instructions)
Date 02/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burkhardt, Hillary <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) CRNA		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: 7/61 Rpt: 10/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/05/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burnett, Christine <hr/> <b>6</b> Contributor address; City; State; Zip Code  Friendswood, TX 77546	<b>7</b> Amount of Contribution (\$)  \$41.67
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Byars, Michael Dwayne <hr/> Contributor address; City; State; Zip Code  HOUSTON, TX 77019	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cadambi, Avantika <hr/> Contributor address; City; State; Zip Code  Keller, TX 76248	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Campos, Maximina <hr/> Contributor address; City; State; Zip Code  Mansfield, TX 76063	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cano, Amalia <hr/> Contributor address; City; State; Zip Code  Brownsville, TX 78520	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		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: 8/61 Rpt: 11/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/25/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carter, Lisa <hr/> <b>6</b> Contributor address; City; State; Zip Code  College Station, TX 77845	<b>7</b> Amount of Contribution (\$)  \$62.50
<b>8</b> Principal occupation / Job title (See Instructions) Nurse anesthetist		<b>9</b> Employer (See Instructions)
Date 02/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carter, Tanya M <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75235	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Caswell, Abigail <hr/> Contributor address; City; State; Zip Code  Friendswood, TX 77546	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Caswell, Abigail L <hr/> Contributor address; City; State; Zip Code  Friendswood, TX 77546	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cedeno, Eduardo <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78255	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		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: 9/61 Rpt: 12/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/21/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chmiel, Gail R <hr/> <b>6</b> Contributor address; City; State; Zip Code  North Richland Hills, TX 76182	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Clayton <hr/> Contributor address; City; State; Zip Code  Wichita Falls, TX 76301	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clucas, Shala <hr/> Contributor address; City; State; Zip Code  Rockwall, TX 75032	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Co, Arianne <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76126	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coast, Nora <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		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: 10/61 Rpt: 13/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/10/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Comans, Tyler <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76179	<b>7</b> Amount of Contribution (\$)  \$41.67
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cook, Ashley <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75035	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooney, Michael <hr/> Contributor address; City; State; Zip Code  Keller, TX 76248	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Corder, Kenny <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79606	Amount of Contribution (\$)  \$117.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Corder, Kenny <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79606	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		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: 11/61 Rpt: 14/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/22/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cornelius, Brian	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>6</b> Contributor address; City; State; Zip Code  Burleson, TX 76028		
<b>8</b> Principal occupation / Job title (See Instructions) Mermaid		<b>9</b> Employer (See Instructions)
Date 02/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coronado, Israel	Amount of Contribution (\$)  \$83.33
Contributor address; City; State; Zip Code  Weslaco, TX 78596		
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Corpus, Jose	Amount of Contribution (\$)  \$83.33
Contributor address; City; State; Zip Code  Perrysburg, OH 43551		
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Corpus, Jose	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Perrysburg, OH 43551		
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Culp, Mark	Amount of Contribution (\$)  \$62.50
Contributor address; City; State; Zip Code  Weatherford, TX 76087		
Principal occupation / Job title (See Instructions) Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/61 Rpt: 15/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/20/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Culpepper, Kevin	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76102		
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Curbow, Kelly	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Hideaway, TX 75771		
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Custance, Jessica M	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code  Aledo, TX 76008		
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Rachel	Amount of Contribution (\$) \$83.34
Contributor address; City; State; Zip Code  Houston, TX 77057		
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Steve	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code  Irving, TX 75063		
Principal occupation / Job title (See Instructions) CRNa		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: 13/61 Rpt: 16/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 01/31/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Veronica Y <hr/> <b>6</b> Contributor address; City; State; Zip Code  Harlingen, TX 78550	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dawson, Alyssa <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dejong, Jessie <hr/> Contributor address; City; State; Zip Code  Bedford, TX 76021	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) CRNA, Parkland		Employer (See Instructions)
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Devlin, Courtney <hr/> Contributor address; City; State; Zip Code  Bedford, TX 76022	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Devoto, Rachel <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78257	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) CRNA		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: 14/61 Rpt: 17/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/03/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dinos, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pharr, TX 78539	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dishon, Julia <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77707	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dominick, Melissa <hr/> Contributor address; City; State; Zip Code  Spring, TX 77379	Amount of Contribution (\$)  \$62.50
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dores, Tina <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78045	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Doria, Mark Anthony L <hr/> Contributor address; City; State; Zip Code  Katy, TX 77494	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) CRNA		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: 15/61 Rpt: 18/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Driscoll, Connor	<b>7</b> Amount of Contribution (\$) \$20.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75206		
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 02/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DuBose, Mary C	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code  Lufkin, TX 75915		
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dupree, Garrett	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76126		
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dupree, Garrett	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76126		
Principal occupation / Job title (See Instructions) Nurse Anesthesiologist		Employer (See Instructions)
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dupriest, Wesley L	Amount of Contribution (\$) \$83.33
Contributor address; City; State; Zip Code  Manvel, TX 77578		
Principal occupation / Job title (See Instructions) CRNA		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: 16/61 Rpt: 19/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/17/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eddy, Rachel <hr/> <b>6</b> Contributor address; City; State; Zip Code  HEATH, TX 75032	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eisa, Lina <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77498	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) Crna		Employer (See Instructions)
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elam, Halie <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79108	Amount of Contribution (\$)  \$62.50
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elliott, Kari A <hr/> Contributor address; City; State; Zip Code  Bullard, TX 75757	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Engelhardt, Taylor <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77584	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		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: 17/61 Rpt: 20/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/11/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Engelhardt, Taylor <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pearland, TX 77584	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Engelhardt, Taylor <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77584	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Estes, Sonia D <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75206	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Etheridge, Andrea <hr/> Contributor address; City; State; Zip Code  College Station, TX 77845	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Farmer, Masson D <hr/> Contributor address; City; State; Zip Code  Kemp, TX 75143	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/61 Rpt: 21/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flemming, Editha <hr/> <b>6</b> Contributor address; City; State; Zip Code  Manvel, TX 77578	<b>7</b> Amount of Contribution (\$)  \$41.67
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores, Maria Romina <hr/> Contributor address; City; State; Zip Code  Houston, TX 77045	Amount of Contribution (\$)  \$85.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Franklin, Jade <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Frawley, Steven <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75209	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Crna		Employer (See Instructions)
Date 02/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gallagher, Brett A <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79423	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		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: 19/61 Rpt: 22/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/21/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Galvin, Vaughna <hr/> <b>6</b> Contributor address; City; State; Zip Code  Benbrook, TX 76126-4451	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
<b>Date</b> 02/24/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, David <hr/> <b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78251	<b>Amount of Contribution (\$)</b>  \$83.33
<b>Principal occupation / Job title (See Instructions)</b> CRNA		<b>Employer (See Instructions)</b>
<b>Date</b> 02/18/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Nataly <hr/> <b>Contributor address; City; State; Zip Code</b>  Pasadena, TX 77503	<b>Amount of Contribution (\$)</b>  \$50.00
<b>Principal occupation / Job title (See Instructions)</b> CRNA		<b>Employer (See Instructions)</b>
<b>Date</b> 02/09/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Raymond <hr/> <b>Contributor address; City; State; Zip Code</b>  Weatherford, TX 76087	<b>Amount of Contribution (\$)</b>  \$83.33
<b>Principal occupation / Job title (See Instructions)</b> CRNA		<b>Employer (See Instructions)</b>
<b>Date</b> 02/21/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garza, Cristina <hr/> <b>Contributor address; City; State; Zip Code</b>  Mansfield, TX 76064	<b>Amount of Contribution (\$)</b>  \$75.00
<b>Principal occupation / Job title (See Instructions)</b> CRNA		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/61 Rpt: 23/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/21/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gaytan, Raul <hr/> <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79119	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 02/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gaytan, Raul <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79119	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gegel, Brian T <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78258	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gegel, Brian T <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78258	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gloff, Colton <hr/> Contributor address; City; State; Zip Code  Clifton, TX 76634	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) CRNA		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: 21/61 Rpt: 24/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 01/31/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Green, Jessica <hr/> <b>6</b> Contributor address; City; State; Zip Code  BULLARD, TX 75757	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 02/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grove, Julia <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guadamuz, Lilian <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78015	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guevara, Tessa <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76001	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gutierrez, Andrea <hr/> Contributor address; City; State; Zip Code  Poolville, TX 76487-5719	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		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: 22/61 Rpt: 25/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/15/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hack, Catherine <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75214	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hammonds, Daniel <hr/> Contributor address; City; State; Zip Code  Midlothian, TX 76065	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Nurse anesthesiologist		Employer (See Instructions)
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hampton, Mark T <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76116	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Nurse Anesthetist		Employer (See Instructions)
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harper, Kyle <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hart, Christine <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024	Amount of Contribution (\$)  \$62.50
Principal occupation / Job title (See Instructions) CRNA		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: 23/61 Rpt: 26/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/05/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hart, Christine	<b>7</b> Amount of Contribution (\$)  \$62.50
<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75024		
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Heathington, Beth	Amount of Contribution (\$)  \$30.00
Contributor address; City; State; Zip Code  Georgetown, TX 78633		
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hickman, Kathryn	Amount of Contribution (\$)  \$30.00
Contributor address; City; State; Zip Code  Arlington, TX 76001		
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) High, Amber	Amount of Contribution (\$)  \$83.33
Contributor address; City; State; Zip Code  Dickinson, TX 77539		
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Himsel, Ruth	Amount of Contribution (\$)  \$41.67
Contributor address; City; State; Zip Code  Georgetown, TX 78628		
Principal occupation / Job title (See Instructions) CRNA		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: 24/61 Rpt: 27/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/17/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hudson, Chelsie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Missouri City, TX 77459	<b>7</b> Amount of Contribution (\$)  \$62.50
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hutson, Jeff <hr/> Contributor address; City; State; Zip Code  Graham, TX 76450	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Crna		Employer (See Instructions)
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ilya, Malaniy <hr/> Contributor address; City; State; Zip Code  Plano, TX 75093	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jeffries, Tim <hr/> Contributor address; City; State; Zip Code  Wichita Falls, TX 76308	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jennings, Lisa Farry <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78043	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) Crna		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: 25/61 Rpt: 28/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/02/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ji, Julie	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>6</b> Contributor address; City; State; Zip Code  Bellaire, TX 77401		
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) John, Suja	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Dallas, TX 75219		
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Jeffrey D	Amount of Contribution (\$)  \$30.00
Contributor address; City; State; Zip Code  Abilene, TX 79602		
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Ryan J	Amount of Contribution (\$)  \$30.00
Contributor address; City; State; Zip Code  Houston, TX 77018		
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson-Cooks, Felicia	Amount of Contribution (\$)  \$83.33
Contributor address; City; State; Zip Code  San Antonio, TX 78220		
Principal occupation / Job title (See Instructions) CRNA		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: 26/61 Rpt: 29/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/22/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Nathan S <hr/> <b>6</b> Contributor address; City; State; Zip Code  Manvel, TX 77578	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Anesthetist		<b>9</b> Employer (See Instructions)
Date 02/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jordan, Haley <hr/> Contributor address; City; State; Zip Code  Belton, TX 76513	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Crna		Employer (See Instructions)
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kakenmaster, Kathryn <hr/> Contributor address; City; State; Zip Code  Keller, TX 76248	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kelly, Tamra <hr/> Contributor address; City; State; Zip Code  Humble, TX 77346	Amount of Contribution (\$)  \$62.50
Principal occupation / Job title (See Instructions) Crna		Employer (See Instructions)
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kelly, Tamra <hr/> Contributor address; City; State; Zip Code  Humble, TX 77346	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) CRNA		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: 27/61 Rpt: 30/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/18/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kennedy, Anna <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75223	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Key, Robert <hr/> Contributor address; City; State; Zip Code  The Woodlands, TX 77381	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Koerth, Sara <hr/> Contributor address; City; State; Zip Code  Nacogdoches, TX 75963	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kopp, Jennifer W <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77581	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNAs		Employer (See Instructions)
Date 02/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Krenek, Aaron T <hr/> Contributor address; City; State; Zip Code  Bay City, TX 77414	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) CRNA		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: 28/61 Rpt: 31/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 01/28/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Krenek, Debra <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78541	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 02/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lawrence, Natalie <hr/> Contributor address; City; State; Zip Code  Spring, TX 77379	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leach, Steven <hr/> Contributor address; City; State; Zip Code  Bayou Vista, TX 77563	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lemen, Brandon <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77384	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lemen, Lauren <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77384	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		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: 29/61 Rpt: 32/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/20/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leuellen, Jennifer <hr/> <b>6</b> Contributor address; City; State; Zip Code  Manvel, TX 77578	<b>7</b> Amount of Contribution (\$)  \$41.67
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mabry, Lee <hr/> Contributor address; City; State; Zip Code  Katy, TX 77450	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Magruder, Dana <hr/> Contributor address; City; State; Zip Code  Austin, TX 78730	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Malcolm, Andrea <hr/> Contributor address; City; State; Zip Code  Devine, TX 78016	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Crna		Employer (See Instructions)
Date 02/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Manley, Matthew <hr/> Contributor address; City; State; Zip Code  Canyon, TX 79015	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) CRNA		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: 30/61 Rpt: 33/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/22/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, DeaAnn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Parker, TX 75002	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) Crna		<b>9</b> Employer (See Instructions)
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, James Duncan <hr/> Contributor address; City; State; Zip Code  College Station, TX 77845	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Ridele E. <hr/> Contributor address; City; State; Zip Code  Richmond, TX 77406	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Graciela <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78552	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Jared <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77705	Amount of Contribution (\$)  \$62.50
Principal occupation / Job title (See Instructions) CRNA		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: 31/61 Rpt: 34/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/02/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Massey, Douglas <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75709	<b>7</b> Amount of Contribution (\$)  \$375.00
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Massey, Douglas <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78260	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mayer, Evan Z <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75206	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McDowell, Mikael W <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78412	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGuire, Erica <hr/> Contributor address; City; State; Zip Code  Haskell, TX 79521	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 32/61 Rpt: 35/70
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/20/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McLaughlin, Erin	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code  Frisco, TX 75035	
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McPhail, Andrew	Amount of Contribution (\$) \$83.33
	Contributor address; City; State; Zip Code  Plano, TX 75093	
Principal occupation / Job title (See Instructions) Nurse Anesthetist		Employer (See Instructions)
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McReynolds, Mary A	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  Aledo, TX 76008	
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Michinock, Jessica	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Andre	Amount of Contribution (\$) \$83.33
	Contributor address; City; State; Zip Code  League City, TX 77573	
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/61 Rpt: 36/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 01/31/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Minton, Brandon <hr/> <b>6</b> Contributor address; City; State; Zip Code  Poolville, TX 76487-5719	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moe, Naomie M <hr/> Contributor address; City; State; Zip Code  Floresville, TX 78114	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mogire, Christine <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78245	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moore, Mandy <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75082	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moore, Robert <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76116	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/61 Rpt: 37/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/14/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moore, Tammy r <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77080	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$83.33</span>
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morales, Timothy <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$) <span style="float:right">\$83.33</span>
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morris, Kim <hr/> Contributor address; City; State; Zip Code  Crowley, TX 76036	Amount of Contribution (\$) <span style="float:right">\$30.00</span>
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moya, Lillian <hr/> Contributor address; City; State; Zip Code  Houston, TX 77025	Amount of Contribution (\$) <span style="float:right">\$62.50</span>
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moya, Maria P <hr/> Contributor address; City; State; Zip Code  Katy, TX 77494	Amount of Contribution (\$) <span style="float:right">\$30.00</span>
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/61 Rpt: 38/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/05/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mueller, Joseph <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78736	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mueller, Sarah <hr/> Contributor address; City; State; Zip Code  Inez, TX 77968	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mukherjee, Jeaniece <hr/> Contributor address; City; State; Zip Code  Wichita Falls, TX 76308	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murphy, Yvonne V <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murphy, Yvonne V <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/61 Rpt: 39/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/09/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nelson, Amanda L <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76111	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Newman, Adam G <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75206	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen, Thanh <hr/> Contributor address; City; State; Zip Code  Houston, TX 77079	Amount of Contribution (\$)  \$62.50
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nick, Michael <hr/> Contributor address; City; State; Zip Code  Abernathy, TX 79311	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Northcutt, Dania <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008-2314	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/61 Rpt: 40/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/03/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Northcutt, Leann Rucker <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78745	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Norwood, Jennifer S <hr/> Contributor address; City; State; Zip Code  Atlanta, GA 30324	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nugent, Hylda <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087-3820	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA, Independent Contractor		Employer (See Instructions)
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Oakman, Rachel <hr/> Contributor address; City; State; Zip Code  Wichita Falls, TX 76306	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Odell, Wendy <hr/> Contributor address; City; State; Zip Code  Southlake, TX 76092	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/61 Rpt: 41/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 01/28/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Okello, Peter <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79423	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Anesthesiologist		<b>9</b> Employer (See Instructions)
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ombongi, Michael <hr/> Contributor address; City; State; Zip Code  McKinney, TX 75071	Amount of Contribution (\$)  \$62.50
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Omoni, Peter <hr/> Contributor address; City; State; Zip Code  Katy, TX 77494	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ononogbu, CHINWE C <hr/> Contributor address; City; State; Zip Code  grand prairie, TX 75051	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Paloian, Meredith <hr/> Contributor address; City; State; Zip Code  Katy, TX 77494	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/61 Rpt: 42/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/03/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Papizan, Cindy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Saint Hedwig, TX 78152	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pare, John F <hr/> Contributor address; City; State; Zip Code  Temple, TX 76502	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parnacott, Stewart <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patel, Bhavika <hr/> Contributor address; City; State; Zip Code  SugarLand, TX 77478	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pendleton, Kyle <hr/> Contributor address; City; State; Zip Code  Lufkin, TX 75901	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/61 Rpt: 43/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pham, Holly <hr/> <b>6</b> Contributor address; City; State; Zip Code  Temple, TX 76502	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Chief CRNA		<b>9</b> Employer (See Instructions)
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phelan, Melanie <hr/> Contributor address; City; State; Zip Code  Iola, TX 77861	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pichon, Arianne B <hr/> Contributor address; City; State; Zip Code  Buda, TX 78610	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pinto, Abigail <hr/> Contributor address; City; State; Zip Code  Lewisville, TX 75056	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ponder, Amber <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79606	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/61 Rpt: 44/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 01/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ponder, Amber <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79606	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Powell, Steven M <hr/> Contributor address; City; State; Zip Code  Spring, TX 77381	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pugh, Alyssa <hr/> Contributor address; City; State; Zip Code  Cresson, TX 76035	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rabe, Cora <hr/> Contributor address; City; State; Zip Code  Humble, TX 77396-3888	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rader, Haley E <hr/> Contributor address; City; State; Zip Code  Houston, TX 77098	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/61 Rpt: 45/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 01/31/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramsey, Dana <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78747	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) CRNA (Nurse Anesthetist)		<b>9</b> Employer (See Instructions)
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rao, Jacob <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75238	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rebman, Misty <hr/> Contributor address; City; State; Zip Code  Keller, TX 76248	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reed, Stephanie <hr/> Contributor address; City; State; Zip Code  Sugar land, TX 77479	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reed Jr., Gerald <hr/> Contributor address; City; State; Zip Code  Corinth, TX 76210	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/61 Rpt: 46/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 01/31/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Regalado, Eduardo <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) Crna		<b>9</b> Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reidy, Catherine <hr/> Contributor address; City; State; Zip Code  Granbury, TX 76049	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Remshardt, Jill <hr/> Contributor address; City; State; Zip Code  Sherman, TX 75090	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Renouard, Madison <hr/> Contributor address; City; State; Zip Code  Grapevine, TX 76051	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Resendez, Veronica <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/61 Rpt: 47/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/17/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Resnick, Lillian <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78735	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) Crna		<b>9</b> Employer (See Instructions)
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reyes, Elayne <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76005	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reynolds, Thomas Kyle <hr/> Contributor address; City; State; Zip Code  Burleson, TX 76028	Amount of Contribution (\$)  \$62.50
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richardson, Christy <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79106	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rios, Jennifer <hr/> Contributor address; City; State; Zip Code  Manvel, TX 77578	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/61 Rpt: 48/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/01/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Joseph	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>6</b> Contributor address; City; State; Zip Code  Phoenix, TX 85013-3635		
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Anesthesiologist		<b>9</b> Employer (See Instructions)
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Juan M.	Amount of Contribution (\$)  \$83.33
Contributor address; City; State; Zip Code  Corpus Christi, TX 78414		
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ross, Brittaney	Amount of Contribution (\$)  \$30.00
Contributor address; City; State; Zip Code  Dallas, TX 75206		
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ross, Robert	Amount of Contribution (\$)  \$83.33
Contributor address; City; State; Zip Code  Texas, TX 76017		
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rubendall, Sean E.	Amount of Contribution (\$)  \$83.33
Contributor address; City; State; Zip Code  Midlothian, TX 76065		
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/61 Rpt: 49/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 01/31/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rutherford, Karrie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Caldwell, TX 77836	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ryschon, Carolyn M <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76088	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saenz, Melizza <hr/> Contributor address; City; State; Zip Code  Belton, TX 77513	Amount of Contribution (\$)  \$62.50
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saenz, Melizza <hr/> Contributor address; City; State; Zip Code  Belton, TX 76513	Amount of Contribution (\$)  \$62.50
Principal occupation / Job title (See Instructions) Nurse Anesthesia		Employer (See Instructions)
Date 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salazar, Lorin <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77385	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/61 Rpt: 50/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/22/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Samuel, Nizy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Missouri City, TX 77459	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sanders, Kay K <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76179	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schaefer, Stephen <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78132	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schmidt, Christy <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77304	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) Crna		Employer (See Instructions)
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schroeder, Sabrina <hr/> Contributor address; City; State; Zip Code  Austin, TX 78744	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/61 Rpt: 51/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/15/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scudieri, Louise M <hr/> <b>6</b> Contributor address; City; State; Zip Code  Decatur, TX 76234	<b>7</b> Amount of Contribution (\$)  \$62.50
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 02/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Serrato, Luis A <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78542	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shaffer, Scott <hr/> Contributor address; City; State; Zip Code  Salida, CO 81201	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Professor Texas Wesleyan University GPNA		Employer (See Instructions)
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sharp, William P <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79124	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sheneman, Megan <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/61 Rpt: 52/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/15/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sheppard, Amy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76110	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sierra, David <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78664	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Singh, Kapidip <hr/> Contributor address; City; State; Zip Code  Farmers Branch, TX 75234	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) DNP, CRNA		Employer (See Instructions)
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smart, Joshua <hr/> Contributor address; City; State; Zip Code  Houston, TX 77096	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Catherine <hr/> Contributor address; City; State; Zip Code  Manvel, TX 77578	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/61 Rpt: 53/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 01/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Jacob P <hr/> <b>6</b> Contributor address; City; State; Zip Code  Anaconda, MT 59711	<b>7</b> Amount of Contribution (\$)  \$31.00
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Korde M <hr/> Contributor address; City; State; Zip Code  Troup, TX 75789	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Rikysha <hr/> Contributor address; City; State; Zip Code  Spring, TX 77379	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sorrell, Nicholas L <hr/> Contributor address; City; State; Zip Code  Montgomery, TX 77356	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spears, Allison <hr/> Contributor address; City; State; Zip Code  Houston, TX 77018	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) SRNA		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/61 Rpt: 54/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/16/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spitzer, Amanda <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stevenson, Joshua D <hr/> Contributor address; City; State; Zip Code  Perryton, TX 79070	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Steward, Brynn <hr/> Contributor address; City; State; Zip Code  Rockwall, TX 75087	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stroderd, Trisha <hr/> Contributor address; City; State; Zip Code  Spring, TX 77389	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stroh, Christopher Derrick <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/61 Rpt: 55/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/21/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sumodobila, Janet ..... <b>6</b> Contributor address; City; State; Zip Code  The Woodlands, TX 77382	<b>7</b> Amount of Contribution (\$)  \$85.00
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sumodobila, Janet ..... Contributor address; City; State; Zip Code  The Woodlands, TX 77382	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sunna, Mary C ..... Contributor address; City; State; Zip Code  Plano, TX 75024	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Supan, Maria ..... Contributor address; City; State; Zip Code  Houston, TX 77056	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tabladillo, Meredith ..... Contributor address; City; State; Zip Code  League City, TX 77573	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/61 Rpt: 56/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/22/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Talley, Miriam S <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78251-2359	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$83.33</span>
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Talon, Mark <hr/> Contributor address; City; State; Zip Code  Bayou Vista, TX 77563	Amount of Contribution (\$) <span style="float:right">\$83.33</span>
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Taylor, Jordan <hr/> Contributor address; City; State; Zip Code  League City, TX 77573	Amount of Contribution (\$) <span style="float:right">\$83.33</span>
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Teixeira, Breno <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$) <span style="float:right">\$41.67</span>
Principal occupation / Job title (See Instructions) Nurse Anesthetist		Employer (See Instructions)
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Terrazas, Christian <hr/> Contributor address; City; State; Zip Code  Richmond, TX 77406	Amount of Contribution (\$) <span style="float:right">\$83.33</span>
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/61 Rpt: 57/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas, Rodrick <hr/> <b>6</b> Contributor address; City; State; Zip Code  Livingston, TX 77399	<b>7</b> Amount of Contribution (\$)  \$62.50
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Torres Jr, Efrain <hr/> Contributor address; City; State; Zip Code  Argyle, TX 76226	Amount of Contribution (\$)  \$62.50
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Townson, Keila <hr/> Contributor address; City; State; Zip Code  Cedar Hill, TX 75104	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tucker, Crystal <hr/> Contributor address; City; State; Zip Code  Hallsville, TX 75650	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tucker, Crystal <hr/> Contributor address; City; State; Zip Code  Hallsville, TX 75650	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/61 Rpt: 58/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/15/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tydlaska, Jason <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76112	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Udall, Nancy <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Udu, Khadijah <hr/> Contributor address; City; State; Zip Code  Houston, TX 77057	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ulinski, Jessica <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78626	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Van Meter, Grant <hr/> Contributor address; City; State; Zip Code  Victoria, TX 77904	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/61 Rpt: 59/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Varghese, Rincy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78628	<b>7</b> Amount of Contribution (\$)  \$62.50
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vela, Steven <hr/> Contributor address; City; State; Zip Code  Plano, TX 75023	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vera, Martha <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77584	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vetitoe, Lori worsham <hr/> Contributor address; City; State; Zip Code  Spring, TX 77379	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vo, Anthony <hr/> Contributor address; City; State; Zip Code  AUSTIN, TX 78717	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) CRNA		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: 57/61 Rpt: 60/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/20/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vollmering, Kaylan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Victoria, TX 77904	<b>7</b> Amount of Contribution (\$)  \$62.50
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 02/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vu, Hai T <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77706-6730	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)
Date 02/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walden, Micah <hr/> Contributor address; City; State; Zip Code  Sulphur Springs, TX 75483	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walford, Brian <hr/> Contributor address; City; State; Zip Code  Victoria, TX 77904	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walker, Brian B <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78552	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/61 Rpt: 61/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/20/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walker, James R.	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Pearland, TX 77584	
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Washington, Nancy	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77020	
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whaley, Johanna	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Fort Worth, TX 76179	
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wheelock, Cherese	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Cedar Park, TX 78641	
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whiteley, Kristina A	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Victoria, TX 77904	
Principal occupation / Job title (See Instructions) CRNA		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: 59/61 Rpt: 62/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/20/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whittaker, Ericka <hr/> <b>6</b> Contributor address; City; State; Zip Code  Midland, TX 79707	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) SRNA		<b>9</b> Employer (See Instructions)
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilderman, Danielle <hr/> Contributor address; City; State; Zip Code  Waxahachie, TX 75167	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA, FNP-C		Employer (See Instructions)
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilderman, Danielle <hr/> Contributor address; City; State; Zip Code  Waxahachie, TX 75167	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Erica <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76119	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Kelsey <hr/> Contributor address; City; State; Zip Code  DALLAS, TX 75287	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 60/61 Rpt: 63/70
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/20/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Stephanie E	7 Amount of Contribution (\$) \$41.67
	6 Contributor address; City; State; Zip Code  San Antonio, TX 78253	
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilson, Ashley	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilson, Diana P	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Winter, Emily	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  League City, TX 77573	
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wommack, Aiya	Amount of Contribution (\$) \$83.33
	Contributor address; City; State; Zip Code  Naples, TX 75568	
Principal occupation / Job title (See Instructions) CRNA		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: 61/61 Rpt: 64/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yarbrough, Haley <hr/> <b>6</b> Contributor address; City; State; Zip Code  Port Lavaca, TX 77979	<b>7</b> Amount of Contribution (\$)  \$83.33
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions)

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C3: Sch: 1/1 Rpt: 65/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 01/29/2026	<b>5</b> Corporation / Labor Organization name Texas Association of Nurse Anesthetists	<b>6</b> Amount (\$) 416.00
Date 02/20/2026	Corporation / Labor Organization name Texas Association of Nurse Anesthetists	Amount (\$) 95.94

# NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C4: Sch: 1/1 Rpt: 66/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/06/2026	<b>5</b> Corporation / Labor Organization name Texas Association of Nurse Anesthetists	<b>6</b> Amount (\$) 400.00
Date 02/20/2026	Corporation / Labor Organization name Texas Association of Nurse Anesthetists	Amount (\$) 400.00

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | 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 -         | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/3 Rpt: 67/70	<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action	<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/19/2026	<b>5</b> Payee name American Express Merchant Services	
<b>6</b> Amount (\$) \$932.63  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 53852  Phoenix, AZ 85072-3852	
<b>8</b> 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 processing of campaign contributions
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 02/20/2026	Payee name David Cook Campaign	
Amount (\$) \$1,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 309 E Broad St  Mansfield, TX 76063	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 02/25/2026	Payee name Holly Jeffreys for Texas Campaign	
Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box 16  Bushland, TX 79012	
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
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 -<br>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.

<b>1</b> Total pages Schedule F1: Sch: 2/3 Rpt: 68/70	<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action	<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 02/06/2026	<b>5</b> Payee name Janie Lopez Campaign	
<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 2073  San Benito, TX 78586	
<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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/19/2026	Payee name Patt Curry Campaign	
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 204 Woodhew Dr  Waco, TX 76712	
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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/12/2026	Payee name Senator Judith Zaffirini Campaign	
Amount (\$) \$2,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 627  Laredo, TX 78042	
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 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 -<br>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.

<b>1</b> Total pages Schedule F1: Sch: 3/3 Rpt: 69/70	<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action	<b>3</b> Filer ID (Ethics Commission Filers) 00069305
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<b>4</b> Date 02/23/2026	<b>5</b> Payee name Texas for Charles Schwertner
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<b>6</b> Amount (\$) \$2,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P O Box 2448  Georgetown, TX 78627
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<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
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/23/2026	Payee name Van Bibber, Debbie (Ms.)
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Amount (\$) \$525.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b> Austin, TX 78754
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<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 contract labor
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 70/70
<b>2</b> FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069305
<b>4</b> Date 01/31/2026	<b>5</b> Name of person from whom amount is received University Federal Credit Union	<b>8</b> Amount (\$) \$0.50
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Austin, TX 78704	
	<b>7</b> Purpose for which amount is received	<input type="checkbox"/> Check if political contribution returned to filer