

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00069305	2 Total pages filed: 65		
3 COMMITTEE NAME Texas Association of Nurse Anesthetists Political Action Committee			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 04/06/2026 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged		
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 919 Congress Ave., Suite 720 Austin, TX 78701				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST			MI
	Mrs.	Wendy			
	NICKNAME	LAST	SUFFIX		
		Odell			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3305 Steck Ave. Ste. 200 Austin , TX 78757				
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3305 Steck Ave. Ste. 200 Austin , TX 78757				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(903)	335-0642			
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)				
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input checked="" type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5				
11 PERIOD COVERED	Month Day Year 02/26/2026		THROUGH	Month Day Year 03/25/2026	

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

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

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,335.32
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,386.86
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 336,617.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Mrs. 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

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

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

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	
		B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Rep. Jeff Leach State Representative	

SUBTOTALS - MPAC

17 COMMITTEE NAME Texas Association of Nurse Anesthetists Political Action Committee		18 Filer ID (Ethics Commission Filers) 00069305
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18,023.38
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	\$ 4,386.86
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	\$ 0.47

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/56 Rpt: 5/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abraham, Bibin <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75063	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldridge, 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 02/26/2026	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 02/26/2026	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 (\$) \$41.67
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/56 Rpt: 6/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andersen, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Midland, TX 79705	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, Lynn <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 76226	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony, Jennifer <hr/> Contributor address; City; State; Zip Code Texarkana, TX 75501	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apodaca, Rylee <hr/> 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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Appel, Jessica <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76110	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/56 Rpt: 7/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	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 02/26/2026	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 02/26/2026	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 02/26/2026	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)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergeron, Mark	Amount of Contribution (\$) \$83.33
	Contributor address; City; State; Zip Code Houston, TX 77006	
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/56 Rpt: 8/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop, Harold <hr/> 6 Contributor address; City; State; Zip Code Lufkin, TX 75904-6304	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Nurse Anesthetist		9 Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blacketter, Lisa <hr/> Contributor address; City; State; Zip Code Port Lavaca, TX 77979	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/56 Rpt: 9/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowden, Shyanne <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76108	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	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)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brauneck, Tyler J <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/56 Rpt: 10/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Rewa <hr/> 6 Contributor address; City; State; Zip Code Salado, TX 76571	7 Amount of Contribution (\$) \$62.50
8 Principal occupation / Job title (See Instructions) Crna		9 Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bujnoch, Marsha <hr/> Contributor address; City; State; Zip Code Houston, TX 77062-2253	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	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)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnett, Christine <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/56 Rpt: 11/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cadambi, Avantika <hr/> 6 Contributor address; City; State; Zip Code Keller, TX 76248	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campos Jr., 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 02/26/2026	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)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Lisa <hr/> Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Nurse anesthetist		Employer (See Instructions)
Date 02/26/2026	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/56 Rpt: 12/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caswell, Abigail <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	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)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chmiel, Gail R <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76182	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/56 Rpt: 13/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Co, Arianne <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76126	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	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)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comans, Tyler <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76179	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/56 Rpt: 14/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corder, Kenny	7 Amount of Contribution (\$) \$117.00
6 Contributor address; City; State; Zip Code Abilene, TX 79606		
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corder, Kenny	Amount of Contribution (\$) \$83.33
Contributor address; City; State; Zip Code Abilene, TX 79606		
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornelius, Brian	Amount of Contribution (\$) \$83.33
Contributor address; City; State; Zip Code Burleson, TX 76028		
Principal occupation / Job title (See Instructions) Mermaid		Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/56 Rpt: 15/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culp, Mark <hr/> 6 Contributor address; City; State; Zip Code Weatherford, TX 76087	7 Amount of Contribution (\$) \$62.50
8 Principal occupation / Job title (See Instructions) Nurse Anesthetist		9 Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curbow, Kelly <hr/> Contributor address; City; State; Zip Code Hideaway, TX 75771	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Custance, Jessica M <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Rachel <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Steve <hr/> Contributor address; City; State; Zip Code Irving, TX 75063	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) CRNa		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/56 Rpt: 16/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Veronica Y <hr/> 6 Contributor address; City; State; Zip Code Harlingen, TX 78550	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denton, Nace <hr/> Contributor address; City; State; Zip Code Fort Washington, TX 20744	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/56 Rpt: 17/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devoto, Rachel <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78257	7 Amount of Contribution (\$) \$41.67
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	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 02/26/2026	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 02/26/2026	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/56 Rpt: 18/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driscoll, Connor <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75206	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DuBose, Mary C <hr/> Contributor address; City; State; Zip Code Lufkin, TX 75915	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dupree, Garrett <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76126	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dupree, Garrett <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76126	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Nurse Anesthesiologist		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dupriest, Wesley L <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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/56 Rpt: 19/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddy, Rachel <hr/> 6 Contributor address; City; State; Zip Code HEATH, TX 75032	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	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 02/26/2026	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 02/26/2026	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/56 Rpt: 20/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Etheridge, Andrea <hr/> 6 Contributor address; City; State; Zip Code College Station, TX 77845	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	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)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flemming, Editha <hr/> Contributor address; City; State; Zip Code Manvel, TX 77578	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Nurse Anesthetist		Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/56 Rpt: 21/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frawley, Steven <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75209	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Crna		9 Employer (See Instructions)
Date 02/26/2026	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)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvin, Vaughna <hr/> Contributor address; City; State; Zip Code Benbrook, TX 76126-4451	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, David <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78251	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Nataly <hr/> Contributor address; City; State; Zip Code Pasadena, TX 77503	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/56 Rpt: 22/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Raymond <hr/> 6 Contributor address; City; State; Zip Code Weatherford, TX 76087	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Cristina <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76064	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	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 02/26/2026	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/56 Rpt: 23/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gegel, Brian T <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78258	7 Amount of Contribution (\$) \$41.67
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	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)
Date 02/26/2026	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 02/26/2026	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 02/26/2026	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/56 Rpt: 24/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Andrea <hr/> 6 Contributor address; City; State; Zip Code Poolville, TX 76487-5719	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hack, Catherine <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	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 02/26/2026	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/56 Rpt: 25/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Christine <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75024	7 Amount of Contribution (\$) \$62.50
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawthorne, Mica <hr/> Contributor address; City; State; Zip Code Richmond, TX 77406	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heathington, Beth <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hickman, Kathryn <hr/> Contributor address; City; State; Zip Code Arlington, TX 76001	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) High, Amber <hr/> Contributor address; City; State; Zip Code Dickinson, TX 77539	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/56 Rpt: 26/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Chelsie <hr/> 6 Contributor address; City; State; Zip Code Missouri City, TX 77459	7 Amount of Contribution (\$) \$62.50
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jares, Jennifer <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78251	Amount of Contribution (\$) \$360.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/56 Rpt: 27/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennings, Lisa Farry 6 Contributor address; City; State; Zip Code Laredo, TX 78043	7 Amount of Contribution (\$) \$41.67
8 Principal occupation / Job title (See Instructions) Crna		9 Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ji, Julie Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Suja Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Jeffrey D Contributor address; City; State; Zip Code Abilene, TX 79602	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson-Cooks, Felicia Contributor address; City; State; Zip Code San Antonio, TX 78220	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/56 Rpt: 28/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Nathan S <hr/> 6 Contributor address; City; State; Zip Code Manvel, TX 77578	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Nurse Anesthetist		9 Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jr, Efrain Torres <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 02/26/2026	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 02/26/2026	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/56 Rpt: 29/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Tamra <hr/> 6 Contributor address; City; State; Zip Code Humble, TX 77346	7 Amount of Contribution (\$) \$41.67
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Anna <hr/> Contributor address; City; State; Zip Code Dallas, TX 75223	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	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 02/26/2026	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/56 Rpt: 30/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krenek, Aaron T <hr/> 6 Contributor address; City; State; Zip Code Bay City, TX 77414	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krenek, Debra <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78541	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	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 02/26/2026	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/56 Rpt: 31/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leuellen, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Manvel, TX 77578	7 Amount of Contribution (\$) \$41.67
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	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 02/26/2026	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 02/26/2026	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/56 Rpt: 32/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, DeaAnn <hr/> 6 Contributor address; City; State; Zip Code Parker, TX 75002	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Crna		9 Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	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 02/26/2026	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 02/26/2026	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/56 Rpt: 33/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massey, Douglas <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78260	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mata, Angelica <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	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 02/26/2026	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/56 Rpt: 34/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKenzie, Annabelle <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77008-2067	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLaughlin, Erin <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPhail, Andrew <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Nurse Anesthetist		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McReynolds, Mary A <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meter, Grant Van <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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/56 Rpt: 35/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michinock, Jessica <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78664	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minton, Brandon <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)
Date 02/26/2026	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 02/26/2026	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 02/26/2026	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/56 Rpt: 36/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Robert <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76116	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Tammy r <hr/> Contributor address; City; State; Zip Code Houston, TX 77080	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	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 (\$) \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	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 (\$) \$62.50
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	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 (\$) \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/56 Rpt: 37/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mueller, Joseph <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78736	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	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 02/26/2026	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 02/26/2026	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

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2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Amanda L <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76111	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	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 02/26/2026	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)
Date 02/26/2026	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nugent, Hylda <hr/> 6 Contributor address; City; State; Zip Code Weatherford, TX 76087-3820	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) CRNA, Independent Contractor		9 Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	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)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Okello, Peter <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79423	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Anesthesiologist		Employer (See Instructions)
Date 02/26/2026	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/56 Rpt: 40/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Omoni, Peter 6 Contributor address; City; State; Zip Code Katy, TX 77494	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ononogbu, Chinwe C 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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paloian, Meredith Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Papizan, Cindy Contributor address; City; State; Zip Code Saint Hedwig, TX 78152	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pare, John F Contributor address; City; State; Zip Code Temple, TX 76502	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/56 Rpt: 41/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parnacott, Stewart <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77019	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	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)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham, Holly <hr/> Contributor address; City; State; Zip Code Temple, TX 76502	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Chief CRNA		Employer (See Instructions)
Date 02/26/2026	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/56 Rpt: 42/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ponder, Amber <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79606	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	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 02/26/2026	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 02/26/2026	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/56 Rpt: 43/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramsey, Dana <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78747	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) CRNA (Nurse Anesthetist)		9 Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, 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)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regalado, Eduardo <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78539	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Crna		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/56 Rpt: 44/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reidy, Catherine <hr/> 6 Contributor address; City; State; Zip Code Granbury, TX 76049	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	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 02/26/2026	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)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Resnick, Lillian <hr/> Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Crna		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/56 Rpt: 45/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Elayne <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76005	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	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 02/26/2026	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)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Joseph <hr/> Contributor address; City; State; Zip Code Phoenix, TX 85013-3635	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Nurse Anesthesiologist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/56 Rpt: 46/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Juan M. <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78414	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Brittaney <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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Robert <hr/> Contributor address; City; State; Zip Code Arlington, TX 76017	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubendall, Sean E. <hr/> Contributor address; City; State; Zip Code Midlothian, TX 76065	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutherford, Karrie <hr/> Contributor address; City; State; Zip Code Caldwell, TX 77836	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/56 Rpt: 47/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryschon, Carolyn M <hr/> 6 Contributor address; City; State; Zip Code Weatherford, TX 76088	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	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 02/26/2026	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)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samuel, Nizy <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/56 Rpt: 48/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Kay K	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Fort Worth, TX 76179		
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaefer, Stephen	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code New Braunfels, TX 78132		
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmidt, Christy	Amount of Contribution (\$) \$41.67
Contributor address; City; State; Zip Code Conroe, TX 77304		
Principal occupation / Job title (See Instructions) Crna		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schroeder, Sabrina	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Austin, TX 78744		
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scudieri, Louise M	Amount of Contribution (\$) \$62.50
Contributor address; City; State; Zip Code Decatur, TX 76234		
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/56 Rpt: 49/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Serrato, Luis A <hr/> 6 Contributor address; City; State; Zip Code Edinburg, TX 78542	7 Amount of Contribution (\$) \$41.67
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	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 02/26/2026	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)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheppard, Amy <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76110	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/56 Rpt: 50/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sierra, David <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78664	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	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)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Jacob P <hr/> Contributor address; City; State; Zip Code Anaconda, MT 59711	Amount of Contribution (\$) \$31.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/56 Rpt: 51/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Rikysha <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77379	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	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)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spitzer, Amanda <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/56 Rpt: 52/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steward, Brynn	7 Amount of Contribution (\$) \$83.33
6 Contributor address; City; State; Zip Code Rockwall, TX 75087		
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stroderd, Trisha	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Spring, TX 77389		
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stroh, Christopher Derrick	Amount of Contribution (\$) \$83.33
Contributor address; City; State; Zip Code Austin, TX 78750		
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sumodobila, Janet	Amount of Contribution (\$) \$85.00
Contributor address; City; State; Zip Code The Woodlands, TX 77382		
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sumodobila, Janet	Amount of Contribution (\$) \$83.33
Contributor address; City; State; Zip Code The Woodlands, TX 77382		
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/56 Rpt: 53/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sunna, Mary C <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75024	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tabladillo, Meredith <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talley, Miriam S <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78251-2359	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	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 (\$) \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	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 (\$) \$41.67
Principal occupation / Job title (See Instructions) Nurse Anesthetist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/56 Rpt: 54/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terrazas, Christian <hr/> 6 Contributor address; City; State; Zip Code Richmond, TX 77406	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Rodrick <hr/> Contributor address; City; State; Zip Code Livingston, TX 77399	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	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 02/26/2026	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/56 Rpt: 55/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tydlaska, Jason <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76112	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	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 02/26/2026	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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varghese, Rincy <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/56 Rpt: 56/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vela, Steven <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75023	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	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 02/26/2026	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)
Date 02/26/2026	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/56 Rpt: 57/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walden, Micah <hr/> 6 Contributor address; City; State; Zip Code Sulphur Springs, TX 75483	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	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)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, James R. <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 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washington, Nancy <hr/> Contributor address; City; State; Zip Code Houston, TX 77020	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/56 Rpt: 58/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whaley, Johanna <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76179	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whiteley, Kristina A <hr/> Contributor address; City; State; Zip Code Victoria, TX 77904	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whittaker, Ericka <hr/> Contributor address; City; State; Zip Code Midland, TX 79707	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) SRNA		Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/56 Rpt: 59/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, Anthony G <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	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 02/26/2026	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)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Stephanie E <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78253	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Ashley <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/56 Rpt: 60/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Diana P <hr/> 6 Contributor address; City; State; Zip Code Cedar Creek, TX 78612	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winter, Emily <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wommack, Aiya <hr/> Contributor address; City; State; Zip Code Naples, TX 75568	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarbrough, Haley <hr/> Contributor address; City; State; Zip Code Port Lavaca, TX 77979	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions)

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 1/1 Rpt: 61/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/26/2026	5 Corporation / Labor Organization name Texas Association of Nurse Anesthetists	6 Amount (\$) 416.00
Date 03/20/2026	Corporation / Labor Organization name Texas Association of Nurse Anesthetists	Amount (\$) 95.94

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C4: Sch: 1/1 Rpt: 62/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 03/06/2026	5 Corporation / Labor Organization name Texas Association of Nurse Anesthetists	6 Amount (\$) 400.00
Date 03/20/2026	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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 63/65	2 FILER NAME Texas Association of Nurse Anesthetists Political Action	3 Filer ID (Ethics Commission Filers) 00069305
4 Date 03/02/2026	5 Payee name American Express Merchant Services	
6 Amount (\$) \$886.86 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 53852 Phoenix, AZ 85072-3852	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing of campaign contributions.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/11/2026	Payee name Jeff Leach Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 866186 Plano, TX 75086	
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 03/10/2026	Payee name Texans for Trent Ashby	
Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 412 Lufkin, TX 75902	
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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 64/65	2 FILER NAME Texas Association of Nurse Anesthetists Political Action	3 Filer ID (Ethics Commission Filers) 00069305
4 Date 03/02/2026	5 Payee name The Matt Morgan Campaign	
6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 22333 Grand Corner Drive Katy, TX 77494	
8 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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 65/65
2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069305
4 Date 02/28/2026	5 Name of person from whom amount is received University Federal Credit Union	8 Amount (\$) \$0.47
	6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78704	
	7 Purpose for which amount is received	<input type="checkbox"/> Check if political contribution returned to filer