

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00070132	2 Total pages filed: 119
3 COMMITTEE NAME Texas Nurse Practitioners PAC		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/17/2023	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4425 S. Mopac Expy., Bldg. 3, Ste. 405 Austin, TX 78735		
	5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Mrs. Emily S. NICKNAME LAST SUFFIX Eastin		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4425 S. Mopac Expy., Bldg. 3, Ste. 405 Austin, TX 78735		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4425 S. Mopac Expy., Bldg. 3, Ste. 405 Austin, TX 78735		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 291-6224		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year Month Day Year 01/01/2023 THROUGH 06/30/2023		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Texas Nurse Practitioners PAC	13 Filer ID (Ethics Commission Filers) 00070132
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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 Sen. Cesar Blanco State Senator
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	57,210.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	10,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	54,258.55
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. Emily S. Eastin

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

Page 3 of 119

12 COMMITTEE NAME Texas Nurse Practitioners PAC		13 Filer ID (Ethics Commission Filers) 00070132
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 Rep. Stephanie Klick State Representative B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Joe Moody State Representative B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
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 Sen. Morgan LaMantia State Senator B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
	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.)	

SUBTOTALS - GPAC

17 COMMITTEE NAME Texas Nurse Practitioners PAC		18 Filer ID (Ethics Commission Filers) 00070132
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 50,010.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 7,200.00
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 10,500.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/112 Rpt: 5/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 01/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abrahamson, Kathy <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76016	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 02/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abrahamson, Kathy <hr/> Contributor address; City; State; Zip Code Arlington, TX 76016	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abrahamson, Kathy <hr/> Contributor address; City; State; Zip Code Arlington, TX 76016	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abrahamson, Kathy <hr/> Contributor address; City; State; Zip Code Arlington, TX 76016	Amount of Contribution (\$) \$160.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abrahamson, Kathy <hr/> Contributor address; City; State; Zip Code Arlington, TX 76016	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/112 Rpt: 6/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adell, Shekofeh <hr/> 6 Contributor address; City; State; Zip Code Nacogdoches, TX 75965	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adler, Rachel <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahearn, Cindy <hr/> Contributor address; City; State; Zip Code Willis Point, TX 75169	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alleman, Monica <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alleman, Monica <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/112 Rpt: 7/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 04/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alleman, Monica <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78748	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alleman, Monica <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alleman, Monica <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amaya, Maria <hr/> Contributor address; City; State; Zip Code El Paso, TX 79936	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Belinda <hr/> Contributor address; City; State; Zip Code Marshall, TX 75672	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/112 Rpt: 8/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Lisa <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78258	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Lisa <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, Jennifer <hr/> Contributor address; City; State; Zip Code Waco, TX 76712	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold, Josephine <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Heather <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/112 Rpt: 9/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barloon, Linda 6 Contributor address; City; State; Zip Code Houston, TX 77096	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnhart, Terri Contributor address; City; State; Zip Code Jasper, TX 75951	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, John Contributor address; City; State; Zip Code Lytle, TX 78052	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, John Contributor address; City; State; Zip Code Lytle, TX 78052	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, John Contributor address; City; State; Zip Code Lytle, TX 78052	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/112 Rpt: 10/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Dana 6 Contributor address; City; State; Zip Code Lubbock, TX 79416	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 04/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernard, Cindy Contributor address; City; State; Zip Code Weatherford, TX 76088	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birka, Ann Contributor address; City; State; Zip Code Arlington, TX 76016	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackwell, Rebecca Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Charles Contributor address; City; State; Zip Code Rosharon, TX 77583	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/112 Rpt: 11/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 01/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanco, Christina <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79912	7 Amount of Contribution (\$) \$65.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 02/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanco, Christina <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanco, Christina <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanco, Christina <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanco, Christina <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/112 Rpt: 12/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 06/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanco, Christina <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79912	7 Amount of Contribution (\$) \$65.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 01/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blount, Gina <hr/> Contributor address; City; State; Zip Code Irving, TX 75061	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blount, Gina <hr/> Contributor address; City; State; Zip Code Irving, TX 75061	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blount, Gina <hr/> Contributor address; City; State; Zip Code Irving, TX 75061	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blount, Gina <hr/> Contributor address; City; State; Zip Code Irving, TX 75061	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/112 Rpt: 13/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 05/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blount, Gina <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75061	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blount, Gina <hr/> Contributor address; City; State; Zip Code Irving, TX 75061	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bosch, Brenda <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bostwick, Linda <hr/> Contributor address; City; State; Zip Code Waco, TX 76710	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyd, Abby <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/112 Rpt: 14/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyd, Sandra Renee <hr/> 6 Contributor address; City; State; Zip Code Bushland, TX 79012	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyd, Shannon <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Thomas <hr/> Contributor address; City; State; Zip Code Harker Heights, TX 76548	Amount of Contribution (\$) \$600.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Vicki <hr/> Contributor address; City; State; Zip Code Mineral Wells, TX 76067	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Vicki <hr/> Contributor address; City; State; Zip Code Mineral Wells, TX 76067	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/112 Rpt: 15/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 04/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Vicki <hr/> 6 Contributor address; City; State; Zip Code Mineral Wells, TX 76067	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 05/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Vicki <hr/> Contributor address; City; State; Zip Code Mineral Wells, TX 76067	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Vicki <hr/> Contributor address; City; State; Zip Code Mineral Wells, TX 76067	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Vicki <hr/> Contributor address; City; State; Zip Code Mineral Wells, TX 76067	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browning-Taylor, Mary <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78410	Amount of Contribution (\$) \$600.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/112 Rpt: 16/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 05/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browning-Taylor, Mary	7 Amount of Contribution (\$) \$600.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78410	
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 06/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browning-Taylor, Mary	Amount of Contribution (\$) \$600.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78410	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brozek, Vaughn	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76148	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brozek, Vaughn	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76148	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brozek, Vaughn	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76148	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/112 Rpt: 17/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 06/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brozek, Vaughn <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76148	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 01/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Patience <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Patience <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Patience <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Patience <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/112 Rpt: 18/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 05/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Patience <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78230	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Patience <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camune, Barbara <hr/> Contributor address; City; State; Zip Code Heath, TX 75032	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) Baylor University
Date 03/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantu, Monica <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capler, Crystal <hr/> Contributor address; City; State; Zip Code Desoto, TX 75115	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/112 Rpt: 19/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 01/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter-Griffin, Essence	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Arlington, TX 76005		
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter-Griffin, Essence	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Arlington, TX 76005		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter-Griffin, Essence	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Arlington, TX 76005		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter-Griffin, Essence	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Arlington, TX 76005		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter-Griffin, Essence	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Arlington, TX 76005		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/112 Rpt: 20/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 01/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carver, Lea Ann <hr/> 6 Contributor address; City; State; Zip Code Fair Oaks Ranch, TX 78015	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carver, Lea Ann <hr/> Contributor address; City; State; Zip Code Fair Oaks Ranch, TX 78015	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carver, Lea Ann <hr/> Contributor address; City; State; Zip Code Fair Oaks Ranch, TX 78015	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carver, Lea Ann <hr/> Contributor address; City; State; Zip Code Fair Oaks Ranch, TX 78015	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carver, Lea Ann <hr/> Contributor address; City; State; Zip Code Fair Oaks Ranch, TX 78015	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/112 Rpt: 21/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 06/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carver, Lea Ann <hr/> 6 Contributor address; City; State; Zip Code Fair Oaks Ranch, TX 78015	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castaneda, Ernest <hr/> Contributor address; City; State; Zip Code Kingsville, TX 78363	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castro, Deborah <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cates, Valentina <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77381	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) health care provider		Employer (See Instructions)
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cerreta, Emily <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/112 Rpt: 22/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan, Clare <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78750	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Barbara <hr/> Contributor address; City; State; Zip Code Richardson, TX 75082	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Barbara <hr/> Contributor address; City; State; Zip Code Richardson, TX 75082	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chen, Shuang <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76102	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chevez, Faria <hr/> Contributor address; City; State; Zip Code Dallas, TX 75228	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/112 Rpt: 23/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christianson-Silva, Paula <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78210	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Church, Lisa <hr/> Contributor address; City; State; Zip Code Lexington, TX 78947	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clements, Kristine <hr/> Contributor address; City; State; Zip Code Spring, TX 77373	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clements, Kristine <hr/> Contributor address; City; State; Zip Code Spring, TX 77373	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clements, Kristine <hr/> Contributor address; City; State; Zip Code Spring, TX 77373	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/112 Rpt: 24/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 04/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clements, Kristine <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77373	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 05/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clements, Kristine <hr/> Contributor address; City; State; Zip Code Spring, TX 77373	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clements, Kristine <hr/> Contributor address; City; State; Zip Code Spring, TX 77373	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Jeannie <hr/> Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Jeannie <hr/> Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/112 Rpt: 25/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Jeannie	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Plano, TX 75074	
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Jeannie	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Plano, TX 75074	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Jeannie	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Plano, TX 75074	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Jeannie	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Plano, TX 75074	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooley, Melissa	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code San Antonio, TX 78258	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/112 Rpt: 26/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Covarrubias, Angela <hr/> 6 Contributor address; City; State; Zip Code Victoria, TX 77904	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Ashley <hr/> Contributor address; City; State; Zip Code Conroe, TX 77304	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crouch, Callie <hr/> Contributor address; City; State; Zip Code Canadian, TX 79014	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Dana <hr/> Contributor address; City; State; Zip Code Bulverde, TX 78163	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cullers, Justin <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/112 Rpt: 27/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 01/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dalton, Lisa	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Willow Park, TX 76087		
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Inger	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Richmond, TX 77407		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Carol	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Loving, TX 76460		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Carol	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Loving, TX 76460		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Carol	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Loving, TX 76460		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/112 Rpt: 28/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 04/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Carol <hr/> 6 Contributor address; City; State; Zip Code Loving, TX 76460	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Carol <hr/> Contributor address; City; State; Zip Code Loving, TX 76460	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Carol <hr/> Contributor address; City; State; Zip Code Loving, TX 76460	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davila, Michael <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Sheryl <hr/> Contributor address; City; State; Zip Code Weston Lakes, TX 77441	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/112 Rpt: 29/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 02/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Sheryl	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Weston Lakes, TX 77441		
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Sheryl	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Weston Lakes, TX 77441		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Sheryl	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Weston Lakes, TX 77441		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Sheryl	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Weston Lakes, TX 77441		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Sheryl	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Weston Lakes, TX 77441		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/112 Rpt: 30/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 04/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis , Stephanie	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code The Woodlands, TX 77381		
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 01/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Cristi	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Normanna, TX 78142		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Cristi	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Normanna, TX 78142		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Cristi	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Normanna, TX 78142		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Cristi	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Normanna, TX 78142		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/112 Rpt: 31/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 05/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Cristi	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Normanna, TX 78142	
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 06/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Cristi	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Normanna, TX 78142	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeNeui, Terri	Amount of Contribution (\$) \$2,400.00
	Contributor address; City; State; Zip Code Colleyville, TX 76034	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, Margaret	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Lubbock, TX 79407	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Del Toro, Janeth	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Kerrville, TX 78029	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/112 Rpt: 32/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 04/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Desmond, Jennifer <hr/> 6 Contributor address; City; State; Zip Code The Colony, TX 75056	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 01/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deutschendorf, Danielle <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deutschendorf, Danielle <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deutschendorf, Danielle <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deutschendorf, Danielle <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/112 Rpt: 33/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 05/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deutschendorf, Danielle <hr/> 6 Contributor address; City; State; Zip Code Pflugerville, TX 78660	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deutschendorf, Danielle <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DiLeo, Holly <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dihigo, Sharolyn <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75052	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyal, Michael <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/112 Rpt: 34/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 02/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyal, Michael <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79109	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyal, Michael <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyal, Michael <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyal, Michael <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyal, Michael <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/112 Rpt: 35/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 06/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyal, Michael <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79109	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dugan, Jenelle <hr/> Contributor address; City; State; Zip Code Waxahachie, TX 75165	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunman, Carol <hr/> Contributor address; City; State; Zip Code Garland, TX 75042	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebron, Danielle <hr/> Contributor address; City; State; Zip Code Humble, TX 77346	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elaiho, Jocelyn <hr/> Contributor address; City; State; Zip Code Castroville, TX 78009-3438	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/112 Rpt: 36/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliot, Janice <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78249	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 01/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelman, Kimberly <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelman, Kimberly <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelman, Kimberly <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelman, Kimberly <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/112 Rpt: 37/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 05/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelman, Kimberly <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78240	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelman, Kimberly <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ervin, Stacey <hr/> Contributor address; City; State; Zip Code Avery, TX 75554	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finley, Mari <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76140	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fletcher, Soraya <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75056	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/112 Rpt: 38/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 04/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flynn, Mercedita <hr/> 6 Contributor address; City; State; Zip Code Beeville, TX 78104	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 02/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forbes, V. Jude <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francis, Peggy <hr/> Contributor address; City; State; Zip Code Conroe, TX 77384	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francis, Peggy <hr/> Contributor address; City; State; Zip Code Conroe, TX 77384	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francis, Peggy <hr/> Contributor address; City; State; Zip Code Conroe, TX 77384	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/112 Rpt: 39/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 04/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francis, Peggy <hr/> 6 Contributor address; City; State; Zip Code Conroe, TX 77384	7 Amount of Contribution (\$) \$85.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 05/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francis, Peggy <hr/> Contributor address; City; State; Zip Code Conroe, TX 77384	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francis, Peggy <hr/> Contributor address; City; State; Zip Code Conroe, TX 77384	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuhrmann, Jill <hr/> Contributor address; City; State; Zip Code Gainesville, TX 76240	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuller, Dale <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76179	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/112 Rpt: 40/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuselier Ellis, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Bedias, TX 77831	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuselier Ellis, Elizabeth <hr/> Contributor address; City; State; Zip Code Bedias, TX 77831	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvez, Margaret <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76137	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Deana <hr/> Contributor address; City; State; Zip Code Canyon Lake, TX 78133	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Martha <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/112 Rpt: 41/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 04/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Martha <hr/> 6 Contributor address; City; State; Zip Code Harlingen, TX 78550	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Martha <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Martha <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary, Natalie <hr/> Contributor address; City; State; Zip Code DeSoto, TX 75115	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gembol, Peter <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/112 Rpt: 42/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerardi, Margit <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78256	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giberga, Kimberly <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gigliotti, Elizabeth <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gigliotti, Elizabeth <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gigliotti, Elizabeth <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/112 Rpt: 43/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 04/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gigliotti, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77494	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gigliotti, Elizabeth <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gigliotti, Elizabeth <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ginapp, Lisa <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ginapp, Lisa <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/112 Rpt: 44/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ginapp, Lisa <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 04/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ginapp, Lisa <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ginapp, Lisa <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ginapp, Lisa <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, John <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/112 Rpt: 45/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 02/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, John	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Coppell, TX 75019		
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Leticia	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Burleson, TX 76028		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gooden, Angela	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code Pearland, TX 77584		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gradney, Eddie	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Richmond, TX 77406		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grogan, Sherry	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Missouri City, TX 77459		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/112 Rpt: 46/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 02/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grogan, Sherry <hr/> 6 Contributor address; City; State; Zip Code Missouri City, TX 77459	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grogan, Sherry <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grogan, Sherry <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grogan, Sherry <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grogan, Sherry <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/112 Rpt: 47/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 06/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grogan, Sherry <hr/> 6 Contributor address; City; State; Zip Code Missouri City, TX 77459	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grohman, Heather <hr/> Contributor address; City; State; Zip Code Adkins, TX 78101	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guevara, Henry <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guevara, Henry <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guevara, Henry <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/112 Rpt: 48/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guevara, Henry <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78633	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 01/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustafson, Jennifer <hr/> Contributor address; City; State; Zip Code Austin, TX 78734	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustafson, Jennifer <hr/> Contributor address; City; State; Zip Code Austin, TX 78734	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustafson, Jennifer <hr/> Contributor address; City; State; Zip Code Austin, TX 78734	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustafson, Jennifer <hr/> Contributor address; City; State; Zip Code Austin, TX 78734	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/112 Rpt: 49/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 05/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustafson, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78734	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustafson, Jennifer <hr/> Contributor address; City; State; Zip Code Austin, TX 78734	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guthrie-Chu, Cara <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76182	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Emily <hr/> Contributor address; City; State; Zip Code Austin, TX 78730	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Cristal <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76126	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/112 Rpt: 50/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Shalawn <hr/> 6 Contributor address; City; State; Zip Code Orange, TX 77630	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Lana <hr/> Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hatchett, Jaime <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendrick, Blaine <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendrick, Blaine <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/112 Rpt: 51/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 05/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendrick, Blaine <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) <div style="text-align: right;">\$50.00</div>
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendrick, Blaine <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) <div style="text-align: right;">\$50.00</div>
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hensley, Margaret <hr/> Contributor address; City; State; Zip Code Santa Anna, TX 76878	Amount of Contribution (\$) <div style="text-align: right;">\$300.00</div>
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Nancy <hr/> Contributor address; City; State; Zip Code Houston, TX 77062	Amount of Contribution (\$) <div style="text-align: right;">\$5.00</div>
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hessock, Jennifer <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78252	Amount of Contribution (\$) <div style="text-align: right;">\$50.00</div>
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/112 Rpt: 52/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hext, Michelle <hr/> 6 Contributor address; City; State; Zip Code Lumberton, TX 77657	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hext, Michelle <hr/> Contributor address; City; State; Zip Code Lumberton, TX 77657	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Tracy <hr/> Contributor address; City; State; Zip Code Henderson, TX 75652	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Tracy <hr/> Contributor address; City; State; Zip Code Henderson, TX 75652	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Tracy <hr/> Contributor address; City; State; Zip Code Henderson, TX 75652	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/112 Rpt: 53/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 04/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Tracy <hr/> 6 Contributor address; City; State; Zip Code Henderson, TX 75652	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Tracy <hr/> Contributor address; City; State; Zip Code Henderson, TX 75652	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Tracy <hr/> Contributor address; City; State; Zip Code Henderson, TX 75652	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodge, Deborah <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodge, Deborah <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/112 Rpt: 54/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodge, Deborah <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77077	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodge, Deborah <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodge, Deborah <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodge, Deborah <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodgins, Cynthia <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/112 Rpt: 55/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holder, Amy <hr/> 6 Contributor address; City; State; Zip Code Ponder, TX 76259	7 Amount of Contribution (\$) \$160.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howell, Robert <hr/> Contributor address; City; State; Zip Code Baytown, TX 77521	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Lori <hr/> Contributor address; City; State; Zip Code Harker Heights, TX 76548	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Lori <hr/> Contributor address; City; State; Zip Code Harker Heights, TX 76548	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Lori <hr/> Contributor address; City; State; Zip Code Harker Heights, TX 76548	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/112 Rpt: 56/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 04/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hyzak, Sr. Barbara <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hyzak, Sr. Barbara <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffreys, Holly <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79119	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) Family Care Clinic of Panhandle
Date 01/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesse, Ann <hr/> Contributor address; City; State; Zip Code El Paso, TX 79905	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesse, Ann <hr/> Contributor address; City; State; Zip Code El Paso, TX 79905	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/112 Rpt: 57/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesse, Ann 6 Contributor address; City; State; Zip Code El Paso, TX 79905	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 04/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesse, Ann Contributor address; City; State; Zip Code El Paso, TX 79905	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesse, Ann Contributor address; City; State; Zip Code El Paso, TX 79905	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesse, Ann Contributor address; City; State; Zip Code El Paso, TX 79905	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessup, Anna Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/112 Rpt: 58/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 02/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessup, Anna <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78665	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessup, Anna <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessup, Anna <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessup, Anna <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessup, Anna <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/112 Rpt: 59/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Barbara <hr/> 6 Contributor address; City; State; Zip Code Southlake, TX 76092	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Vickie <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76112	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julian, Rose <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76085	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaiser, Debra <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalu, Jennifer <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/112 Rpt: 60/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keil, Christina	7 Amount of Contribution (\$) \$80.00
6 Contributor address; City; State; Zip Code Grapevine, TX 76051		
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions) Texas Regional Asthma and Allergy Center
Date 03/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Miranda	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code Spring, TX 77386		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennard, Avorie	Amount of Contribution (\$) \$80.00
Contributor address; City; State; Zip Code Fort Worth, TX 76123-2617		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Killebrew, Kurt	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Victoria, TX 77905		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Katie	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Woodway, TX 76712		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/112 Rpt: 61/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 01/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knapp, James <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75035	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krispin, Penny <hr/> Contributor address; City; State; Zip Code Greenville, TX 75402	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Cindy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78247	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Cindy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78247	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Cindy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78247	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/112 Rpt: 62/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 04/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Cindy <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78247	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Cindy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78247	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Cindy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78247	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kucera, Jennifer <hr/> Contributor address; City; State; Zip Code Van Cleck, TX 77482	Amount of Contribution (\$) \$72.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kucera, Jennifer <hr/> Contributor address; City; State; Zip Code Van Cleck, TX 77482	Amount of Contribution (\$) \$72.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/112 Rpt: 63/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kucera, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Van Cleck, TX 77482	7 Amount of Contribution (\$) \$72.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 04/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kucera, Jennifer <hr/> Contributor address; City; State; Zip Code Van Cleck, TX 77482	Amount of Contribution (\$) \$72.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kucera, Jennifer <hr/> Contributor address; City; State; Zip Code Van Cleck, TX 77482	Amount of Contribution (\$) \$72.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kucera, Jennifer <hr/> Contributor address; City; State; Zip Code Van Cleck, TX 77482	Amount of Contribution (\$) \$72.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larson, Shelagh <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) UNT

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/112 Rpt: 64/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 02/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larson, Shelagh <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions) UNT
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larson, Shelagh <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) UNT
Date 03/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larson, Shelagh <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) UNT
Date 03/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leighton, Linzi <hr/> Contributor address; City; State; Zip Code Houston, TX 77055	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Logan, Stella <hr/> Contributor address; City; State; Zip Code Austin, TX 78733	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/112 Rpt: 65/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Logan, Stella <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78733	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 04/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Angelica <hr/> Contributor address; City; State; Zip Code Converse, TX 78109	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, April <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501	Amount of Contribution (\$) \$416.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, April <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, April <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501	Amount of Contribution (\$) \$416.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/112 Rpt: 66/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 06/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, April	7 Amount of Contribution (\$) \$416.00
6 Contributor address; City; State; Zip Code McAllen, TX 78501		
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 04/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lord, Sarah	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78745		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lord, Sarah	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78745		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lord, Sarah	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78745		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Love, Tierra	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Grand Prairie, TX 75054		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/112 Rpt: 67/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loyd, Andrea <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75703-4500	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 01/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lufsey, Stephanie <hr/> Contributor address; City; State; Zip Code Palestine, TX 75801	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lufsey, Stephanie <hr/> Contributor address; City; State; Zip Code Palestine, TX 75801	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lufsey, Stephanie <hr/> Contributor address; City; State; Zip Code Palestine, TX 75801	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lufsey, Stephanie <hr/> Contributor address; City; State; Zip Code Palestine, TX 75801	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/112 Rpt: 68/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 05/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lufsey, Stephanie <hr/> 6 Contributor address; City; State; Zip Code Palestine, TX 75801	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lufsey, Stephanie <hr/> Contributor address; City; State; Zip Code Palestine, TX 75801	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luttrell, MaryBeth <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luttrell, MaryBeth <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luttrell, MaryBeth <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/112 Rpt: 69/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 05/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luttrell, MaryBeth	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code San Angelo, TX 76904		
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 06/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luttrell, MaryBeth	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code San Angelo, TX 76904		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luttrell, MaryBeth	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code San Angelo, TX 76904		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lux, Cathy	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Dallas, TX 75220		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lux, Cathy	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Dallas, TX 75220		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/112 Rpt: 70/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lux, Cathy <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75220	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lux, Cathy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lux, Cathy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lux, Cathy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lux, Cathy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/112 Rpt: 71/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 02/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Melisia <hr/> 6 Contributor address; City; State; Zip Code Bullard, TX 75757	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McArthur, Kimberly <hr/> Contributor address; City; State; Zip Code Bovina, TX 79009	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McArthur, Kimberly <hr/> Contributor address; City; State; Zip Code Bovina, TX 79009	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McArthur, Kimberly <hr/> Contributor address; City; State; Zip Code Bovina, TX 79009	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McArthur, Kimberly <hr/> Contributor address; City; State; Zip Code Bovina, TX 79009	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/112 Rpt: 72/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 05/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McArthur, Kimberly <hr/> 6 Contributor address; City; State; Zip Code Bovina, TX 79009	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McArthur, Kimberly <hr/> Contributor address; City; State; Zip Code Bovina, TX 79009	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClay, Rebecca <hr/> Contributor address; City; State; Zip Code Midland, TX 79701	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCoy, Jacqueline <hr/> Contributor address; City; State; Zip Code El Paso, TX 75075-7992	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCoy, Sandy <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$140.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) Baylor University Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/112 Rpt: 73/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 04/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCoy, Sandy	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Plano, TX 75075	
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions) Baylor University Medical Center
Date 01/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Antonio, TX 78240	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Antonio, TX 78240	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Antonio, TX 78240	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Antonio, TX 78240	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/112 Rpt: 74/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78240	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/112 Rpt: 75/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 05/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78240	
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Antonio, TX 78240	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Antonio, TX 78240	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald-Rocha, Chastity	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code New Braunfels, TX 78130	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDougall, Debbie	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Boyd, TX 76023	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/112 Rpt: 76/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 02/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDougall, Debbie <hr/> 6 Contributor address; City; State; Zip Code Boyd, TX 76023	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDougall, Debbie <hr/> Contributor address; City; State; Zip Code Boyd, TX 76023	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDougall, Debbie <hr/> Contributor address; City; State; Zip Code Boyd, TX 76023	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDougall, Debbie <hr/> Contributor address; City; State; Zip Code Boyd, TX 76023	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDougall, Debbie <hr/> Contributor address; City; State; Zip Code Boyd, TX 76023	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/112 Rpt: 77/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 01/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGraw, Mary <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75025	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 02/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGraw, Mary <hr/> Contributor address; City; State; Zip Code Plano, TX 75025	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuire, Eddie <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79110	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuire, Eddie <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79110	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuire, Eddie <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79110	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/112 Rpt: 78/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 05/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuire, Eddie <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79110	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 06/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuire, Eddie <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79110	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuire, Eddie <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79110	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKitterick, Monica <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLennan, LaVonda <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/112 Rpt: 79/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 01/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metzger, Robert <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75229	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 02/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metzger, Robert <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metzger, Robert <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metzger, Robert <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metzger, Robert <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/112 Rpt: 80/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 06/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metzger, Robert <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75229	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Valerie <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miloud, Virginia <hr/> Contributor address; City; State; Zip Code Arlington, TX 76016	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mimms, Maurice <hr/> Contributor address; City; State; Zip Code Manvel, TX 77578	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Alison <hr/> Contributor address; City; State; Zip Code Houston, TX 77035	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/112 Rpt: 81/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 02/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Alison <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77035	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Alison <hr/> Contributor address; City; State; Zip Code Houston, TX 77035	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Alison <hr/> Contributor address; City; State; Zip Code Houston, TX 77035	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Alison <hr/> Contributor address; City; State; Zip Code Houston, TX 77035	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Alison <hr/> Contributor address; City; State; Zip Code Houston, TX 77035	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/112 Rpt: 82/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 04/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Rosalinda <hr/> 6 Contributor address; City; State; Zip Code La Marque, TX 77568	7 Amount of Contribution (\$) \$1,200.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Rosalinda <hr/> Contributor address; City; State; Zip Code La Marque, TX 77568	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Margaret <hr/> Contributor address; City; State; Zip Code Willis, TX 77318	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Margaret <hr/> Contributor address; City; State; Zip Code Willis, TX 77318	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Margaret <hr/> Contributor address; City; State; Zip Code Willis, TX 77318	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/112 Rpt: 83/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 04/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Margaret <hr/> 6 Contributor address; City; State; Zip Code Willis, TX 77318	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 05/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Margaret <hr/> Contributor address; City; State; Zip Code Willis, TX 77318	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muirhead, Lavender <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munoz, Juliette <hr/> Contributor address; City; State; Zip Code Fate, TX 75189	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Natividad, Pedro <hr/> Contributor address; City; State; Zip Code El Paso, TX 79904-2429	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) Nurse practitioner		Employer (See Instructions) Thomas Medical/Wellmed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/112 Rpt: 84/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newton, Lisa <hr/> 6 Contributor address; City; State; Zip Code Spring Branch, TX 78070	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicholson-Guidry, Cynthia <hr/> Contributor address; City; State; Zip Code Royse City, TX 75189	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nolasco, Marianna <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nunez, Aidee <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78542	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nyangau, Pacificah <hr/> Contributor address; City; State; Zip Code Spring, TX 77388	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/112 Rpt: 85/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Okewo, Toyin <hr/> 6 Contributor address; City; State; Zip Code Killeen, TX 76549	7 Amount of Contribution (\$) \$80.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Old Hudec, Laurita <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Old Hudec, Laurita <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Linda <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Linda <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/112 Rpt: 86/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 01/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrander, Peggy <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75074	7 Amount of Contribution (\$) \$175.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 02/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrander, Peggy <hr/> Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$175.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrander, Peggy <hr/> Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$175.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrander, Peggy <hr/> Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrander, Peggy <hr/> Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$175.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/112 Rpt: 87/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 05/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrander, Peggy 6 Contributor address; City; State; Zip Code Plano, TX 75074	7 Amount of Contribution (\$) \$175.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 06/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrander, Peggy Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$175.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens Horelica, Amy Contributor address; City; State; Zip Code East Bernard, TX 77435-8414	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Stacey Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Paula Contributor address; City; State; Zip Code Wichita Falls, TX 76310	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/112 Rpt: 88/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 04/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Mayte <hr/> 6 Contributor address; City; State; Zip Code Del Rio, TX 78840	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peck, Jessica <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peters, Kimberly <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierce, Sherrie <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76116	Amount of Contribution (\$) \$135.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) Texas Health Physician Group
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierce, Sherrie <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76116	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) Texas Health Physician Group

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/112 Rpt: 89/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pirkey, Trey <hr/> 6 Contributor address; City; State; Zip Code Texarkana, TX 75503	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plattner, Mary <hr/> Contributor address; City; State; Zip Code Zapata, TX 78076	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plattner, Mary <hr/> Contributor address; City; State; Zip Code Zapata, TX 78076	Amount of Contribution (\$) \$600.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Darla <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79423	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poung, Wa <hr/> Contributor address; City; State; Zip Code El Paso, TX 79934	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/112 Rpt: 90/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 04/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quigley, Sharon <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78256	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quigley, Sharon <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78256	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quigley, Sharon <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78256	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quigley, Sharon <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78256	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajegowda, Sunanda <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/112 Rpt: 91/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall Wong, Teresa <hr/> 6 Contributor address; City; State; Zip Code Woodway, TX 76712	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randel, Janice <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reast, Ruan <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79415	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redmond, Rebecca <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75087	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riojas, Crystal <hr/> Contributor address; City; State; Zip Code Schertz, TX 78154	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/112 Rpt: 92/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 01/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Christy <hr/> 6 Contributor address; City; State; Zip Code College Station, TX 77845	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Christy <hr/> Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Christy <hr/> Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Rick <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Rick <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/112 Rpt: 93/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Rick <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77006	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 04/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Rick <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Rick <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Rick <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Cynthia <hr/> Contributor address; City; State; Zip Code Bowie, TX 76230	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 90/112 Rpt: 94/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 04/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roblyer, Kathleen <hr/> 6 Contributor address; City; State; Zip Code Bryan, TX 77803	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions) Kathleen Roblyer APRN PMHNP LLC
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Chastity <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78130	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Delores <hr/> Contributor address; City; State; Zip Code Laredo, TX 78043	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Delores <hr/> Contributor address; City; State; Zip Code Laredo, TX 78043	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Delores <hr/> Contributor address; City; State; Zip Code Laredo, TX 78043	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 91/112 Rpt: 95/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 04/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Delores <hr/> 6 Contributor address; City; State; Zip Code Laredo, TX 78043	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Delores <hr/> Contributor address; City; State; Zip Code Laredo, TX 78043	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Delores <hr/> Contributor address; City; State; Zip Code Laredo, TX 78043	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romain, Christina <hr/> Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roszak, Abigail <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 92/112 Rpt: 96/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rounds, Linda <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77555	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions) University of Texas Medical Branch
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruemmele, Kelly <hr/> Contributor address; City; State; Zip Code Houston, TX 77059	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruhnke, Michelle <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78233	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Connie <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Connie <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 93/112 Rpt: 97/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Connie <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78723	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 04/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Connie <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Connie <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Connie <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Elizabeth <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 94/112 Rpt: 98/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salone, Carmen <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76123	7 Amount of Contribution (\$) \$80.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 01/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Nicole <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schjang, Janet <hr/> Contributor address; City; State; Zip Code Pleasanton, TX 78064	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schneider, Cynde <hr/> Contributor address; City; State; Zip Code Lamesa, TX 79331	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schneider, Cynde <hr/> Contributor address; City; State; Zip Code Lamesa, TX 79331	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 95/112 Rpt: 99/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schneider, Cynde <hr/> 6 Contributor address; City; State; Zip Code Lamesa, TX 79331	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Patricia <hr/> Contributor address; City; State; Zip Code Spring, TX 77382	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shay, Christina <hr/> Contributor address; City; State; Zip Code Red Oak, TX 75154	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirey, Deborah <hr/> Contributor address; City; State; Zip Code Wylie, TX 75098	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirey, Deborah <hr/> Contributor address; City; State; Zip Code Wylie, TX 75098	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 96/112 Rpt: 100/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 05/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirey, Deborah	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Wylie, TX 75098		
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirey, Deborah	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Wylie, TX 75098		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siders, Kathleen	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Spring, TX 77030		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soliz, Robert	Amount of Contribution (\$) \$60.00
Contributor address; City; State; Zip Code Mission, TX 78572		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sosolik, Debra	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Christoval, TX 76935		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 97/112 Rpt: 101/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spees, Jason 6 Contributor address; City; State; Zip Code Austin, TX 78747	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) St. Julien, Beverly Contributor address; City; State; Zip Code Port Arthur, TX 77642	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) St. Pierre, Diane Contributor address; City; State; Zip Code North Richland Hills, TX 76182	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) St. Pierre, Diane Contributor address; City; State; Zip Code North Richland Hills, TX 76182	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) St. Pierre, Diane Contributor address; City; State; Zip Code North Richland Hills, TX 76182	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 98/112 Rpt: 102/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 04/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) St. Pierre, Diane <hr/> 6 Contributor address; City; State; Zip Code North Richland Hills, TX 76182	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 05/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) St. Pierre, Diane <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76182	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) St. Pierre, Diane <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76182	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Dovie <hr/> Contributor address; City; State; Zip Code Freer, TX 78357	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Dovie <hr/> Contributor address; City; State; Zip Code Freer, TX 78357	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 99/112 Rpt: 103/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Dovie <hr/> 6 Contributor address; City; State; Zip Code Freer, TX 78357	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Dovie <hr/> Contributor address; City; State; Zip Code Freer, TX 78357	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Dovie <hr/> Contributor address; City; State; Zip Code Freer, TX 78357	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Dovie <hr/> Contributor address; City; State; Zip Code Freer, TX 78357	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Lisa <hr/> Contributor address; City; State; Zip Code Arlington, TX 76016	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 100/112 Rpt: 104/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockhorst, Danielle <hr/> 6 Contributor address; City; State; Zip Code Jordantown, TX 78026	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talamantez-Worden, Genevieve <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78221	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talamantez-Worden, Genevieve <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78221	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talamantez-Worden, Genevieve <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78221	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talamantez-Worden, Genevieve <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78221	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 101/112 Rpt: 105/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Tysa <hr/> 6 Contributor address; City; State; Zip Code Keller, TX 76244	7 Amount of Contribution (\$) \$80.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Krysta <hr/> Contributor address; City; State; Zip Code Lake Jackson, TX 77566	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiller, Sonja <hr/> Contributor address; City; State; Zip Code Troup, TX 75789	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiller, Sonja <hr/> Contributor address; City; State; Zip Code Troup, TX 75789	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiller, Sonja <hr/> Contributor address; City; State; Zip Code Troup, TX 75789	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 102/112 Rpt: 106/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 06/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiller, Sonja <hr/> 6 Contributor address; City; State; Zip Code Troup, TX 75789	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tompkins, Meredith <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tompkins, Meredith <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tompkins, Meredith <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tompkins, Meredith <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 103/112 Rpt: 107/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 05/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tompkins, Meredith <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tompkins, Meredith <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toth, Sara <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tudor, William <hr/> Contributor address; City; State; Zip Code Houston, TX 77063	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urbano, Jocelyn <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76123	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 104/112 Rpt: 108/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdespino, Janice <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78260	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 04/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varley, Elizabeth <hr/> Contributor address; City; State; Zip Code Bryan, TX 77807	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Viscon, Anthony <hr/> Contributor address; City; State; Zip Code Canutillo, TX 79835	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ware, Leigh Ann <hr/> Contributor address; City; State; Zip Code Pleasanton, TX 78064-0180	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Mary Jane <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 105/112 Rpt: 109/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Tammie <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78739	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 01/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Linda <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76308	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Linda <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76308	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Linda <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76308	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Linda <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76308	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 106/112 Rpt: 110/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 05/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Linda <hr/> 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76308	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Camille <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Mary <hr/> Contributor address; City; State; Zip Code Giddings, TX 78942	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Mary <hr/> Contributor address; City; State; Zip Code Giddings, TX 78942	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Mary <hr/> Contributor address; City; State; Zip Code Giddings, TX 78942	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 107/112 Rpt: 111/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 04/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Mary <hr/> 6 Contributor address; City; State; Zip Code Giddings, TX 78942	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 01/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weston, Cindy <hr/> Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weston, Cindy <hr/> Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weston, Cindy <hr/> Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weston, Cindy <hr/> Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 108/112 Rpt: 112/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 04/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weston, Cindy	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code College Station, TX 77845		
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weston, Cindy	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code College Station, TX 77845		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weston, Cindy	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code College Station, TX 77845		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weston, Cindy	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code College Station, TX 77845		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Michelle	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code Flower Mound, TX 76226		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 109/112 Rpt: 113/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Ann <hr/> 6 Contributor address; City; State; Zip Code Rosharon, TX 77583	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 04/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Shelia <hr/> Contributor address; City; State; Zip Code Tyler, TX 75706	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Shelia <hr/> Contributor address; City; State; Zip Code Tyler, TX 75706	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Shelia <hr/> Contributor address; City; State; Zip Code Tyler, TX 75706	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wimberly, Patricia <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78250	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 110/112 Rpt: 114/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 01/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wines, Kendall <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79424	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 02/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wines, Kendall <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wines, Kendall <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wines, Kendall <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wines, Kendall <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 111/112 Rpt: 115/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 06/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wines, Kendall <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79424	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Kathryn <hr/> Contributor address; City; State; Zip Code Jacksonville, TX 75766	Amount of Contribution (\$) \$600.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Sharon <hr/> Contributor address; City; State; Zip Code Spring Branch, TX 78070	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Youngwith, Mary <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zdanuk, Jan <hr/> Contributor address; City; State; Zip Code Westworth Village, TX 76114	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) VPA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 112/112 Rpt: 116/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zdanuk, Jan <hr/> 6 Contributor address; City; State; Zip Code Westworth Village, TX 76114	7 Amount of Contribution (\$) \$160.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions) VPA

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: 117/119
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 01/01/2023	5 Corporation / Labor Organization name Texas Nurse Practitioners	6 Amount (\$) 1,200.00
Date 02/02/2023	Corporation / Labor Organization name Texas Nurse Practitioners	Amount (\$) 1,200.00
Date 03/01/2023	Corporation / Labor Organization name Texas Nurse Practitioners	Amount (\$) 1,200.00
Date 04/01/2023	Corporation / Labor Organization name Texas Nurse Practitioners	Amount (\$) 1,200.00
Date 05/01/2023	Corporation / Labor Organization name Texas Nurse Practitioners	Amount (\$) 1,200.00
Date 06/01/2023	Corporation / Labor Organization name Texas Nurse Practitioners	Amount (\$) 1,200.00

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: 118/119	2 FILER NAME Texas Nurse Practitioners PAC	3 Filer ID (Ethics Commission Filers) 00070132
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4 Date 06/19/2023	5 Payee name Blanco for State Senate
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6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 2707 El Paso, TX 79926
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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 PAC donation to candidate.
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/19/2023	Payee name Joe Moody Campaign
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 920827 El Paso, TX 79902
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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 PAC donation to candidate.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/19/2023	Payee name Morgan LaMantia Campaign
--------------------	--

Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1324 E. Madison Brownsville, TX 78520
--	--

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 PAC donation to candidate.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 119/119	2 FILER NAME Texas Nurse Practitioners PAC	3 Filer ID (Ethics Commission Filers) 00070132
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4 Date 06/19/2023	5 Payee name Stephanie Klick Campaign
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6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 7592 Fort Worth, TX 76111
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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 PAC donation to candidate.
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 01/24/2023	Payee name TSU Foundation
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Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 301074 Austin, TX 78703
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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 Senfronia Thompson 50th anniversary fundraiser.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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