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		·	OFFICE USE ONLY		
ĺ	Texas Nurse Pract	itioners PAC		Date Received		
Í				ELECTRONICALLY FILED		
Í				07/17/2023		
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CIT	TY; STATE; ZIP CODE			
Í	ADDRESS	4425 S. Mopac Expy., Bldg. 3, Ste. 405		Date Hand delivered or Date Destruction		
	Chappen -f A ' '			Date Hand-delivered or Date Postmarked		
Í	Change of Address	Austin, TX 78735		Receipt # Amount		
Í						
Í				Date Processed		
Í				Dato Imaged		
				Date Imaged		
5	CAMPAIGN	MS / MRS / MR FIRST		MI		
Í	TREASURER NAME	Mrs. Emily S.				
ĺ						
Í		NICKNAME LAST		SUFFIX		
ĺ		Eastin				
		l				
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE		
Í	STREET	4425 S. Mopac Expy., Bldg. 3, Ste. 405				
ĺ	ADDRESS					
	(Residence or Business)	Austin, TX 78735				
7	CAMPAIGN TREASURER	STREET OR PO BOX;	APT / SUITE #; CITY	; STATE; ZIP CODE		
ĺ	MAILING	4425 S. Mopac Expy., Bldg. 3, Ste. 405				
ĺ	ADDRESS					
	Change of Address	Austin, TX 78735				
8		AREA CODE PHONE NUMBER	EXTENSION			
	TREASURER PHONE	(512) 291-6224				
Ļ		<u> </u>				
9	REPORT TYPE	January 15 30	Oth day before election	Dissolution (Attach PAC-DR)		
			h day before election	10th day after campaign treasurer		
		X July 15	unoff	termination		
10	DEDIOD			Vear		
10	PERIOD COVERED	Month Day Year 01/01/2023 Th	Month Day HROUGH 06/30/2023	Year 3		
			00/30/2020	-		
11	ELECTION	ELECTION DATE	ELECTION TYPE			
		Month Day Year	Primary Runoff	Other		
			General Special			
\square		· I				
	GO TO PAGE 2					
For	rms provided by Tex	xas Ethics Commission www.et	thics.state.tx.us	Version V3.5.1.a18ea2ca		

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)	
Texas Nurse Practitione	ers PAC		00070132		
14 COMMITTEE ACTIVITY					
(Attach lists on plain paper to complete this report if necessary.)		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	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00	
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	57,210.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00	
	4. TOTAL POLITICA	L EXPENDITURES	\$	10,500.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	54,258.55	
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00	
16 AFFIDAVIT			I		
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.			
			y S. Eastin		
		Signature of Car	npaign Treast		
AFFIX NOTARY	STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said, this the				
of	, 20, to certify v	which, witness my hand and seal of office.			
					
Signature of officer ad	ministering oath	Printed name of officer administering oath	l itle of offi	cer administering oath	
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.a18ea2ca	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC

ADDENDUM

Page 3 of 119

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Nurse Practitione	ers PAC			00070132	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Stephanie Klick State Re	presentative	
(Attach lists on plain paper to complete this report if necessary.)		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	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Joe Moody State Repres	entative	
(Attach lists on plain paper to complete this report if necessary.)		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	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Sen. Morgan LaMantia State S	Senator	
(Attach lists on plain paper to complete this report if necessary.)		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.)				

FORM GPAC COVER SHEET PG 3

4 of	119
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17 COMMITT		18 Filer ID	(Ethics	Commission Filers)			
	rse Practitioners PAC	00070132					
	19 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	50,010.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$				
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$				
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$				
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	7,200.00			
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$				
9.	SCHEDULE E: LOANS		\$				
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	10,500.00			
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$				
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$				

SUBTOTALS - GPAC

	The Instru	ction Guide explains how to complete	this fo	orm.	1	Total pages Schedule A1: Sch: 1/112 Rpt: 5/119	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		e Practitioners PAC			-	00070132	
4	Date	5 Full name of contributor out-of-state PA	AC (ID#:)	7	Amount of Contribution (\$)	
	01/05/2023	Abrahamson, Kathy					\$50.00
	I	6 Contributor address; City; State; Zip Code					
		Arlington, TX 76016					
8		upation / Job title (See Instructions)		9 Employer (See Instructions))		
	Nurse Practi	tioner					
F	Date	Full name of contributor out-of-state PA	AC (ID#:)	_	Amount of Contribution (\$)	
	02/05/2023	Abrahamson, Kathy					\$50.00
	I	Contributor address; City; State; Zip Code					
		Arlington, TX 76016					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions))		
	Nurse Practi	<i>i</i> tioner					
╞	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	03/05/2023	Abrahamson, Kathy	···· ·			• •	\$50.00
	-						
		Arlington, TX 76016					
\vdash	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions))		
	Nurse Practi						
╞	Date	Full name of contributor Out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	03/20/2023	Abrahamson, Kathy					\$160.00
	-	-					
		Arlington, TX 76016					
\vdash	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions))		
	Nurse Practi	<i>i</i> tioner					
⊨	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	04/05/2023	Abrahamson, Kathy	• •				\$50.00
	I	Contributor address; City; State; Zip Code					
		Arlington, TX 76016					
\vdash	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions))		
	Nurse Practi			- F - 7 - X - ,	,		
\vdash			I				

	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 2/112 Rpt: 6/119
2	FILER NAME		3 Filer ID (Ethics Commission Filers)	
		Practitioners PAC		00070132
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	03/09/2023	Adell, Shekofeh		\$60.
	I	6 Contributor address; City; State; Zip Code		
		Nacogdoches, TX 75965		
8			9 Employer (See Instructions	ns)
	Nurse Practi	tioner		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	03/13/2023	Adler, Rachel		\$50.
	I	Contributor address; City; State; Zip Code		
		San Antonio, TX 78248		
		pation / Job title (See Instructions)	Employer (See Instructions	ns)
	Nurse Practi			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	03/13/2023	Ahearn, Cindy		\$100.
	I	Contributor address; City; State; Zip Code		
		Willis Point, TX 75169		
		pation / Job title (See Instructions)	Employer (See Instructions	is)
	Nurse Practi	tioner		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	01/05/2023	Alleman, Monica		\$25.
	I	Contributor address; City; State; Zip Code		
		Austin, TX 78749		
	•	pation / Job title (See Instructions)	Employer (See Instructions	IS)
	Nurse Practi			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	04/01/2023	Alleman, Monica		
		Contributor address; City; State; Zip Code		
		Austin, TX 78748		
		pation / Job title (See Instructions)	Employer (See Instructions	ns)
	Nurse Practi	tioner		

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 3/112 Rpt: 7/119	
2 FILER NAME			3 Filer ID (Ethics Commission I	Filers)
	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/26/2023	Alleman, Monica			\$50.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78748			
		9 Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/01/2023	Alleman, Monica			\$25.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78748			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/01/2023	Alleman, Monica			\$25.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78748			
	ipation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	itioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/14/2023	Amaya, Maria			\$20.00
	Contributor address; City; State; Zip Code			
	El Paso, TX 79936		-	
	Ipation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/18/2023	Anderson, Belinda			\$25.00
	Contributor address; City; State; Zip Code			
	Marshall, TX 75672			
-	Ipation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 4/112 Rpt: 8/119	
2 FILER NAME			3 Filer ID (Ethics Commission	ı Filers)
	e Practitioners PAC		00070132	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
03/07/2023	Anderson, Lisa			\$300.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78258			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
04/07/2023	Anderson, Lisa			\$300.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78258			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	itioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/13/2023	Armstrong, Jennifer			\$50.00
	Contributor address; City; State; Zip Code			
	Waco, TX 76712			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/09/2023	Arnold, Josephine			\$50.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78258			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
03/08/2023	Bailey, Heather			\$50.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75248			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	itioner			

	The Instru	ction Guide explains how t	to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/112 Rpt: 9/119	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		e Practitioners PAC				00070132	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/06/2023	Barloon, Linda	_				\$50.00
		6 Contributor address; City; Stat			1		
			-				
		Houston, TX 77096					
		upation / Job title (See Instructions)		9 Employer (See Instructions	3)		
	Nurse Practi	tioner					
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/14/2023	Barnhart, Terri	—				\$25.00
		Contributor address; City; Stat			1		
		Jasper, TX 75951					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	3)		
	Nurse Practi	tioner					
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/01/2023	Barrera, John	_				\$25.00
		Contributor address; City; Stat	ate; Zip Code		1		
		Lytle, TX 78052					
	-	upation / Job title (See Instructions)		Employer (See Instructions	3)		
	Nurse Practi	tioner					
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	05/01/2023	Barrera, John					\$25.00
		Contributor address; City; Stat	ate; Zip Code		1		
		Lytle, TX 78052					
		upation / Job title (See Instructions)		Employer (See Instructions	3)		
	Nurse Practi	tioner					
Γ	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	06/01/2023	Barrera, John					\$25.00
		Contributor address; City; Stat	ıte; Zip Code		1		
		Lytle, TX 78052					
		upation / Job title (See Instructions)		Employer (See Instructions	5)		
	Nurse Practi	tioner					

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

	The Instru	ction Guide explains how to complete this f	iorm.		Total pages Schedule A1: Sch: 7/112 Rpt: 11/119	
2	FILER NAME		_	Filer ID (Ethics Commission	Filers)	
		Practitioners PAC		1	00070132	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	01/16/2023	Blanco, Christina				\$65.00
	I	6 Contributor address; City; State; Zip Code		1		
		El Paso, TX 79912				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Nurse Practi					
F	Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
	02/16/2023	Blanco, Christina				\$65.00
	I	Contributor address; City; State; Zip Code		1		
		El Paso, TX 79912				
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Nurse Practi	tioner				
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/16/2023	Blanco, Christina				\$65.00
	I	Contributor address; City; State; Zip Code		1		
\vdash	Duite sized as as	El Paso, TX 79912		Ĺ		
	Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions	S)		
				.		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 25 00
	04/16/2023	Blanco, Christina				\$65.00
		Contributor address; City; State; Zip Code				
		El Paso, TX 79912				
\vdash	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Nurse Practi	tioner				
╞	Date	Full name of contributor Out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)	
	05/16/2023	Blanco, Christina				\$65.00
	I	Contributor address; City; State; Zip Code		1		
		El Paso, TX 79912				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Nurse Practi	tioner				

The Instru	ction Guide explains how to complete this f	örm.	1 Total pages Schedule A1: Sch: 8/112 Rpt: 12/119	
2 FILER NAME			3 Filer ID (Ethics Commission F	Filers)
	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
06/16/2023	Blanco, Christina			\$65.00
	6 Contributor address; City; State; Zip Code			
	El Paso, TX 79912			
-	ipation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/24/2023	Blount, Gina			\$50.00
	Contributor address; City; State; Zip Code			
	Irving, TX 75061			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/24/2023	Blount, Gina			\$50.00
	Contributor address; City; State; Zip Code			
	Irving, TX 75061			
-	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/24/2023	Blount, Gina			\$50.00
	Contributor address; City; State; Zip Code			
	Irving, TX 75061		-	
	ipation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/24/2023	Blount, Gina			\$50.00
	Contributor address; City; State; Zip Code			
	Irving, TX 75061			
	Ipation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			

The Instru	iction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 9/112 Rpt: 13/119
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	e Practitioners PAC		00070132
4 Date	5 Full name of contributor out-of-state PAC (ID#	ť:)	7 Amount of Contribution (\$)
05/24/2023			\$50.0
	6 Contributor address; City; State; Zip Code		
	Irving, TX 75061		
-	upation / Job title (See Instructions)	9 Employer (See Instructions)
Nurse Pract	itioner		
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
06/24/2023			\$50.0
	Contributor address; City; State; Zip Code		
	Irving, TX 75061		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)
Nurse Pract	itioner		
Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)
03/13/2023			\$50.0
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76132		
·	upation / Job title (See Instructions)	Employer (See Instructions)
Nurse Pract	itioner		
Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)
05/05/2023			\$100.0
	Contributor address; City; State; Zip Code		
D i dealara	Waco, TX 76710		
Principal occ Nurse Pract	upation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)
03/31/2023			\$25.0
	Contributor address; City; State; Zip Code		
	Converteurn TV 70600		
D in single and	Georgetown, TX 78628		×
-	upation / Job title (See Instructions)	Employer (See Instructions)
Nurse Pract	luoner		

-	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 10/112 Rpt: 14/119	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		Practitioners PAC			00070132	,
4 I	Date	5 Full name of contributor 🔲 out-of-state PAC (II	D#:)	7	Amount of Contribution (\$)	
(03/14/2023	Boyd, Sandra Renee				\$100.00
		6 Contributor address; City; State; Zip Code		"		
		Bushland, TX 79012				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
1	Nurse Practi	tioner				
[Date	Full name of contributor 🛛 out-of-state PAC (II	D#:)		Amount of Contribution (\$)	
(03/08/2023	Boyd, Shannon				\$50.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79602				
F	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
1	Nurse Practi	tioner				
[Date	Full name of contributor 🛛 out-of-state PAC (II	D#:)	Τ	Amount of Contribution (\$)	
(03/31/2023	Brooks, Thomas				\$600.00
		Contributor address; City; State; Zip Code		"		
		Harker Heights, TX 76548				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
1	Nurse Practi	tioner				
[Date	Full name of contributor out-of-state PAC (II	D#:)		Amount of Contribution (\$)	
(01/11/2023	Brooks, Vicki				\$100.00
		Contributor address; City; State; Zip Code				
		Mineral Wells, TX 76067				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Nurse Practi	tioner				
[Date	Full name of contributor 🔲 out-of-state PAC (II	D#:)		Amount of Contribution (\$)	
(02/11/2023	Brooks, Vicki				\$100.00
		Contributor address; City; State; Zip Code				
		Mineral Wells, TX 76067				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Nurse Practi	tioner				
1						

	The Instru	ction Guide explains how to complet	te this f	orm.	1	Total pages Schedule A1: Sch: 11/112 Rpt: 15/119	
2	FILER NAME				3	Filer ID (Ethics Commission	ו Filers)
		e Practitioners PAC				00070132	
4	Date	5 Full name of contributor out-of-state F	PAC (ID#:_)	7	Amount of Contribution (\$)	
	04/11/2023	Brooks, Vicki					\$100.00
		6 Contributor address; City; State; Zip Code					
		Mineral Wells, TX 76067					
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instructions))		
	Nurse Practi	tioner					
╞	Date	Full name of contributor Out-of-state F	PAC (ID#:)		Amount of Contribution (\$)	
	05/11/2023	Brooks, Vicki					\$100.00
	00,11,2022						4100 .00
		Contributor address; City; State; Zip Code					
		Minoral Malle TV 76067					
┡	Di sinal agai	Mineral Wells, TX 76067			Ļ		
		upation / Job title (See Instructions)		Employer (See Instructions))		
L	Nurse Practi	tioner					
Γ	Date	Full name of contributor out-of-state F	PAC (ID#:_)		Amount of Contribution (\$)	
	06/11/2023	Brooks, Vicki					\$100.00
		Contributor address; City; State; Zip Code					
		-					
		Mineral Wells, TX 76067					
⊢	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions))		
	Nurse Practi			, , , ,			
╞	Date	Full name of contributor Out-of-state		<u> </u>		Amount of Contribution (\$)	
	03/11/2023		PAC (ID#)			\$100.00
	03/11/2023	Brooks, Vicki					ΦT00.00
		Contributor address; City; State; Zip Code					
L		Mineral Wells, TX 76067					
		upation / Job title (See Instructions)		Employer (See Instructions))		
	Nurse Practi	tioner					
F	Date	Full name of contributor out-of-state F	PAC (ID#:_)		Amount of Contribution (\$)	
	04/01/2023	Browning-Taylor, Mary					\$600.00
		Contributor address; City; State; Zip Code					
		Corpus Christi, TX 78410					
┝	Dringingl oog				<u> </u>		
		upation / Job title (See Instructions)		Employer (See Instructions))		
L	Nurse Practi	lioner					

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 12/112 Rpt: 16/119	
2	FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
		e Practitioners PAC		00070132	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
	05/01/2023	Browning-Taylor, Mary		\$	600.00
		6 Contributor address; City; State; Zip Code			
		Corpus Christi, TX 78410			
8	Principal occu Nurse Practi	ipation / Job title (See Instructions) itioner	9 Employer (See Instructions))	
╞	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
	06/01/2023	Browning-Taylor, Mary			600.00
	-	Contributor address; City; State; Zip Code			
		Corpus Christi, TX 78410			
⊢	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions))	
L	Nurse Practi			,	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	04/01/2023	Brozek, Vaughn		\$	\$100.00
		Contributor address; City; State; Zip Code			
	Drincinal Occu	Fort Worth, TX 76148 Ipation / Job title (See Instructions)	Employer (See Instructions	N	
	Nurse Practi				
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	04/26/2023	Brozek, Vaughn			\$50.00
		Contributor address; City; State; Zip Code			
		Fort Worth, TX 76148			
⊢	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
	Nurse Practi				
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	05/01/2023	Brozek, Vaughn		\$	6100.00
		Contributor address; City; State; Zip Code			
		Fart Marth TV 76140			
		Fort Worth, TX 76148			
		Ipation / Job title (See Instructions)	Employer (See Instructions))	
	Nurse Practi	tioner			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 13/112 Rpt: 17/119	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	lers)
	e Practitioners PAC		00070132	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/01/2023	Brozek, Vaughn		\$	\$100.00
	6 Contributor address; City; State; Zip Code			
	Fort Worth, TX 76148			
-	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/08/2023	Cain, Patience			\$75.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78230			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/08/2023	Cain, Patience			\$75.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78230		-	
Principal occu Nurse Practi	upation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/08/2023	Cain, Patience			\$75.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78230			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	itioner			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/08/2023	Cain, Patience			\$75.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78230			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
		1		

The Instru	iction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 14/112 Rpt: 18/119	
2 FILER NAME			3 Filer ID (Ethics Commissio	n Filers)
	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:))	7 Amount of Contribution (\$)	
05/08/2023	Cain, Patience			\$75.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78230			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/08/2023	Cain, Patience			\$75.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78230			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	itioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/27/2023	Camune, Barbara			\$50.00
	Contributor address; City; State; Zip Code			
	Heath, TX 75032			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	itioner	Baylor University		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/16/2023	Cantu, Monica			\$65.00
	Contributor address; City; State; Zip Code			
	New Braunfels, TX 78132			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	itioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/07/2023	Capler, Crystal			\$300.00
	Contributor address; City; State; Zip Code			
	Desoto, TX 75115			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	itioner			

The Instru	uction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 15/112 Rpt: 19/119	
2 FILER NAME			3 Filer ID (Ethics Commission F	ilers)
	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/27/2023				\$50.00
	6 Contributor address; City; State; Zip Code			
	Arlington, TX 76005			
-		9 Employer (See Instructions))	
Nurse Prac	titioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/03/2023				\$50.00
	Contributor address; City; State; Zip Code			
	Arlington, TX 76005			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Prac				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/03/2023				\$50.00
	Contributor address; City; State; Zip Code			
	Arlington, TX 76005			
-	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Prac				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	_
06/03/2023	Carter-Griffin, Essence			\$50.00
	Contributor address; City; State; Zip Code			
D in single as	Arlington, TX 76005		<u> </u>	
Principal occ Nurse Prac	upation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	÷=> 00
03/03/2023	·			\$50.00
	Contributor address; City; State; Zip Code			
	Arlington TV 70005			
Dringingloop	Arlington, TX 76005	Employer (Cas Instructions)	\	
Principal occ Nurse Prac	upation / Job title (See Instructions)	Employer (See Instructions))	
NUISE FIAU	luoner			
				I

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 16/112 Rpt: 20/119	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Nurse	Practitioners PAC			00070132	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/24/2023	Carver, Lea Ann				\$50.00
		6 Contributor address; City; State; Zip Code				
Ļ		Fair Oaks Ranch, TX 78015		Ĺ		
8			9 Employer (See Instructions	5)		
	Nurse Practi					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	±=2.00
	02/24/2023					\$50.00
		Contributor address; City; State; Zip Code				
		Fair Oaks Ranch, TX 78015				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	Nurse Practi			,		
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/24/2023	Carver, Lea Ann				\$50.00
	00/2 1/2020	Contributor address; City; State; Zip Code				Ψ00.00
		Fair Oaks Ranch, TX 78015				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Nurse Practi	tioner				
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/24/2023	Carver, Lea Ann				\$50.00
		Contributor address; City; State; Zip Code				
		Fair Oaks Ranch, TX 78015				
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Nurse Practi			-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/29/2023	Carver, Lea Ann				\$50.00
		Contributor address; City; State; Zip Code				
		Fair Oaks Ranch, TX 78015				
	Drincinal occu		Employor (See Instructions	<u> </u>		
	Nurse Practi	pation / Job title (See Instructions) tioner	Employer (See Instructions)		
1						

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 17/112 Rpt: 21/119	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	rs)
	e Practitioners PAC		00070132	ς,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/29/2023	Carver, Lea Ann		\$5	50.00
	6 Contributor address; City; State; Zip Code			
	Fair Oaks Ranch, TX 78015			
		9 Employer (See Instructions))	
Nurse Pract	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/26/2023	Castaneda, Ernest		\$5	50.00
	Contributor address; City; State; Zip Code			
	Kingsville, TX 78363			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)	
Nurse Pract	itioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/31/2023	Castro, Deborah		\$2	25.00
	Contributor address; City; State; Zip Code			
	- -			
	Austin, TX 78746			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Pract	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/11/2023	Cates, Valentina		\$2	25.00
	Contributor address; City; State; Zip Code			
	The Woodlands, TX 77381			
	upation / Job title (See Instructions)	Employer (See Instructions))	
health care	provider			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/13/2023	Cerreta, Emily		\$5	50.00
	Contributor address; City; State; Zip Code			
	Katy, TX 77494			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	·)	
Nurse Pract	itioner			
		<u>I</u>		
1				

	The Instru	ction Guide explains how to con	mplete this for	rm.	1	Total pages Schedule A1: Sch: 18/112 Rpt: 22/119	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		e Practitioners PAC				00070132	
4	Date	5 Full name of contributor out-of	of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/02/2023	Chan, Clare					\$100.00
		6 Contributor address; City; State; Zip C					
		1					
_	Dringingloog	Austin, TX 78750			<u> </u>		
8	Principal occu Nurse Practi	ipation / Job title (See Instructions) itioner	¥	Employer (See Instructions)		
	Date	Full name of contributor	of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/03/2023	Chapman, Barbara					\$300.00
		Contributor address; City; State; Zip C					
		1					
		1					
		Richardson, TX 75082					
		ipation / Job title (See Instructions)		Employer (See Instructions)		
	Nurse Practi	_ioner					
	Date	_	of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/26/2023	Chapman, Barbara					\$50.00
		Contributor address; City; State; Zip C					
		1					
		Dishardson TV 75002					
	D 1 stral see	Richardson, TX 75082			<u> </u>		
	Principal occu Nurse Practi	ipation / Job title (See Instructions)		Employer (See Instructions)		
	Date		of-state PAC (ID#:)		Amount of Contribution (\$)	* 222 00
	03/20/2023						\$200.00
		Contributor address; City; State; Zip C	Code				
		1					
		Fort Worth, TX 76102					
	Principal occu	I pation / Job title (See Instructions)		Employer (See Instructions)		
	Nurse Practi						
╞	Date	Full name of contributor out-of	of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/10/2023	Chevez, Faria					\$50.00
		Contributor address; City; State; Zip C	Code				
		1					
		Dallas, TX 75228					
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions)		
	Nurse Practi	tioner					

	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 19/112 Rpt: 23/119
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		e Practitioners PAC		00070132
4	Date	5 Full name of contributor out-of-state PAC (ID#	<pre>#:)</pre>	7 Amount of Contribution (\$)
	03/07/2023	Christianson-Silva, Paula		\$300.00
	1	6 Contributor address; City; State; Zip Code		1
		San Antonio, TX 78210		
8	Principal occu Nurse Practi	ipation / Job title (See Instructions) itioner	9 Employer (See Instructions	3)
	Date		#:)	Amount of Contribution (\$)
	03/10/2023	Church, Lisa		\$100.00
		Contributor address; City; State; Zip Code		
	I	Lexington, TX 78947		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)
	Nurse Practi	tioner		
⊨	Date	Full name of contributor Out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
	01/07/2023	Clements, Kristine	۴/	\$50.00
	01/01/2023	Contributor address; City; State; Zip Code		ψυυ.υυ
		Spring, TX 77373		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)
	Nurse Practi	tioner		
╞	Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
	02/07/2023	Clements, Kristine		\$50.00
	-	Contributor address; City; State; Zip Code		•
		Spring, TX 77373		
┝	Duincipal age		Cas Instructions	<u> </u>
	Principal occu Nurse Practi	ipation / Job title (See Instructions) itioner	Employer (See Instructions	s)
F	Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
	03/07/2023	Clements, Kristine		\$50.00
	I	Contributor address; City; State; Zip Code		1
		Spring, TX 77373		
┝	Dringingl occu		Employer (Soo Instructions	
		Ipation / Job title (See Instructions)	Employer (See Instructions	3)
L	Nurse Practi	tioner		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 20/112 Rpt: 24/119	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/07/2023	Clements, Kristine			\$50.00
	6 Contributor address; City; State; Zip Code			
	Spring, TX 77373			
	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/07/2023	Clements, Kristine			\$50.00
	Contributor address; City; State; Zip Code			
l	Spring, TX 77373			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	itioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/07/2023	Clements, Kristine			\$50.00
	Contributor address; City; State; Zip Code			
	Spring, TX 77373			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	.tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/26/2023	Cook, Jeannie			\$100.00
	Contributor address; City; State; Zip Code			
	Plano, TX 75074	I		
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/26/2023	Cook, Jeannie			\$100.00
	Contributor address; City; State; Zip Code			
	,			
	Plano, TX 75074	I		
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 21/112 Rpt: 25/119	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
03/26/2023	Cook, Jeannie			\$100.00
	6 Contributor address; City; State; Zip Code			
	Plano, TX 75074			
-	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/26/2023	Cook, Jeannie			\$100.00
	Contributor address; City; State; Zip Code			
	Plano, TX 75074			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/26/2023	Cook, Jeannie			\$100.00
	Contributor address; City; State; Zip Code			
	Plano, TX 75074			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/26/2023	Cook, Jeannie			\$100.00
	Contributor address; City; State; Zip Code			
	Plano, TX 75074			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/26/2023	Cooley, Melissa			\$50.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78258			
-	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			

The	Instru	ction Guide explains how to complete th	nis form.		I pages Schedule A1: : 22/112 Rpt: 26/119	
2 FILER	RNAME			3 Filer	· ID (Ethics Commission	n Filers)
		Practitioners PAC			70132	
4 Date		5 Full name of contributor out-of-state PAC ((ID#:)	7 Amo	ount of Contribution (\$)	
03/08	8/2023	Covarrubias, Angela				\$25.00
		6 Contributor address; City; State; Zip Code				
2 Drinoit		Victoria, TX 77904		<u>,</u>		
	e Practi	pation / Job title (See Instructions) tioner	9 Employer (See Instructions	;) 		
Date		Full name of contributor 🛛 out-of-state PAC ((ID#:)	Amo	ount of Contribution (\$)	
03/04	4/2023	Cox, Ashley				\$50.00
		Contributor address; City; State; Zip Code				
		Conroe, TX 77304				
Princip	ipal occu	pation / Job title (See Instructions)	Employer (See Instructions	(()		
	e Practi					
Date		Full name of contributor 🛛 out-of-state PAC ((ID#:)	Amo	ount of Contribution (\$)	
	0/2023	Crouch, Callie	,ID#,	7 1110		\$50.00
00,20	0,2020	Contributor address; City; State; Zip Code				400.00
		Continuation address, City, State, Zip Code				
		Canadian, TX 79014				
Princip	ipal occu	pation / Job title (See Instructions)	Employer (See Instructions	 ;)		
	e Practi					
Date		Full name of contributor 🔲 out-of-state PAC ((ID#:)	Amo	ount of Contribution (\$)	
03/05	5/2023	Cruz, Dana				\$60.00
		Contributor address; City; State; Zip Code				
		Bulverde, TX 78163				
Princip	ipal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Nurse	e Practi	tioner				
Date		Full name of contributor 🔲 out-of-state PAC ((ID#:)	Amo	ount of Contribution (\$)	
03/19	9/2023	Cullers, Justin				\$300.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78759				
Princip	ipal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	e Practi					

The Instruc	ction Guide explains how to complete this fe	orm.	1 Total pages Schedule A1: Sch: 23/112 Rpt: 27/119	
2 FILER NAME			3 Filer ID (Ethics Commission F	Filers)
	e Practitioners PAC		00070132	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/15/2023	Dalton, Lisa			\$50.00
	6 Contributor address; City; State; Zip Code			
	Willow Park, TX 76087			
8 Principal occur	ipation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practit	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/04/2023	Daniels, Inger			\$50.00
	Contributor address; City; State; Zip Code			
	Richmond, TX 77407			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/27/2023	Davidson, Carol			\$10.00
	Contributor address; City; State; Zip Code			
	Loving, TX 76460			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/27/2023	Davidson, Carol			\$10.00
	Contributor address; City; State; Zip Code			
	Loving, TX 76460			
	ipation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/27/2023	Davidson, Carol			\$10.00
	Contributor address; City; State; Zip Code			
	Loving, TX 76460			
	pation / Job title (See Instructions)	Employer (See Instructions)	.)	
Nurse Practit	tioner			

The Instruc	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 24/112 Rpt: 28/119	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
	Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/27/2023	Davidson, Carol			\$10.00
	6 Contributor address; City; State; Zip Code			
	Loving, TX 76460			
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practit	ioner			
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
05/27/2023	Davidson, Carol			\$10.00
	· · · · · · · · · · · · · · · · · · ·			
	Loving, TX 76460			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit				
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
06/27/2023	Davidson, Carol	·/		\$10.00
00/21/2020				Ψ±0.00
	Contributor address; City; State; Zip Code			
	I			
	Loving, TX 76460			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit)	
		<u> </u>	t i f Quintribution (ft)	
Date	Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)	¢100.00
03/10/2023	Davila, Michael			\$100.00
	Contributor address; City; State; Zip Code			
	Now Prounfale TV 79122			
Dringing agour	New Braunfels, TX 78132		\	
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
01/06/2023	Davis, Sheryl			\$25.00
	Contributor address; City; State; Zip Code			
	Weston Lakes, TX 77441			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit	ioner			

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	The Instru	ction Guide explains how to complete this f	form.	1 I	Total pages Schedule A1: Sch: 25/112 Rpt: 29/119	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		e Practitioners PAC		1	00070132	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/06/2023	Davis, Sheryl				\$25.00
		6 Contributor address; City; State; Zip Code		1		
		Weston Lakes, TX 77441				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Nurse Practi	tioner				
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	03/06/2023	Davis, Sheryl				\$25.00
		Contributor address; City; State; Zip Code		1		
		Weston Lakes, TX 77441				
		ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Nurse Practi	tioner				
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	04/06/2023	Davis, Sheryl				\$25.00
		Contributor address; City; State; Zip Code		1		
L		Weston Lakes, TX 77441	<u> </u>	Ļ		
	Principal occu Nurse Practi	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
			<u> </u>			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/06/2023	Davis, Sheryl]		\$25.00
		Contributor address; City; State; Zip Code				
		Weston Lakes, TX 77441				
┝	Drincinal OCCU	upation / Job title (See Instructions)	Employer (See Instructions	<u>د</u> ا		
	Nurse Practi			5)		
╞			<u> </u>	T	Amount of Contribution (\$)	
	Date 06/06/2023	Full name of contributor out-of-state PAC (ID#: Davis, Sheryl)		Amount of Contribution (\$)	\$25.00
	00/00/2020	-		-		Ψ20.00
		Contributor address; City; State; Zip Code				
		Weston Lakes, TX 77441				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>।</u> इ)		
	Nurse Practi			5)		
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The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 26/112 Rpt: 30/119	
2 FILER NAME			3 Filer ID (Ethics Commission F	ilers)
	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
04/30/2023	Davis , Stephanie			\$50.00
	6 Contributor address; City; State; Zip Code			
	The Woodlands, TX 77381			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi	itioner			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/01/2023	Day, Cristi			\$50.00
	Normanna, TX 78142			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/01/2023	Day, Cristi			\$50.00
	Contributor address; City; State; Zip Code			
	Normanna, TX 78142			
-	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/01/2023	Day, Cristi			\$50.00
	Contributor address; City; State; Zip Code			
	Normanna, TX 78142			
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi)	
		<u> </u>	Amount of Contribution (\$)	
Date 04/01/2023	Full name of contributor out-of-state PAC (ID#: Day, Cristi)	Amount of Contribution (\$)	\$50.00
04/01/2023	-			φ00.00
	Contributor address; City; State; Zip Code			
	Normanna, TX 78142			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
Nurse Practi)	
1				

The Instr	uction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 27/112 Rpt: 31/119	
2 FILER NAM	E		3 Filer ID (Ethics Commission F	-ilers)
	se Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/01/2023				\$50.00
	6 Contributor address; City; State; Zip Code			
	Normanna, TX 78142			
8 Principal oc	cupation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Prac				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/01/2023				\$50.00
	Contributor address; City; State; Zip Code			
Di sinal as	Normanna, TX 78142		<u></u>	
Principal oco Nurse Prac	cupation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
02/28/2023			ቅ ረ	2,400.00
	Contributor address; City; State; Zip Code			
	Colleyville, TX 76034			
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Prac				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/06/2023				\$25.00
	Contributor address; City; State; Zip Code			
	Lubbock, TX 79407			
Principal oc	L cupation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Prac	titioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/25/2023	— —			\$100.00
	Contributor address; City; State; Zip Code			
	Kerrville, TX 78029			
-	cupation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Prac	citioner			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 28/112 Rpt: 32/119	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	lers)
	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/02/2023	Desmond, Jennifer			\$50.00
	6 Contributor address; City; State; Zip Code			
	The Colony, TX 75056			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/22/2023	Deutschendorf, Danielle			\$25.00
	Contributor address; City; State; Zip Code			
	Pflugerville, TX 78660			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/22/2023	Deutschendorf, Danielle			\$25.00
	Contributor address; City; State; Zip Code			
	Pflugerville, TX 78660			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/22/2023	Deutschendorf, Danielle			\$25.00
	Contributor address; City; State; Zip Code			
	Pflugerville, TX 78660			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/22/2023	Deutschendorf, Danielle			\$25.00
	Contributor address; City; State; Zip Code			
	Pflugerville, TX 78660			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Practi	tioner			

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 29/112 Rpt: 33/119	
2 FILER NAME			3 Filer ID (Ethics Commission Fil	lers)
	Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/22/2023	Deutschendorf, Danielle			\$25.00
	6 Contributor address; City; State; Zip Code			
	Pflugerville, TX 78660			
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practit	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/22/2023	Deutschendorf, Danielle	/		\$25.00
00/22/2020				φ20.00
	Contributor address; City; State; Zip Code			
	Pflugerville, TX 78660			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit			,	
		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/07/2023	DiLeo, Holly			\$50.00
	Contributor address; City; State; Zip Code			
	Helotes, TX 78023			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit	tioner			
Date	Full name of contributor out-of-state PAC (ID#:	\	Amount of Contribution (\$)	
)	Amount of Contribution (\$)	100.00
03/10/2023	Dihigo, Sharolyn		\$	100.00
	Contributor address; City; State; Zip Code			
	Grand Prairie, TX 75052			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/26/2023	Doyal, Michael	/		\$25.00
01/20/2020	-			Ψ20.00
	Contributor address; City; State; Zip Code			
	Amarillo, TX 79109			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit	tioner			

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	The Instru	ction Guide explains how to complete t	this fo	orm.	1	Total pages Schedule A1: Sch: 30/112 Rpt: 34/119	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		e Practitioners PAC				00070132	
4	Date	5 Full name of contributor out-of-state PAG)	7	Amount of Contribution (\$)	
	02/26/2023	Doyal, Michael					\$25.00
	I	6 Contributor address; City; State; Zip Code					
		Amarillo, TX 79109					
8		upation / Job title (See Instructions)	!	9 Employer (See Instructions))		
	Nurse Practi	tioner					
	Date	Full name of contributor out-of-state PAG	 \C (ID#:)		Amount of Contribution (\$)	
	03/26/2023	Doyal, Michael					\$25.00
	I	Contributor address; City; State; Zip Code					
		Amarillo, TX 79109					
		upation / Job title (See Instructions)		Employer (See Instructions))		
	Nurse Practi	tioner					
	Date	Full name of contributor out-of-state PAG	C (ID#:)		Amount of Contribution (\$)	
	04/26/2023	Doyal, Michael					\$50.00
	I	Contributor address; City; State; Zip Code					
		1					
		Amarillo, TX 79109					
		ipation / Job title (See Instructions)		Employer (See Instructions))		
	Nurse Practi	tioner					
	Date	Full name of contributor out-of-state PAG	C (ID#:)		Amount of Contribution (\$)	
	04/26/2023	Doyal, Michael					\$25.00
	I	Contributor address; City; State; Zip Code					
		1					
		Amarillo, TX 79109	<u> </u>		-		
		ipation / Job title (See Instructions)		Employer (See Instructions))		
	Nurse Practi	aoner					
	Date	Full name of contributor out-of-state PAC	.C (ID#:)		Amount of Contribution (\$)	
	05/26/2023	Doyal, Michael					\$25.00
	I	Contributor address; City; State; Zip Code					
		1					
		1					
		Amarillo, TX 79109					
		Ipation / Job title (See Instructions)		Employer (See Instructions))		
	Nurse Practi	tioner					

The In	struction Guide explains how to	o complete this fo	orm.		Total pages Schedule A1: Sch: 31/112 Rpt: 35/119	
2 FILER N	AME			3	Filer ID (Ethics Commission	Filers)
	Iurse Practitioners PAC			1	00070132	
4 Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
06/26/2						\$25.00
	6 Contributor address; City; State;			1		
	Amarillo, TX 79109					
-	occupation / Job title (See Instructions)		9 Employer (See Instructions)	5)		
Nurse F	Practitioner					
Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
03/10/2	023 Dugan, Jenelle					\$50.00
	Contributor address; City; State;			1		
	Waxahachie, TX 75165					
Principa	occupation / Job title (See Instructions)		Employer (See Instructions)	5)		
Nurse F	Practitioner					
Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
03/03/2	023 Dunman, Carol					\$300.00
	Contributor address; City; State;	; Zip Code		1		
	Garland, TX 75042					
· ·	occupation / Job title (See Instructions)		Employer (See Instructions)	5)		
Nurse F	Practitioner					
Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
03/04/2						\$50.00
	Contributor address; City; State;	; Zip Code		1		
	Humble, TX 77346	r				
· ·	occupation / Job title (See Instructions)		Employer (See Instructions)	5)		
Nurse H	Practitioner					
Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
03/02/2	023 Elaiho, Jocelyn					\$60.00
	Contributor address; City; State;	; Zip Code		1		
	Castroville, TX 78009-3438					
	occupation / Job title (See Instructions)		Employer (See Instructions)	5)		
Nurse F	Practitioner					

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 32/112 Rpt: 36/119	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Texas Nurse Practitioners PAC			00070132	
4 Date			7 Amount of Contribution (\$)	
03/02/2023			\$100.00	
	San Antonio, TX 78249			
	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of Contribution (\$)	
01/22/2023	Engelman, Kimberly		\$50.00	
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78240			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Nurse Practi			7	
Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of Contribution (\$)	
02/22/2023	Engelman, Kimberly	(10#,	\$50.00	
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78240			
	ipation / Job title (See Instructions)	Employer (See Instructions	s)	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of Contribution (\$)	
03/22/2023	Engelman, Kimberly		\$50.00	
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78240			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 ;)	
Nurse Practi	,			
Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of Contribution (\$)	
04/22/2023	Engelman, Kimberly		\$50.00	
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78240			
Principal occupation / Job title (See Instructions)		Employer (See Instructions	5)	
Nurse Practi	tioner			

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	The Instru	ction Guide explains how t	to complete this f	orm.	1	Total pages Schedule A1: Sch: 33/112 Rpt: 37/119	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		e Practitioners PAC				00070132	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	05/22/2023	Engelman, Kimberly					\$50.00
		6 Contributor address; City; Stat	ate; Zip Code				
		San Antonio, TX 78240					
8		upation / Job title (See Instructions)		9 Employer (See Instructions)	5)		
	Nurse Practi	tioner					
F	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/22/2023	Engelman, Kimberly	_				\$50.00
		Contributor address; City; Stat					
		-					
		San Antonio, TX 78240					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions)	5)		
	Nurse Practi	itioner	I				
⊨	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/28/2023	Ervin, Stacey		,		,	\$150.00
	•••••	Contributor address; City; Stat	ate [.] Zin Code				
			.te, zip eoue				
		Avery, TX 75554					
\vdash	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions)	;)		
	Nurse Practi		I	• •			
⊨	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/26/2023	Finley, Mari		,		/ mount of continents (+,	\$50.00
	0 1/20/2020		ate: 7in Code				400
			ile, zip coue				
		Fort Worth, TX 76140					
\vdash	Principal occu	Jupation / Job title (See Instructions)		Employer (See Instructions)	;)		
	Nurse Practi		I				
⊢	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/08/2023	Fletcher, Soraya		,		/ who and or 2 cm	\$50.00
		Contributor address; City; Stat	ate: 7in Code				T - -
		Lewisville, TX 75056					
┝	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions)	<u> </u>		
	Nurse Practi		I		9		
\vdash							

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The Instru	uction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 34/112 Rpt: 38/119	
2 FILER NAMI	 E		3 Filer ID (Ethics Commission	Filers)
Texas Nurs	se Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/26/2023				\$50.00
	6 Contributor address; City; State; Zip Code			
	Beeville, TX 78104			
	cupation / Job title (See Instructions)	9 Employer (See Instructions)	
Nurse Prac	titioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/07/2023				\$100.00
	Contributor address; City; State; Zip Code			
	Pflugerville, TX 78660			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Prac	titioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/19/2023				\$85.00
	Contributor address; City; State; Zip Code			
	Conroe, TX 77384			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Prac	titioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/19/2023				\$85.00
	Contributor address; City; State; Zip Code			
	Conroe, TX 77384			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Prac	titioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/19/2023	B Francis, Peggy			\$85.00
	Contributor address; City; State; Zip Code			
	Conroe, TX 77384			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Prac	titioner			

	The Instru	ction Guide explains how t	to complete this f	orm.	1	Total pages Schedule A1: Sch: 35/112 Rpt: 39/119	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		e Practitioners PAC				00070132	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	04/19/2023	Francis, Peggy					\$85.00
		6 Contributor address; City; Stat					
		Conroe, TX 77384					
8		pation / Job title (See Instructions)		9 Employer (See Instructions)	5)		
	Nurse Practi	tioner					
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	05/19/2023	Francis, Peggy					\$85.00
		Contributor address; City; Stat					
		Correc TV 77204					
	Dringinal agou	Conroe, TX 77384		Employer (See Instructions			
	Nurse Practi	pation / Job title (See Instructions)	1	Employer (See Instructions))		
╘				<u> </u>	_		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 25 00
	06/19/2023						\$85.00
		Contributor address; City; Stat	ite; Zip Code				
		Conroe, TX 77384					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	L		
	Nurse Practi				''		
-	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/19/2023	Fuhrmann, Jill		/			\$25.00
	00/10/2020	1	nte: Zin Code				Ψ=0.03
		Gainesville, TX 76240					
	Principal occu	pation / Job title (See Instructions)	r	Employer (See Instructions)	5)		
	Nurse Practi	tioner	1				
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/03/2023	Fuller, Dale	-				\$100.00
		Contributor address; City; Stat	ate; Zip Code				
		Fort Worth, TX 76179					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	5)		
	Nurse Practi	tioner					

The Instru	uction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 36/112 Rpt: 40/119	
2 FILER NAME	Ξ		3 Filer ID (Ethics Commission Filers	s)
	se Practitioners PAC		00070132	5,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
03/10/2023			\$10	00.00
	6 Contributor address; City; State; Zip Code			
	Bedias, TX 77831			
-	cupation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Prac	titioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/26/2023	Fuselier Ellis, Elizabeth		\$5	50.00
	Bedias, TX 77831			
Principal occ	Lucupation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Prac			,	
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
03/20/2023)		30.00
03/20/2023			Ψ±Ο	0.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76137			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions)	١	
Nurse Prac)	
		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
03/10/2023	· · · · · · · · · · · · · · · · · · ·		φ2	25.00
	Contributor address; City; State; Zip Code			
Dringingloop	Canyon Lake, TX 78133		<u>``</u>	
-	cupation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Prac		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/08/2023	Garcia, Martha		\$5	50.00
	Contributor address; City; State; Zip Code			
	Harlingen, TX 78550			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Prac	titioner			

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 37/112 Rpt: 41/119	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
	Practitioners PAC		00070132	_ ,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/08/2023	Garcia, Martha			\$50.00
	6 Contributor address; City; State; Zip Code			
	Harlingen, TX 78550			
	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practit				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/08/2023	Garcia, Martha			\$50.00
	Contributor address; City; State; Zip Code			
	Harlingen, TX 78550			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/08/2023	Garcia, Martha			\$50.00
	Contributor address; City; State; Zip Code			
	Harlingen, TX 78550			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/10/2023	Gary, Natalie			\$150.00
	Contributor address; City; State; Zip Code			
	DeSoto, TX 75115			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/31/2023	Gembol, Peter			\$500.00
	Contributor address; City; State; Zip Code			
	C			
	Georgetown, TX 78633			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit	lioner			

The Instr	uction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 38/112 Rpt: 42/119	
2 FILER NAM	E		3 Filer ID (Ethics Commission	Filers)
	se Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (IE	D#:)	7 Amount of Contribution (\$)	
03/05/2023				\$150.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78256			
-	cupation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Pra				
Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of Contribution (\$)	
03/10/2023				\$100.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78248			
Principal oc	L cupation / Job title (See Instructions)	Employer (See Instructions)	())	
Nurse Prac			,	
Data	Full name of contributor Out-of-state PAC (IE		Amount of Contribution (\$)	
Date		D#:)	Amount of Contribution (\$)	¢60.00
01/10/2023				\$60.00
	Contributor address; City; State; Zip Code			
	Katy TV 77404			
Driveigal es	Katy, TX 77494		、	
Principal oc Nurse Prac	cupation / Job title (See Instructions)	Employer (See Instructions))	
NUISE FIA				
Date		D#:)	Amount of Contribution (\$)	
02/10/2023	3 Gigliotti, Elizabeth			\$60.00
	Contributor address; City; State; Zip Code			
	Katy, TX 77494			
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Prac	ctitioner			
Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of Contribution (\$)	
03/10/2023				\$60.00
	Contributor address; City; State; Zip Code			
	Katy, TX 77494			
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions)		
Nurse Pra)	
Nuise Pla				

	The Instru	ction Guide explains how to comple	ete this fo	orm.	1	Total pages Schedule A1: Sch: 39/112 Rpt: 43/119	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
[e Practitioners PAC				00070132	
4	Date	5 Full name of contributor out-of-state	PAC (ID#:_)	7	Amount of Contribution (\$)	
	04/10/2023	Gigliotti, Elizabeth					\$60.00
		6 Contributor address; City; State; Zip Code					
		Katy, TX 77494					
8		ipation / Job title (See Instructions)		9 Employer (See Instructions))		
	Nurse Practi	tioner					
F	Date	Full name of contributor out-of-state	PAC (ID#:_)		Amount of Contribution (\$)	
	05/10/2023	Gigliotti, Elizabeth					\$60.00
		Contributor address; City; State; Zip Code					
		Katy, TX 77494					
	Principal occu	Ipation / Job title (See Instructions)		Employer (See Instructions))		
	Nurse Practi	tioner					
⊨	Date	Full name of contributor Out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	06/10/2023	Gigliotti, Elizabeth		,			\$60.00
	00,10,2022						400.0 0
		Katy, TX 77494					
\vdash	Principal occu	I upation / Job title (See Instructions)		Employer (See Instructions))		
	Nurse Practi						
⊨	Date	Full name of contributor Out-of-state)		Amount of Contribution (\$)	
	01/16/2023	Ginapp, Lisa	; r AC (IS			Allount of Contribution (+)	\$25.00
	01,10,1	Contributor address; City; State; Zip Code					~-· ···
		Contributor address, City, State, Zip Code					
		League City, TX 77573					
⊢	Principal occu	Ipation / Job title (See Instructions)		Employer (See Instructions)		
	Nurse Practi				,		
⊢	Date		e PAC (ID#:)		Amount of Contribution (\$)	
	02/16/2023	Ginapp, Lisa	; FAC (ID#				\$25.00
	02/10/2020						Ψ20.00
		Contributor address; City; State; Zip Code					
		League City, TX 77573					
┝	Drincinal occu	upation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u>		
	Nurse Practi)		
	NUISE FILLE						

	The Instru	ction Guide explains how to complete	this fo	orm.	1	Total pages Schedule A1: Sch: 40/112 Rpt: 44/119	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		e Practitioners PAC				00070132	,
4	Date	5 Full name of contributor out-of-state PA	AC (ID#:)	7	Amount of Contribution (\$)	
	03/16/2023	Ginapp, Lisa					\$25.00
		6 Contributor address; City; State; Zip Code					
		1					
		1					
		League City, TX 77573					
8		ipation / Job title (See Instructions)		9 Employer (See Instructions)		
	Nurse Practi	lioner					
	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	04/16/2023	Ginapp, Lisa					\$25.00
		Contributor address; City; State; Zip Code					
		1					
		1					
		League City, TX 77573			_		
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions)		
	Nurse Practi	tioner					
F	Date	Full name of contributor out-of-state PA	\C (ID#:)		Amount of Contribution (\$)	
	05/16/2023	Ginapp, Lisa					\$25.00
		Contributor address; City; State; Zip Code					
		1					
		League City, TX 77573					
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions)		
	Nurse Practi	tioner					
╞	Date	Full name of contributor out-of-state PA	• •C (ID#:)		Amount of Contribution (\$)	
	06/16/2023	Ginapp, Lisa					\$25.00
		Contributor address; City; State; Zip Code					
		1					
		League City, TX 77573					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Nurse Practi	tioner					
╞	Date	Full name of contributor Out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	01/13/2023	Gonzalez, John				-	\$100.00
		Contributor address; City; State; Zip Code					
		1					
		Coppell, TX 75019					
\vdash	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Nurse Practi				,		
\vdash							
							1

	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 41/112 Rpt: 45/119	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		e Practitioners PAC				00070132	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	02/13/2023	Gonzalez, John					\$100.00
	I	6 Contributor address; City; Sta	ate; Zip Code				
		Coppell, TX 75019					
8	Principal occu	upation / Job title (See Instructions)	, ,	9 Employer (See Instructions)	;)		
	Nurse Practi	tioner	,				
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/31/2023	Gonzalez, Leticia					\$50.00
	I	Contributor address; City; Sta					
		Burleson, TX 76028					
	Principal occu	I upation / Job title (See Instructions))	Employer (See Instructions)	L;)		
	Nurse Practi		,				
╞		Full name of contributor		<u> </u>	—	Amount of Contribution (\$)	
	Date	L	out-of-state PAC (ID#:	,			00 000
	03/10/2023						\$300.00
		Contributor address; City; Sta	ite; Zip Code				
		Dearland TV 77594					
	Drivelaas	Pearland, TX 77584			ŕ		
		upation / Job title (See Instructions)	,	Employer (See Instructions)	5)		
	Nurse Practi				. 		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/06/2023	Gradney, Eddie					\$25.00
	I	Contributor address; City; Sta	ate; Zip Code				
		Richmond, TX 77406					
	Principal occu	upation / Job title (See Instructions)	,	Employer (See Instructions)	;)		
	Nurse Practi	tioner	,				
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/01/2023	Grogan, Sherry					\$100.00
	I	Contributor address; City; Sta	ate: Zip Code				
		Missouri City, TX 77459					
⊢	Principal occu	upation / Job title (See Instructions)	<u> </u>	Employer (See Instructions)	L ເ)		
	Nurse Practi		,		9		
\vdash			'				

The Instru	ction Guide explains how to complete this fe	orm.	1 Total pages Schedule A1: Sch: 42/112 Rpt: 46/119	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
02/01/2023	Grogan, Sherry			\$100.00
	6 Contributor address; City; State; Zip Code			
	Missouri City, TX 77459			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/01/2023	Grogan, Sherry			\$100.00
	Contributor address; City; State; Zip Code			
	Missouri City, TX 77459			
	upation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/07/2023	Grogan, Sherry			\$300.00
	Contributor address; City; State; Zip Code			
	Miccourt City TV 77450			
Drincinal occu	Missouri City, TX 77459 Ipation / Job title (See Instructions)	Employor (Soo Instructions	Λ	
Nurse Practi		Employer (See Instructions)	
			Amount of Contribution (¢)	
Date 04/01/2023	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$100.00
04/01/2023	Grogan, Sherry			Φ100.00
	Contributor address; City; State; Zip Code			
	Missouri City, TX 77459			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/01/2023	Grogan, Sherry			\$100.00
	Contributor address; City; State; Zip Code			
	Missouri City, TX 77459			
	ipation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Practi	tioner			

Tł	he Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 43/112 Rpt: 47/119
2 FIL	ILER NAME			3 Filer ID (Ethics Commission Filers)
		e Practitioners PAC		00070132
4 Da	ate	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06	6/01/2023	Grogan, Sherry		\$100.0
		6 Contributor address; City; State; Zip Code		
		Missouri City, TX 77459		
8 Pri	rincipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	۲ ۵)
Νι	urse Practi	tioner		
Da	ate	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
03	3/03/2023	Grohman, Heather		\$50.0
		Contributor address; City; State; Zip Code		
		Adkins, TX 78101		
Pri	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	;) ;)
NL	urse Practi			
Da	ate	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01	1/03/2023	Guevara, Henry		\$25.0
		Contributor address; City; State; Zip Code		
		Georgetown, TX 78633		
		pation / Job title (See Instructions)	Employer (See Instructions	;)
INU	urse Practi	aoner		
-	ate	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02	2/03/2023	Guevara, Henry		\$25.0
		Contributor address; City; State; Zip Code		
		Georgetown, TX 78633		
Pri	rincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
	urse Practi			·)
			<u> </u>	
	ate 4/03/2023	Full name of contributor out-of-state PAC (ID#: Guevara, Henry)	Amount of Contribution (\$) \$25.0
04	4/03/2023	-		ψ20.0
		Contributor address; City; State; Zip Code		
		Georgetown, TX 78633		
Pri	rincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
	urse Practi			7

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 44/112 Rpt: 48/119	
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
03/03/2023	Guevara, Henry			\$25.00
	6 Contributor address; City; State; Zip Code			
	Georgetown, TX 78633			
-	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/29/2023	Gustafson, Jennifer			\$25.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78734			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/28/2023	Gustafson, Jennifer			\$25.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78734			
-	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/28/2023	Gustafson, Jennifer			\$25.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78734			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/28/2023	Gustafson, Jennifer			\$25.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78734			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			

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	The Instru	ction Guide explains how to	o complete this f	orm.	1	Total pages Schedule A1: Sch: 45/112 Rpt: 49/119	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		e Practitioners PAC				00070132	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/28/2023	Gustafson, Jennifer					\$25.00
		6 Contributor address; City; State	e; Zip Code				
Ļ	<u></u>	Austin, TX 78734		1	Ĺ		
8	Principal occu Nurse Practi	ipation / Job title (See Instructions) itioner		9 Employer (See Instructions)	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/28/2023	Gustafson, Jennifer	-				\$25.00
		Contributor address; City; State					
		-					
		Austin, TX 78734					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	5)		
	Nurse Practi	tioner					
⊢	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/10/2023	Guthrie-Chu, Cara	-				\$100.00
		Contributor address; City; State	e; Zip Code				
		· · · · · ·	·) — I				
		North Richland Hills, TX 761	⊾82				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	5)		
	Nurse Practi	tioner					
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/22/2023	Gutierrez, Emily	-				\$300.00
		Contributor address; City; State					
		-	· ·				
		Austin, TX 78730					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	5)		
	Nurse Practi	tioner					
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/23/2023	Hall, Cristal					\$100.00
		Contributor address; City; State	e; Zip Code				
		Fort Worth, TX 76126					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	;)		
	Nurse Practi	tioner					

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 46/112 Rpt: 50/119	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	e Practitioners PAC		00070132	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
03/08/2023	Harris, Shalawn		\$10	.00.00
	6 Contributor address; City; State; Zip Code			
	Orange, TX 77630			
	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi				
Date		:)	Amount of Contribution (\$)	
03/10/2023	Harrison, Lana		\$	50.00
	Contributor address; City; State; Zip Code			
	College Station TV 7794E			
Dringing and	College Station, TX 77845		<u> </u>	
Principal occu Nurse Practi	upation / Job title (See Instructions)	Employer (See Instructions))	
Date		:)	Amount of Contribution (\$)	
03/06/2023	Hatchett, Jaime		\$6	60.00
	Contributor address; City; State; Zip Code			
	Sugar Land, TX 77479			
Drincinal occu	upation / Job title (See Instructions)	Employor (Soo Instructions)	<u> </u>	
Nurse Practi		Employer (See Instructions))	
		<u> </u>	A second of Question (f)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/30/2023	Hendrick, Blaine		Φ	50.00
	Contributor address; City; State; Zip Code			
	McAllen, TX 78504			
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi			, ,	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/30/2023	Hendrick, Blaine	,		50.00
	Contributor address; City; State; Zip Code			
	McAllen, TX 78504			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	itioner			

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	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 47/112 Rpt: 51/119
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		Practitioners PAC		00070132
4	Date	5 Full name of contributor out-of-state PAC (ID#	:)	7 Amount of Contribution (\$)
	05/30/2023	Hendrick, Blaine		\$50.00
		6 Contributor address; City; State; Zip Code		
		McAllen, TX 78504		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
	Nurse Practi	tioner		
╞	Date	Full name of contributor out-of-state PAC (ID#	·)	Amount of Contribution (\$)
	06/30/2023	Hendrick, Blaine		\$50.00
		Contributor address; City; State; Zip Code		
		McAllen, TX 78504		
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Nurse Practi	tioner		
F	Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
	04/12/2023	Hensley, Margaret		\$300.00
		Santa Anna, TX 76878		
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Nurse Practi	tioner		
F	Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
	04/01/2023	Hernandez, Nancy		\$5.00
		Contributor address; City; State; Zip Code		
		Houston, TX 77062		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Nurse Practi	tioner		
╞	Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
	03/23/2023	Hessock, Jennifer		\$50.00
		Contributor address; City; State; Zip Code		
		San Antonio, TX 78252		
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Nurse Practi	tioner		
			1	

The Instru	iction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 48/112 Rpt: 52/119	
2 FILER NAME			3 Filer ID (Ethics Commissio	n Filers)
	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
03/04/2023	,			\$100.00
	6 Contributor address; City; State; Zip Code			
	Lumberton, TX 77657			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Pract	itioner			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
06/20/2023				\$100.00
	Contributor address; City; State; Zip Code			
	Lumberton, TX 77657			
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Pract	itioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/16/2023	<u> </u>			\$100.00
	Contributor address; City; State; Zip Code			
	Henderson, TX 75652			
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Pract	itioner			
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/16/2023				\$100.00
	Contributor address; City; State; Zip Code			
	Henderson, TX 75652			
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Pract	itioner			
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/16/2023				\$100.00
	Contributor address; City; State; Zip Code			
	Henderson, TX 75652			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Pract			,	
		<u> </u>		

The Instruc	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 49/112 Rpt: 53/119	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/03/2023	Hicks, Tracy			\$200.00
	6 Contributor address; City; State; Zip Code			
2 Dringinglaggy	Henderson, TX 75652	C Employer (See Instructions	<u> </u>	
8 Principal occu Nurse Practi		9 Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/04/2023	Hicks, Tracy			\$100.00
	Contributor address; City; State; Zip Code			
	Henderson, TX 75652			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/04/2023	Hicks, Tracy			\$100.00
	Contributor address; City; State; Zip Code			
D in single and	Henderson, TX 75652		、	
Principal occu Nurse Practit	ipation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	* 50.00
01/24/2023	Hodge, Deborah			\$50.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77077			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	· · · · · · · · · · · · · · · · · · ·		, 	
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
02/24/2023	Hodge, Deborah			\$50.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77077			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			

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	The Instru	ction Guide explains how to complet	te this fo	orm.	1	Total pages Schedule A1: Sch: 50/112 Rpt: 54/119	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		e Practitioners PAC				00070132	
4	Date	5 Full name of contributor out-of-state	PAC (ID#:_)	7	Amount of Contribution (\$)	
	03/24/2023	Hodge, Deborah					\$50.00
		6 Contributor address; City; State; Zip Code	,				
		Houston, TX 77077					
8		pation / Job title (See Instructions)		9 Employer (See Instructions))		
	Nurse Practi	tioner					
F	Date	Full name of contributor out-of-state	PAC (ID#:_)		Amount of Contribution (\$)	
	04/24/2023	Hodge, Deborah					\$50.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77077					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions))		
	Nurse Practi						
╞	Date	Full name of contributor	PAC (ID#:)		Amount of Contribution (\$)	
	05/24/2023	Hodge, Deborah	170 (12	,			\$50.00
	00/2 2	Contributor address; City; State; Zip Code					400
		Contributor address, City, State, Zip Code					
		Houston, TX 77077					
\vdash	Principal occu	I Ipation / Job title (See Instructions)		Employer (See Instructions))		
	Nurse Practi				,		
⊢	Date	Full name of contributor)		Amount of Contribution (\$)	
	06/24/2023	Hodge, Deborah					\$50.00
	0012-112020	-					Ψ00.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77077					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Nurse Practi	,			,		
⊨	Date	Full name of contributor out-of-state)		Amount of Contribution (\$)	
	03/08/2023	Hodgins, Cynthia					\$500.00
	00,00,2020	Contributor address; City; State; Zip Code					φ000.00
		Contributor address, City, State, Zip Code					
		Austin, TX 78749					
\vdash	Drincinal occu	upation / Job title (See Instructions)		Employer (See Instructions	<u>۱</u>		
	Nurse Practi)		
	Nuise i iucu						

The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 51/112 Rpt: 55/119	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	e Practitioners PAC		00070132	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
03/20/2023	Holder, Amy		\$1	160.00
	6 Contributor address; City; State; Zip Code			
	Ponder, TX 76259			
-		9 Employer (See Instructions)	
Nurse Practi				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/10/2023	Howell, Robert		\$	\$50.00
	Contributor address; City; State; Zip Code			
	Baytown, TX 77521			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/01/2023	Hudson, Lori		\$	\$50.00
	Contributor address; City; State; Zip Code			
	Harker Heights, TX 76548			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Practi				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/01/2023	Hudson, Lori		9	\$50.00
	Contributor address; City; State; Zip Code			
	Harker Heights, TX 76548			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Practi)	
			Amount of Contribution (\$)	
Date 06/01/2023	Full name of contributor out-of-state PAC (ID#: Hudson, Lori)		\$50.00
00/01/2023			4	00.00
	Contributor address; City; State; Zip Code			
	Harker Heights, TX 76548			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Practi		, .,	, ,	

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	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 52/112 Rpt: 56/119
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Texas Nurse	e Practitioners PAC		00070132
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	04/01/2023	Hyzak, Sr. Barbara		\$100.00
		6 Contributor address; City; State; Zip Code		
	l			
	l			
		San Antonio, TX 78209		
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)
	Nurse Practi	tioner		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	04/26/2023	Hyzak, Sr. Barbara		\$50.00
	I	Contributor address; City; State; Zip Code		
	l			
	I			
	I	San Antonio, TX 78209		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Nurse Practi	tioner		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	04/26/2023	Jeffreys, Holly		\$50.00
	l	Contributor address; City; State; Zip Code		
	I			
	I			
		Amarillo, TX 79119		
		ipation / Job title (See Instructions)	Employer (See Instructions	•
	Nurse Practi		Family Care Clinic of Pa	anhandle
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	01/04/2023	Jesse, Ann		\$50.00
		Contributor address; City; State; Zip Code		•
	l			
	l			
		El Paso, TX 79905		
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Nurse Practi	tioner		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	02/04/2023	Jesse, Ann		\$50.00
	I	Contributor address; City; State; Zip Code		1
	I			
	I			
		El Paso, TX 79905		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)
	Nurse Practi	tioner		

The Instru	uction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 53/112 Rpt: 57/119	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
03/04/2023				\$50.00
	6 Contributor address; City; State; Zip Code			
	El Paso, TX 79905			
-	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Prac	titioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/04/2023				\$50.00
	Contributor address; City; State; Zip Code			
	El Paso, TX 79905			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Prac	titioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/04/2023	Jesse, Ann			\$50.00
	Contributor address; City; State; Zip Code			
	El Paso, TX 79905			
-	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Prac				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/04/2023	Jesse, Ann			\$50.00
	Contributor address; City; State; Zip Code			
Dringingloog	El Paso, TX 79905		\	
Principal occ Nurse Praci	upation / Job title (See Instructions) titioner	Employer (See Instructions))	
		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	*** 00
01/08/2023				\$25.00
	Contributor address; City; State; Zip Code			
	Round Rock, TX 78665			
Bringinal occ		Employor (See Instructions)	<u>\</u>	
Nurse Prac	upation / Job title (See Instructions) titioner	Employer (See Instructions))	
Nulse Fius	inonei			
				1

The Instru	ction Guide explains how to complete this fe	orm.	1 Total pages Schedule A1: Sch: 54/112 Rpt: 58/119	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
	e Practitioners PAC		00070132	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
02/08/2023	Jessup, Anna			\$25.00
	6 Contributor address; City; State; Zip Code			
	Round Rock, TX 78665			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/08/2023	Jessup, Anna			\$25.00
	Contributor address; City; State; Zip Code			
	Round Rock, TX 78665			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/08/2023	Jessup, Anna			\$25.00
	Contributor address; City; State; Zip Code			
	Round Rock, TX 78665		-	
-	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi			r	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	*05 00
05/08/2023	Jessup, Anna			\$25.00
	Contributor address; City; State; Zip Code			
	Round Rock, TX 78665			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Nurse Practi			,	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/08/2023	Jessup, Anna	,		\$25.00
	Contributor address; City; State; Zip Code			
	Round Rock, TX 78665			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	·)	
Nurse Practi	tioner			

The Instru	iction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 55/112 Rpt: 59/119	
2 FILER NAME			3 Filer ID (Ethics Commission F	ilers)
	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
03/10/2023			Ş	\$100.00
	6 Contributor address; City; State; Zip Code			
	Southlake, TX 76092	Employer (Cas Instructions	、 、	
8 Principal occu Nurse Pract		9 Employer (See Instructions))	
Date)	Amount of Contribution (\$)	
03/02/2023	Jones, Vickie)		\$50.00
0010212020				Ψ00.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76112			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Pract	itioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/20/2023				\$80.00
	Contributor address; City; State; Zip Code			
	Weatherford, TX 76085			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Pract				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	±=0.00
03/12/2023	Kaiser, Debra			\$50.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77025			
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Pract	itioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/06/2023	Kalu, Jennifer			\$50.00
	Contributor address; City; State; Zip Code			
	Mansfield, TX 76063			
-	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Pract	itioner			

	The Instru	ction Guide explains how to c	omplete this f	orm.		Total pages Schedule A1: Sch: 56/112 Rpt: 60/119	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		e Practitioners PAC				00070132	
4	Date	5 Full name of contributor 🗌 ou	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/20/2023	Keil, Christina					\$80.00
		6 Contributor address; City; State; Zi			1		
		Grapevine, TX 76051					
8		ipation / Job title (See Instructions)		9 Employer (See Instructions			
	Nurse Practi	tioner		Texas Regional Asthma	an	d Allergy Center	
	Date	Full name of contributor	ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	03/12/2023	Kelly, Miranda					\$300.00
		Contributor address; City; State; Zi			1		
		Spring, TX 77386					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Nurse Practi	tioner					
Γ	Date	Full name of contributor	ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	03/20/2023	Kennard, Avorie					\$80.00
		Contributor address; City; State; Zi			1		
		Fort Worth, TX 76123-2617					
		pation / Job title (See Instructions)	!	Employer (See Instructions	5)		
	Nurse Practi	tioner					
	Date	Full name of contributor	ut-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/31/2023	Killebrew, Kurt					\$50.00
		Contributor address; City; State; Zi			1		
		Victoria, TX 77905					
		ipation / Job title (See Instructions)	!	Employer (See Instructions	5)		
	Nurse Practi	tioner					
	Date		ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/10/2023	King, Katie					\$50.00
		Contributor address; City; State; Zi			1		
		Woodway, TX 76712					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Nurse Practi	tioner	!				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 57/112 Rpt: 61/119	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	e Practitioners PAC		00070132	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/30/2023	Knapp, James			\$150.00
	6 Contributor address; City; State; Zip Code			
	Frisco, TX 75035			
	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/08/2023	Krispin, Penny			\$300.00
	Contributor address; City; State; Zip Code			
	Greenville, TX 75402			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/27/2023	Krueger, Cindy			\$50.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78247			
	ipation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/27/2023	Krueger, Cindy			\$50.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78247	· · · · · ·		
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/27/2023	Krueger, Cindy			\$50.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78247			
-	ipation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 58/112 Rpt: 62/119	
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
	e Practitioners PAC		00070132	<i>.</i>
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/27/2023	Krueger, Cindy			\$50.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78247			
-	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi	itioner			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
05/27/2023	Krueger, Cindy			\$50.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78247			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	itioner			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/27/2023	Krueger, Cindy			\$50.00
	Contributor address; City; State; Zip Code			
	-			
	San Antonio, TX 78247			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	itioner			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/04/2023	Kucera, Jennifer			\$72.00
	Contributor address; City; State; Zip Code			
	Van Cleck, TX 77482			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	itioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/04/2023	Kucera, Jennifer			\$72.00
	Contributor address; City; State; Zip Code			
	Van Cleck, TX 77482			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	itioner			

The Instruc	ction Guide explains how to complete t	this form.	1 Total pages Schedule A1: Sch: 59/112 Rpt: 63/119	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
	Practitioners PAC		00070132	-)
4 Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of Contribution (\$)	
03/04/2023	Kucera, Jennifer		\$72	2.00
	6 Contributor address; City; State; Zip Code		1	
	Van Cleck, TX 77482			
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instructions	1s)	
Nurse Practit				
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of Contribution (\$)	
04/04/2023	Kucera, Jennifer		\$72	2.00
	Contributor address; City; State; Zip Code		1	
	I			
	I			
	Van Cleck, TX 77482			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Nurse Practit	ioner			
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of Contribution (\$)	
06/04/2023	Kucera, Jennifer		\$72	2.00
	Contributor address; City; State; Zip Code		1	
	I			
	Van Cleck, TX 77482			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	<u></u> δ)	
Nurse Practit	.ioner			
Date	Full name of contributor 🛛 out-of-state PAC	C (ID#:)	Amount of Contribution (\$)	
05/04/2023	Kucera, Jennifer		\$72	2.00
	Contributor address; City; State; Zip Code		1	
	Van Cleck, TX 77482			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Nurse Practit	.ioner			
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of Contribution (\$)	
01/26/2023	Larson, Shelagh		\$25	5.00
	Contributor address; City; State; Zip Code		1	
	I			
	I			
	Fort Worth, TX 76109			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Nurse Practit	ioner	UNT		
		I		

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	The Instru	ction Guide explains how to	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 60/112 Rpt: 64/119	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		e Practitioners PAC				00070132	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/26/2023	Larson, Shelagh					\$25.00
	1	6 Contributor address; City; State			1		
		Fort Worth, TX 76109					
8		upation / Job title (See Instructions)	ţ	9 Employer (See Instructions	5)		
	Nurse Practi	tioner		UNT			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/20/2023	Larson, Shelagh					\$130.00
	I	Contributor address; City; State	e; Zip Code		1		
		Fort Worth, TX 76109					
		upation / Job title (See Instructions)		Employer (See Instructions	5)		
	Nurse Practi	tioner		UNT			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/26/2023	Larson, Shelagh					\$25.00
	I	Contributor address; City; State	e; Zip Code		1		
		Fort Worth, TX 76109					
		upation / Job title (See Instructions)		Employer (See Instructions	5)		
	Nurse Practi	tioner		UNT			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/04/2023	Leighton, Linzi					\$100.00
	I	Contributor address; City; State	e; Zip Code		1		
		Houston, TX 77055					
	•	upation / Job title (See Instructions)		Employer (See Instructions	5)		
	Nurse Practi	tioner					
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/01/2023	Logan, Stella					\$150.00
	I	Contributor address; City; State			1		
		Austin, TX 78733					
		upation / Job title (See Instructions)		Employer (See Instructions	5)		
	Nurse Practi	tioner					
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	The Instru	ction Guide explains how to	complete this f	orm.	1	Total pages Schedule A1: Sch: 61/112 Rpt: 65/119	
2	FILER NAME				3	Filer ID (Ethics Commission	i Filers)
		e Practitioners PAC				00070132	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/10/2023	Logan, Stella					\$100.00
	ļ	6 Contributor address; City; State;			1		
		1					
		Austin, TX 78733					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	<u> </u> ;)		
	Nurse Practi				, 		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/01/2023	Lopez, Angelica					\$100.00
	1	Contributor address; City; State;			1		
		1					
		1					
		Converse, TX 78109					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Nurse Practi	<i>l</i> ioner					
Γ	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/01/2023	Lopez, April					\$416.00
	ļ	Contributor address; City; State;			1		
	ļ	1					
		McAllen, TX 78501			<u> </u>		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Nurse Practi	loner					
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/26/2023	Lopez, April					\$50.00
	ļ	Contributor address; City; State;					
	ļ	1					
		McAllen, TX 78501					
┝	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ו)		
	Nurse Practi				,		
╞	Date	Full name of contributor	out-of-state PAC (ID#:		<u> </u>	Amount of Contribution (\$)	
	05/01/2023	Lopez, April	Ull-Ul-Siale FAC (ושח	/			\$416.00
	00,01,2020		Zin Code				Ψ-1010C
	ļ	Continuation address, City, State,					
		1					
	ļ	McAllen, TX 78501					
\vdash	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Nurse Practi				,		
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The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 62/112 Rpt: 66/119
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	e Practitioners PAC		00070132
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/01/2023	Lopez, April		\$416.
	6 Contributor address; City; State; Zip Code		
	McAllen, TX 78501		
-		9 Employer (See Instructions))
Nurse Practi	tioner		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/05/2023	Lord, Sarah		\$25.
	Contributor address; City; State; Zip Code		
	Austin, TX 78745		1
	upation / Job title (See Instructions)	Employer (See Instructions))
Nurse Practi	tioner		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/05/2023	Lord, Sarah		\$25.
	Contributor address; City; State; Zip Code		
	Austin, TX 78745		-
	ipation / Job title (See Instructions)	Employer (See Instructions))
Nurse Practi		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/05/2023	Lord, Sarah		\$25.
	Contributor address; City; State; Zip Code		
	Austin, TX 78745		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))
Nurse Practi		Ep.090. (200	, ,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/11/2023	Love, Tierra	/	\$50.
00,11,2022	Contributor address; City; State; Zip Code		
	Grand Prairie, TX 75054		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions))
Nurse Practi			

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 63/112 Rpt: 67/119	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
03/11/2023	Loyd, Andrea			\$100.00
	6 Contributor address; City; State; Zip Code			
	Tyler, TX 75703-4500			
	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practit	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/21/2023	Lufsey, Stephanie			\$100.00
	Contributor address; City; State; Zip Code			
	Palestine, TX 75801			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/21/2023	Lufsey, Stephanie			\$100.00
	Contributor address; City; State; Zip Code			
	Palestine, TX 75801			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/21/2023	Lufsey, Stephanie			\$100.00
	Contributor address; City; State; Zip Code			
	Palestine, TX 75801			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/21/2023	Lufsey, Stephanie			\$100.00
	Contributor address; City; State; Zip Code			
	Palestine, TX 75801			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit	tioner			

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 64/112 Rpt: 68/119	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	e Practitioners PAC		00070132	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/21/2023	Lufsey, Stephanie			\$100.00
	6 Contributor address; City; State; Zip Code			
	Palestine, TX 75801			
	ipation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/21/2023	Lufsey, Stephanie			\$100.00
	Contributor address; City; State; Zip Code			
	Palestine, TX 75801	I		
	ipation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/03/2023	Luttrell, MaryBeth			\$50.00
	Contributor address; City; State; Zip Code			
	San Angelo, TX 76904			
	ipation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/03/2023	Luttrell, MaryBeth			\$50.00
	Contributor address; City; State; Zip Code			
	San Angelo, TX 76904			
	ipation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/03/2023	Luttrell, MaryBeth			\$50.00
	Contributor address; City; State; Zip Code			
	San Angelo, TX 76904			
	ipation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi				

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	The Instru	ction Guide explains how to	complete this f	orm.	1	Total pages Schedule A1: Sch: 65/112 Rpt: 69/119	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		e Practitioners PAC				00070132	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/03/2023	Luttrell, MaryBeth					\$50.00
		6 Contributor address; City; State;	Zip Code				
		San Angelo, TX 76904					
8		upation / Job title (See Instructions)		9 Employer (See Instructions)	5)		
	Nurse Practi	tioner					
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/03/2023	Luttrell, MaryBeth					\$50.00
		Contributor address; City; State;					
		1					
		San Angelo, TX 76904					
_	Princinal occu	upation / Job title (See Instructions)		Employer (See Instructions)	<u> </u> יו		
	Nurse Practi)		
L				<u> </u>	-		
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/03/2023	Luttrell, MaryBeth					\$50.00
		Contributor address; City; State;					
		1					
		1					
		San Angelo, TX 76904					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions)	-		
	Nurse Practi	itioner					
⊨	Date	Full name of contributor	out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	01/10/2023	Lux, Cathy		/		Allount of Continuation (+)	\$100.00
	01/10/2020	-					Φ100.00
		Contributor address; City; State;	Zip Code				
		1					
		Dallas, TX 75220					
⊢	Principal occu	I upation / Job title (See Instructions)		Employer (See Instructions)	լ ։)		
	Nurse Practi				,		
╞				<u> </u>	-	t	
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	02/10/2023						\$100.00
		Contributor address; City; State;					
		1					
		1					
		Dallas, TX 75220					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions)	5)		
	Nurse Practi	tioner					
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Th	ne Instruc	ction Guide explains how to complete this f	form.		Total pages Schedule A1: Sch: 66/112 Rpt: 70/119	
2 FIL	ER NAME			3	Filer ID (Ethics Commission	n Filers)
		Practitioners PAC		1	00070132	/
4 Dat	ite	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
03/	/10/2023	Lux, Cathy				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		Dallas, TX 75220				
8 Prii	ncipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Nu	urse Practi	tioner				
Dat	ıte	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
03/	/20/2023	Lux, Cathy				\$80.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75220				
Prii	ncipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Nu	urse Practit	tioner				
Dat	te	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	/10/2023	Lux, Cathy	/		(+)	\$100.00
		Contributor address; City; State; Zip Code		•		
		Dallas, TX 75220				
Prii	ncipal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	urse Practi					
Dat	ite	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	/10/2023	Lux, Cathy)			\$100.00
00,	110/2020	Contributor address; City; State; Zip Code		•		\$200.00
		Contributor address, City, State, Zip Code				
		Dallas, TX 75220				
Pri	ncipal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	urse Practi	· · · · · · · · · · · · · · · · · · ·	- F - 7 - X	-,		
Dat	+-	Full name of contributor out-of-state PAC (ID#:		T	Amount of Contribution (\$)	
	/10/2023	Lux, Cathy	/			\$100.00
00,	110/2020					Ψ100.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75220				
Driv			Employor (Soo Instructions	<u> </u>		
	incipal occu irse Practif	pation / Job title (See Instructions) tioner	Employer (See Instructions	5)		
- Nu	ISE FIACO					

The Instru	iction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 67/112 Rpt: 71/119	
2 FILER NAME			3 Filer ID (Ethics Commissior	n Filers)
Texas Nurse	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
02/06/2023	Martin, Melisia			\$45.00
	6 Contributor address; City; State; Zip Code			
	Bullard, TX 75757			
-	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Pract				
Date	Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)	
01/27/2023	McArthur, Kimberly			\$100.00
	Contributor address; City; State; Zip Code			
	Bovina, TX 79009			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Pract				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/27/2023	McArthur, Kimberly			\$100.00
	Contributor address; City; State; Zip Code			
	Bovina, TX 79009			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Pract				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/27/2023	McArthur, Kimberly			\$100.00
	Contributor address; City; State; Zip Code			
	Bovina, TX 79009			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Pract		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/27/2023	McArthur, Kimberly			\$100.00
	Contributor address; City; State; Zip Code			
	Bovina, TX 79009			
-	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Pract	itioner			

The Instru	ction Guide explains how to complete t	his form.	1 Total pages Schedule A1: Sch: 68/112 Rpt: 72/119
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	e Practitioners PAC		00070132
4 Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of Contribution (\$)
05/27/2023	McArthur, Kimberly		\$100.00
	6 Contributor address; City; State; Zip Code		1
C. Direital aceu	Bovina, TX 79009		<u> </u>
8 Principal occu Nurse Practi	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)
			1
Date		C (ID#:)	Amount of Contribution (\$)
06/27/2023			\$100.00
	Contributor address; City; State; Zip Code		
	Bovina, TX 79009		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>م</u> ا
Nurse Practi			5)
Date		C (ID#:)	Amount of Contribution (\$)
03/07/2023	McClay, Rebecca	, (ID#)	\$50.00
00,011_0_0			
	Midland, TX 79701		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Nurse Practi			
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of Contribution (\$)
03/07/2023	McCoy, Jacqueline		\$100.00
	Contributor address; City; State; Zip Code		1
Dringing Loopu	El Paso, TX 75075-7992	Employer (Cool Instruction)	<u> </u>
Principal occu Nurse Practi	ipation / Job title (See Instructions)	Employer (See Instructions	5)
			1
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of Contribution (\$)
03/20/2023	McCoy, Sandy		\$140.00
	Contributor address; City; State; Zip Code		
	Plano, TX 75075		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Nurse Practi		Baylor University Medica	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 69/112 Rpt: 73/119	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	Practitioners PAC		00070132	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/26/2023	McCoy, Sandy		\$	\$50.00
	6 Contributor address; City; State; Zip Code			
	Plano, TX 75075			
	pation / Job title (See Instructions)	9 Employer (See Instructions)		
Nurse Practit	tioner	Baylor University Medica	al Center	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/21/2023	McDonald, Susan		\$	\$25.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78240			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/29/2023	McDonald, Susan		\$	\$25.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78240			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit	lioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/21/2023	McDonald, Susan		\$	\$25.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78240	1 _ (2 lastrustion)	·	
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/28/2023	McDonald, Susan		\$	\$25.00
	Contributor address; City; State; Zip Code			
	Ora Antonio TV 70240			
	San Antonio, TX 78240		\	
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit	loner			

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 70/112 Rpt: 74/119
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Texas Nurse Practitioners PAC	00070132
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
03/21/2023 McDonald, Susan	\$25.00
6 Contributor address; City; State; Zip Code	
Can Antonia, TV 70240	
San Antonio, TX 78240 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruction)	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruction Nurse Practitioner 9	115)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/29/2023 McDonald, Susan	\$25.00
Contributor address; City; State; Zip Code	
San Antonio, TX 78240	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ns)
Nurse Practitioner	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/21/2023 McDonald, Susan	\$25.00
Contributor address; City; State; Zip Code	
San Antonio, TX 78240	
Principal occupation / Job title (See Instructions) Employer (See Instruction Nurse Practitioner	ins)
	P
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/29/2023 McDonald, Susan	\$25.00
Contributor address; City; State; Zip Code	
San Antonio, TX 78240	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ns)
Nurse Practitioner	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/21/2023 McDonald, Susan	\$25.00
Contributor address; City; State; Zip Code	
San Antonio, TX 78240	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ns)
Nurse Practitioner	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 71/112 Rpt: 75/119	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	Practitioners PAC		00070132	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/29/2023	McDonald, Susan			\$25.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78240			
-	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/21/2023	McDonald, Susan			\$25.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78240			
-	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/29/2023	McDonald, Susan			\$25.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78240			
-	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/11/2023	McDonald-Rocha, Chastity			\$100.00
	Contributor address; City; State; Zip Code			
Driverine Lasses	New Braunfels, TX 78130	Enveloper (Os e la stansticue)	<u>, </u>	
Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/08/2023	McDougall, Debbie			\$25.00
	Contributor address; City; State; Zip Code			
	Boyd TX 76022			
Dringinglas	Boyd, TX 76023	Employer (Cashattari	<u>\</u>	
Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions))	

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 72/112 Rpt: 76/119	
2	2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
		e Practitioners PAC			00070132	
4	Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7	Amount of Contribution (\$)	
	02/08/2023	McDougall, Debbie				\$25.00
	I	6 Contributor address; City; State; Zip Code		"		
	I					
	l	5 w.4 TV 70000				
Ļ	Dringinal agou	Boyd, TX 76023	Contructions	<u> </u>		
8	Nurse Practi	pation / Job title (See Instructions) tioner	9 Employer (See Instructions	S)		
⊨	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	03/08/2023	McDougall, Debbie				\$25.00
	I	Contributor address; City; State; Zip Code				
	I					
	I					
		Boyd, TX 76023				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Nurse Practi	tioner				
F	Date	Full name of contributor out-of-state PAC (ID#	#:)	T	Amount of Contribution (\$)	
	04/08/2023	McDougall, Debbie				\$25.00
	1	Contributor address; City; State; Zip Code		"		
	I					
	I					
		Boyd, TX 76023		Ļ		
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Nurse Practi					
	Date	Full name of contributor out-of-state PAC (ID#	ť:)		Amount of Contribution (\$)	±05.00
	05/08/2023	McDougall, Debbie				\$25.00
	I	Contributor address; City; State; Zip Code				
	I					
		Boyd, TX 76023				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Nurse Practi	tioner				
╞	Date	Full name of contributor out-of-state PAC (ID#			Amount of Contribution (\$)	
	06/08/2023	McDougall, Debbie				\$25.00
	1	Contributor address; City; State; Zip Code		·		
	I					
	I					
		Boyd, TX 76023				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Nurse Practi	tioner				
			<u> </u>			

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

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 74/112 Rpt: 78/119	
2 FILER NAME		3 Filer ID (Ethics Commission File	ers)	
	e Practitioners PAC		00070132	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/06/2023	McGuire, Eddie		\$	\$25.00
	6 Contributor address; City; State; Zip Code			
	Amarillo, TX 79110			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/06/2023	McGuire, Eddie		\$	\$25.00
	Contributor address; City; State; Zip Code			
	Amarillo, TX 79110			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/06/2023	McGuire, Eddie		\$	\$25.00
	Contributor address; City; State; Zip Code			
D in single and	Amarillo, TX 79110		<u> </u>	
Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/07/2023	McKitterick, Monica		⇒	\$50.00
	Contributor address; City; State; Zip Code			
	Cedar Park, TX 78613			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Practi			'	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/07/2023	McLennan, LaVonda			60.00
	Contributor address; City; State; Zip Code			
	Burleson, TX 76028			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
		<u> </u>		

The Instruc	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 75/112 Rpt: 79/119	
2 FILER NAME		3 Filer ID (Ethics Commission	n Filers)	
	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/19/2023	Metzger, Robert			\$200.00
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75229			
8 Principal occu		9 Employer (See Instructions	L 3)	
Nurse Practi			, 	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/19/2023	Metzger, Robert			\$200.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75229			
	ipation / Job title (See Instructions)	Employer (See Instructions)	<i>i</i>)	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/19/2023	Metzger, Robert			\$200.00
	Contributor address; City; State; Zip Code			
	Dallas TV 75220			
Drizsingl appu	Dallas, TX 75229	Employer (Coo Instructions		
Principal occu Nurse Practi	ipation / Job title (See Instructions) itioner	Employer (See Instructions	5)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	* 200.00
04/19/2023	Metzger, Robert			\$200.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75229			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/19/2023	Metzger, Robert			\$200.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75229			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Nurse Practi	tioner			
		1		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 76/112 Rpt: 80/119	
2 FILER NAME		3 Filer ID (Ethics Commission	Filers)	
	Texas Nurse Practitioners PAC			,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/19/2023	Metzger, Robert			\$200.00
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75229			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Pract	itioner			
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/26/2023	Miller, Valerie			\$50.00
	Contributor address; City; State; Zip Code			
	Abilene, TX 79606			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Pract	itioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/20/2023	Miloud, Virginia			\$100.00
	Contributor address; City; State; Zip Code			
	Arlington, TX 76016			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Pract				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/07/2023	Mimms, Maurice			\$100.00
	Contributor address; City; State; Zip Code			
	Manvel, TX 77578			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Pract)	
		<u> </u>	Amount of Contribution (\$)	
Date 01/27/2023	Full name of contributor out-of-state PAC (ID#: Mitchell, Alison	/		\$50.00
01/21/2020	Contributor address; City; State; Zip Code			ΨΟ0.00
	Houston, TX 77035			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Pract			,	

	The Instru	ction Guide explains how to co	mplete this fo	orm.	1	Total pages Schedule A1: Sch: 77/112 Rpt: 81/119	
2	FILER NAME				3	Filer ID (Ethics Commission F	Filers)
		e Practitioners PAC				00070132	
4	Date	5 Full name of contributor out-	of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/27/2023	Mitchell, Alison					\$50.00
		6 Contributor address; City; State; Zip	Code				
Ļ		Houston, TX 77035	r				
8	Principal occu Nurse Practi	pation / Job title (See Instructions)		9 Employer (See Instructions))		
					-		
	Date		of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/27/2023	Mitchell, Alison					\$50.00
		Contributor address; City; State; Zip	Code				
	Di sinal aggi	Houston, TX 77035			<u> </u>		
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions))		
	Date		of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/27/2023	Mitchell, Alison					\$50.00
		Contributor address; City; State; Zip					
		Lisuates TV 77025					
	Duincipal acou	Houston, TX 77035					
	Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions))		
	Date		of-state PAC (ID#:)		Amount of Contribution (\$)	÷=0.00
	05/27/2023						\$50.00
		Contributor address; City; State; Zip	Code				
		Houston, TX 77035					
\vdash	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions))		
	Nurse Practi	,			,		
╞	Date	Full name of contributor	of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/27/2023	Mitchell, Alison		······································		,	\$50.00
	•		Code				***
			Coue				
		Houston, TX 77035					
\vdash	Principal occu	I pation / Job title (See Instructions)		Employer (See Instructions))		
	Nurse Practi			· · ·	,		
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	The Instru	ction Guide explains how to comple	ete this fo	orm.	1	Total pages Schedule A1: Sch: 78/112 Rpt: 82/119	
2	2 FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		e Practitioners PAC				00070132	
4	Date	5 Full name of contributor out-of-state	e PAC (ID#:)	7	Amount of Contribution (\$)	
	04/01/2023	Morales, Rosalinda					\$1,200.00
		6 Contributor address; City; State; Zip Code					
		La Marque, TX 77568					
8		pation / Job title (See Instructions)		9 Employer (See Instructions))		
	Nurse Practi	tioner					
F	Date	Full name of contributor 🗌 out-of-state	e PAC (ID#:)		Amount of Contribution (\$)	
	04/26/2023	Morales, Rosalinda					\$50.00
		Contributor address; City; State; Zip Code					
		La Marque, TX 77568					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions))		
	Nurse Practi	tioner					
F	Date	Full name of contributor out-of-state	e PAC (ID#:_)		Amount of Contribution (\$)	
	01/24/2023	Mosley, Margaret	· · _				\$200.00
		Willis, TX 77318					
\vdash	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions))		
	Nurse Practi	tioner					
╞	Date	Full name of contributor out-of-state	e PAC (ID#:)		Amount of Contribution (\$)	
	02/24/2023	Mosley, Margaret				.,	\$200.00
		Willis, TX 77318					
\vdash	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions))		
	Nurse Practi	tioner					
F	Date	Full name of contributor out-of-state	e PAC (ID#:)		Amount of Contribution (\$)	
	03/24/2023	Mosley, Margaret					\$200.00
		Contributor address; City; State; Zip Code	<u>.</u>				
		Willis, TX 77318					
\vdash	Principal occu	I pation / Job title (See Instructions)		Employer (See Instructions))		
	Nurse Practi				,		
\vdash			I				

	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 79/112 Rpt: 83/119	
2	2 FILER NAME			3	Filer ID (Ethics Commissio	on Filers)	
	Texas Nurse	e Practitioners PAC				00070132	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/24/2023	Mosley, Margaret					\$200.00
	ļ	6 Contributor address; City; Sta	ate; Zip Code		1		
		Willis, TX 77318					
		pation / Job title (See Instructions))	9 Employer (See Instructions	5)		
	Nurse Practi	tioner					
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/24/2023	Mosley, Margaret					\$200.00
		Contributor address; City; Sta			1		
	ļ						
		Willis, TX 77318					
	-	pation / Job title (See Instructions))	Employer (See Instructions	5)		
	Nurse Practi	<i>t</i> ioner					
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	03/31/2023	Muirhead, Lavender					\$25.00
	ļ	Contributor address; City; Sta	ate; Zip Code		1		
		C					
		Cypress, TX 77433	-				
		ipation / Job title (See Instructions))	Employer (See Instructions	5)		
	Nurse Practi				-		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/26/2023	Munoz, Juliette					\$50.00
	ļ	Contributor address; City; Sta	ate; Zip Code				
	ļ						
	ļ	Fata TX 75100					
┝	Dringing oog	Fate, TX 75189	<u></u>		<u> </u>		
	Nurse Practi	ipation / Job title (See Instructions))	Employer (See Instructions	5)		
					-		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷1 000 00
	03/05/2023	Natividad, Pedro					\$1,200.00
		Contributor address; City; Sta	ate; Zip Code				
	ļ						
		El Paso, TX 79904-2429					
	Drincinal occu			Employer (See Instructions	<u> </u>		
	Nurse practit	<pre>upation / Job title (See Instructions) tioner</pre>)	Employer (See Instructions Thomas Medical/Wellme			
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 80/112 Rpt: 84/119	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		e Practitioners PAC			00070132	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/10/2023	Newton, Lisa				\$50.00
		6 Contributor address; City; State; Zip Code		1		
		1				
		Spring Branch, TX 78070				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
	Nurse Practi	tioner	l			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/08/2023	Nicholson-Guidry, Cynthia				\$25.00
	-			ł		
		1				
		Royse City, TX 75189				
\vdash	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	∟		
	Nurse Practi			.,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	04/01/2023	Nolasco, Marianna	/			\$5.00
	04/01/2020			ł		ψ0.00
		Contributor address; City; State; Zip Code				
		1				
		League City, TX 77573				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	Nurse Practi			.,		
╞	Date	Full name of contributor Out-of-state PAC (ID#:		Π	Amount of Contribution (\$)	
	04/01/2023	Nunez, Aidee	/			\$300.00
	04/01/2020	·		ł		ψ000.00
		Contributor address; City; State; Zip Code				
		1				
		Edinburg, TX 78542				
\vdash	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u>L</u> 5)		
	Nurse Practi	· · · · · · · · · · · · · · · · · · ·	— F-J- (-	.,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	03/10/2023	Nyangau, Pacificah	/			\$50.00
	00/10/2020			ł		ψυυ.υυ
		Contributor address; City; State; Zip Code				
		1				
		Spring, TX 77388				
┝	Drincinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Nurse Practi			<i>י</i> ן		
		.1011@1	<u> </u>			

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	The Instru	ction Guide explains how to	complete this f	orm.	1	Total pages Schedule A1: Sch: 81/112 Rpt: 85/119	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
-		e Practitioners PAC				00070132	<u> </u>
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/20/2023	023 Okewo, Toyin					\$80.00
		6 Contributor address; City; State;					
		Killeen, TX 76549					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions)		
	Nurse Practi	tioner					
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/23/2023	Old Hudec, Laurita					\$200.00
		Contributor address; City; State;					
		Boerne, TX 78006					
	Principal occu	I pation / Job title (See Instructions)		Employer (See Instructions)		
	Nurse Practi				,		
╞	Date)		Amount of Contribution (\$)	
	Dale 02/23/2023	Old Hudec, Laurita	out-of-state PAC (ID#:)			\$200.00
	0212312023		Ziz Octo				φ200.00
		Contributor address; City; State;	Zip Code				
		Boerne, TX 78006					
	Dringingl occu			Employer (Soo Instructions	<u> </u>		
	Nurse Practi	ipation / Job title (See Instructions)		Employer (See Instructions)		
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/20/2023	Ortiz, Linda					\$50.00
		Contributor address; City; State;					
		Corpus Christi, TX 78413					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Nurse Practi	tioner					
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/26/2023	Ortiz, Linda					\$50.00
		Contributor address; City; State;	Zip Code				
		Corpus Christi, TX 78413					
\vdash	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Nurse Practi	tioner					
⊢			I				

The Instru	uction Guide explains how to	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 82/112 Rpt: 86/119	
2 FILER NAME				3	Filer ID (Ethics Commission	i Filers)
	e Practitioners PAC				00070132	,
4 Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
01/04/2023						\$175.00
	6 Contributor address; City; State	; Zip Code				
	Plano, TX 75074					
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instructions	5)		
Nurse Prac	titioner					
Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
02/04/2023	Ostrander, Peggy	•				\$175.00
	Contributor address; City; State					
	Plano, TX 75074					
Principal occ	upation / Job title (See Instructions)		Employer (See Instructions	S)		
Nurse Prac	titioner					
Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
03/04/2023		•				\$175.00
	Contributor address; City; State	; Zip Code				
	Plano, TX 75074					
Principal occ	upation / Job title (See Instructions)		Employer (See Instructions	5)		
Nurse Prac	titioner					
Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
03/20/2023	1 200					\$80.00
	Contributor address; City; State					
	Plano, TX 75074					
Principal occ	upation / Job title (See Instructions)		Employer (See Instructions	5)		
Nurse Prac	titioner					
Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
04/04/2023	Ostrander, Peggy	-				\$175.00
	Contributor address; City; State	; Zip Code		1		
	Plano, TX 75074					
Principal occ	upation / Job title (See Instructions)		Employer (See Instructions	5)		
Nurse Prac	titioner					

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	The Instru	ction Guide explains how	<i>i</i> to complete this f	orm.	1	Total pages Schedule A1: Sch: 83/112 Rpt: 87/119	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		e Practitioners PAC				00070132	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)			7	Amount of Contribution (\$)	
	05/04/2023	Ostrander, Peggy					\$175.00
		6 Contributor address; City; St					
		Plano, TX 75074					
8		upation / Job title (See Instructions	s)	9 Employer (See Instructions)	;)		
	Nurse Practi	tioner					
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/04/2023	Ostrander, Peggy					\$175.00
		Contributor address; City; St					
L		Plano, TX 75074					
		upation / Job title (See Instructions	s)	Employer (See Instructions)	;)		
L	Nurse Practi	tioner					
F	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	03/04/2023	Owens Horelica, Amy					\$50.00
		Contributor address; City; St	tate; Zip Code				
L		East Bernard, TX 77435-8					
		upation / Job title (See Instructions	<i>i</i>)	Employer (See Instructions)	;)		
L	Nurse Practi	tioner					
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	03/23/2023	Palmer, Stacey					\$100.00
		Contributor address; City; St					
Dash	- · · ·	Georgetown, TX 78628	-		Ļ		
		upation / Job title (See Instructions	,)	Employer (See Instructions)	;)		
L	Nurse Practi				_		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	03/10/2023	Parks, Paula					\$100.00
		Contributor address; City; St					
L		Wichita Falls, TX 76310					
		upation / Job title (See Instructions	(د	Employer (See Instructions)	;)		
L	Nurse Practi	tioner					
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	The Instru	ction Guide explains how to e	complete this fe	orm.	1	Total pages Schedule A1: Sch: 84/112 Rpt: 88/119	
2	FILER NAME				3	Filer ID (Ethics Commission	ו Filers)
	Texas Nurse	e Practitioners PAC				00070132	-
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/01/2023	Patterson, Mayte					\$300.00
		6 Contributor address; City; State; 2	Zip Code		1		
		Del Rio, TX 78840		,			
8		Ipation / Job title (See Instructions)	ļ	9 Employer (See Instructions	;)		
	Nurse Practi	lioner			_		
	Date		out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/13/2023	Peck, Jessica					\$100.00
	Contributor address; City; State; Zip Code						
		Frienderwood TV 77546					
 	Dringingloppy	Friendswood, TX 77546		Employer (Cool Instructions			
	Principal occupation / Job title (See Instructions) Employer (See Instruction Nurse Practitioner				;)		
╞					—		
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	*=0.00
	03/31/2023	Peters, Kimberly					\$50.00
		Contributor address; City; State; 2	Zip Code				
		Boerne, TX 78006					
	Principal occu	Ipation / Job title (See Instructions)	,	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>		
	Nurse Practi		ļ		.,		
⊨	Date	Full name of contributor	out-of-state PAC (ID#:		Π	Amount of Contribution (\$)	
	03/20/2023	Pierce, Sherrie	Jul-01 State 1 / 10 (12	,			\$135.00
	00,2:	Contributor address; City; State; Z	7in Code		\mathbf{I}		¥=== .
		Fort Worth, TX 76116					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Nurse Practi	tioner	ļ	Texas Health Physician	Gr	oup	
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/26/2023	Pierce, Sherrie					\$50.00
		Contributor address; City; State; Z	Zip Code		1		
L		Fort Worth, TX 76116					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Nurse Practi	tioner	!	Texas Health Physician	Gr	oup	

	The Instru	ction Guide explains how to co	omplete this fo	orm.	1	Total pages Schedule A1: Sch: 85/112 Rpt: 89/119	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
[e Practitioners PAC				00070132	
4	Date	5 Full name of contributor 🗌 out	t-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/08/2023	Pirkey, Trey					\$100.00
		6 Contributor address; City; State; Zip			1		
		1					
		1					
		Texarkana, TX 75503					
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Nurse Practi						
F	Date	Full name of contributor	t-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/11/2023	Plattner, Mary					\$100.00
		Contributor address; City; State; Zip					
		1					
		1					
		Zapata, TX 78076					
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions	;)		
	Nurse Practi	tioner					
F	Date	Full name of contributor	t-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/11/2023	Plattner, Mary					\$600.00
		Contributor address; City; State; Zip					
		1					
		Zapata, TX 78076					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Nurse Practi	tioner					
	Date	Full name of contributor	t-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/11/2023	Porter, Darla					\$50.00
		Contributor address; City; State; Zip					
		1					
		1					
		Lubbock, TX 79423					
		ipation / Job title (See Instructions)		Employer (See Instructions	5)		
	Nurse Practi	tioner					
	Date	Full name of contributor	t-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/11/2023	Poung, Wa					\$50.00
		Contributor address; City; State; Zip	p Code		1		
		1					
		1					
		El Paso, TX 79934					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Nurse Practi	tioner					

The Ir	struction Guide explains how to con	nplete this for	m.	1 Total pages Schedule A1: Sch: 86/112 Rpt: 90/119	
2 FILER N	IAME			3 Filer ID (Ethics Commission	Filers)
	Nurse Practitioners PAC			00070132	,
4 Date	5 Full name of contributor out-of	of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/08/2					\$50.00
	6 Contributor address; City; State; Zip C				
	San Antonio, TX 78256				
	l occupation / Job title (See Instructions)	9	Employer (See Instructions))	
Nurse	Practitioner				
Date	Full name of contributor out-of	of-state PAC (ID#:)	Amount of Contribution (\$)	
05/08/2					\$50.00
	Contributor address; City; State; Zip C				
	San Antonio, TX 78256				
Principa	l occupation / Job title (See Instructions)		Employer (See Instructions))	
Nurse	Practitioner				
Date	Full name of contributor out-of	of-state PAC (ID#:)	Amount of Contribution (\$)	
06/08/2					\$50.00
	Contributor address; City; State; Zip C	Code			
	San Antonio, TX 78256				
	l occupation / Job title (See Instructions)		Employer (See Instructions))	
Nurse	Practitioner				
Date	Full name of contributor out-of	of-state PAC (ID#:)	Amount of Contribution (\$)	
03/02/2					\$50.00
	Contributor address; City; State; Zip C				
	San Antonio, TX 78256				
	l occupation / Job title (See Instructions)		Employer (See Instructions))	
Nurse	Practitioner				
Date		of-state PAC (ID#:)	Amount of Contribution (\$)	
03/09/2	023 Rajegowda, Sunanda				\$50.00
	Contributor address; City; State; Zip C	Code			
	San Antonio, TX 78260				
-	l occupation / Job title (See Instructions)		Employer (See Instructions))	
Nurse	Practitioner				

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	The Instru	ction Guide explains how to complete	e this fo	orm.	1	Total pages Schedule A1: Sch: 87/112 Rpt: 91/119	
2	FILER NAME				3	Filer ID (Ethics Commission	i Filers)
		e Practitioners PAC				00070132	,
4	Date	5 Full name of contributor out-of-state PA	AC (ID#:_)	7	Amount of Contribution (\$)	
	03/07/2023	Randall Wong, Teresa					\$50.00
		6 Contributor address; City; State; Zip Code					
		Woodway, TX 76712					
8		pation / Job title (See Instructions)		9 Employer (See Instructions))		
	Nurse Practi						
F	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	03/20/2023	Randel, Janice					\$80.00
		Contributor address; City; State; Zip Code					
		Fort Worth, TX 76132					
\vdash	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions))		
	Nurse Practi	tioner					
⊨	Date	Full name of contributor out-of-state P/	AC (ID#:)		Amount of Contribution (\$)	
	04/11/2023	Reast, Ruan					\$25.00
	•	Contributor address; City; State; Zip Code					
		Lubbock, TX 79415					
\vdash	Principal occu	I Ipation / Job title (See Instructions)		Employer (See Instructions))		
	Nurse Practi						
╞	Date	Full name of contributor	AC. (ID#:)		Amount of Contribution (\$)	
	03/01/2023	Redmond, Rebecca	//0 (.2	,		,	\$100.00
	••••	Contributor address; City; State; Zip Code					
		Rockwall, TX 75087					
\vdash	Principal occu	I Ipation / Job title (See Instructions)		Employer (See Instructions))		
	Nurse Practi			• •	,		
⊨	Date	Full name of contributor out-of-state P/	AC. (ID#:)		Amount of Contribution (\$)	
	03/03/2023	Riojas, Crystal				· · · · · · · · · · · · · · · · · · ·	\$50.00
	-	Contributor address; City; State; Zip Code	,				
		Schertz, TX 78154					
\vdash	Principal occu	I pation / Job title (See Instructions)		Employer (See Instructions)		
	Nurse Practi			- r 2 · (,		
\vdash			I				

The Ir	struction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 88/112 Rpt: 92/119	
2 FILER	JAME		3 Filer ID (Ethics Commission F	Filers)
	Nurse Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
01/24/2				\$50.00
	6 Contributor address; City; State; Zip Code			
	College Station, TX 77845			
8 Principa	l occupation / Job title (See Instructions)	9 Employer (See Instructions)	
Nurse	Practitioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/24/2		······,		\$50.00
02,2				400.0 2
	Contributor address; City; State; Zip Code			
	College Station TX 77945			
Duinaina	College Station, TX 77845		、 、	
	I occupation / Job title (See Instructions)	Employer (See Instructions)	
Nurse	Practitioner			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
03/24/2				\$50.00
	Contributor address; City; State; Zip Code			
	College Station, TX 77845			
Principa	l occupation / Job title (See Instructions)	Employer (See Instructions)	
Nurse	Practitioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/12/2)		\$50.00
01/12//	·			φ00.00
	Contributor address; City; State; Zip Code			
	Lausten TV 77006			
	Houston, TX 77006		-	
	I occupation / Job title (See Instructions)	Employer (See Instructions)	
Nurse	Practitioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/12/2	2023 Roberts, Rick			\$50.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77006			
Principa	I occupation / Job title (See Instructions)	Employer (See Instructions)	
	Practitioner)	
- Nuloc				
1				

The Instruc	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 89/112 Rpt: 93/119	
2 FILER NAME			3 Filer ID (Ethics Commission Fil	lers)
	Practitioners PAC		00070132	0.0)
4 Date	e 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)	
03/12/2023			.	\$50.00
ľ	6 Contributor address; City; State; Zip Code			
	Houston, TX 77006			
		9 Employer (See Instructions))	
Nurse Practiti	ioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/12/2023	Roberts, Rick		.	\$50.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77006			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practiti	ioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/12/2023	Roberts, Rick		.	\$50.00
ľ	Contributor address; City; State; Zip Code			
	Houston, TX 77006			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practiti	ioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/12/2023	Roberts, Rick			\$50.00
ľ	Contributor address; City; State; Zip Code			
	Houston, TX 77006		<u>.</u>	
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practiti				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/04/2023	Robertson, Cynthia			\$25.00
	Contributor address; City; State; Zip Code			
	Bowie, TX 76230		<u> </u>	
	bation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practiti	loner			

The Instr	ruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 90/112 Rpt: 94/119	
2 FILER NAM	1		3 Filer ID (Ethics Commission File	ers)
	rse Practitioners PAC		00070132	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
04/16/2023			\$3	300.00
	6 Contributor address; City; State; Zip Code			
	Bryan, TX 77803			
-	cupation / Job title (See Instructions)	9 Employer (See Instructions		
Nurse Pra	ctitioner	Kathleen Roblyer APRN		
Date	Full name of contributor out-of-state PAC (ID#:_	· :)	Amount of Contribution (\$)	
04/26/202			ą	\$50.00
	Contributor address; City; State; Zip Code			
	New Braunfels, TX 78130			
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	;)	
Nurse Pra	ctitioner			
Date	Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)	
01/21/202	U		e e	\$10.00
	Contributor address; City; State; Zip Code			
	Laredo, TX 78043			
	cupation / Job title (See Instructions)	Employer (See Instructions	3)	
Nurse Pra				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
02/21/2023	3 Rodriguez, Delores		S	\$10.00
	Contributor address; City; State; Zip Code			
- 1 (matter	Laredo, TX 78043			
	cupation / Job title (See Instructions)	Employer (See Instructions	;)	
Nurse Pra				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/21/2023			1	\$10.00
	Contributor address; City; State; Zip Code			
	L-rodo TV 70042			
	Laredo, TX 78043			
-	cupation / Job title (See Instructions)	Employer (See Instructions	i)	
Nurse Pra	ctitioner			

	The Instru	ction Guide explains how to complete th	his form.	1	Total pages Schedule A1: Sch: 91/112 Rpt: 95/119	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		e Practitioners PAC			00070132	,
4	Date	5 Full name of contributor out-of-state PAC	(ID#:)	7	Amount of Contribution (\$)	
	04/21/2023	Rodriguez, Delores				\$10.00
		6 Contributor address; City; State; Zip Code		"		
		Laredo, TX 78043				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	is)		
	Nurse Practi	tioner				
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	05/21/2023	Rodriguez, Delores				\$10.00
		Contributor address; City; State; Zip Code				
_	Dringing oog	Laredo, TX 78043	Employer (Coo Instruction	<u> </u>		
	Nurse Practi	ipation / Job title (See Instructions)	Employer (See Instructions	IS)		
╞				1	() constraint ()	
	Date		(ID#:)		Amount of Contribution (\$)	<u>ቀ</u> 10 00
	06/21/2023					\$10.00
		Contributor address; City; State; Zip Code				
		Laredo, TX 78043				
⊢	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	ls)		
	Nurse Practi					
⊢	Date	Full name of contributor out-of-state PAC	(ID#:)	Τ	Amount of Contribution (\$)	
	03/31/2023	Romain, Christina				\$25.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78717				
		ipation / Job title (See Instructions)	Employer (See Instructions	IS)		
	Nurse Practi			-		
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	03/10/2023	Roszak, Abigail				\$100.00
		Contributor address; City; State; Zip Code				
		Pearland, TX 77584				
L	Dringingl occu		Employer (See Instruction	<u> </u>		
	Nurse Practi	ipation / Job title (See Instructions) itioner	Employer (See Instructions	IS)		
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 92/112 Rpt: 96/119	
2	FILER NAME		!	3	Filer ID (Ethics Commission	Filers)
		e Practitioners PAC		-	00070132	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/10/2023	Rounds, Linda	,			\$300.00
		6 Contributor address; City; State; Zip Code				
			1			
		Galveston, TX 77555	1			
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	 s)		
	Nurse Practi		University of Texas Med		l Branch	
╞	Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/13/2023	Ruemmele, Kelly	′ ļ			\$50.00
	00/10/2020	-		·		400.00
		Contributor address; City; State; Zip Code	!			
			!			
		Houston, TX 77059	!			
	Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>റ</u>		
	Nurse Practi			5)		
╘			<u> </u>	—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	. == 00
	03/05/2023	Ruhnke, Michelle	!			\$50.00
		Contributor address; City; State; Zip Code	!			
			!			
		1	!			
		San Antonio, TX 78233	!			
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Nurse Practi	tioner				
	Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
	01/16/2023	Ryan, Connie	,			\$25.00
		Contributor address; City; State; Zip Code				
			,			
			!			
		Austin, TX 78723	!			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Nurse Practi	<i>i</i> tioner				
⊢	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Τ	Amount of Contribution (\$)	
	02/16/2023	Ryan, Connie	, I		, and an or 121	\$25.00
	U_ , _ , _ , _ , _ , _ ,	Contributor address; City; State; Zip Code		·		T = T
		Continuutor address, City, State, Zip Code	!			
			!			
		Austin, TX 78723	!			
\vdash	Drincinal occu					
	Nurse Practi	upation / Job title (See Instructions)	Employer (See Instructions	5)		
			<u> </u>			

The Instrue	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 93/112 Rpt: 97/119	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
03/16/2023	Ryan, Connie			\$25.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78723			
8 Principal occu	l	9 Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/16/2023	Ryan, Connie			\$25.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78723			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	÷25.00
05/16/2023	Ryan, Connie			\$25.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78723			
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/16/2023	Ryan, Connie			\$25.00
	Contributor address; City; State; Zip Code			
Duin aire al a ann	Austin, TX 78723			
Principal occu Nurse Practi	pation / Job title (See Instructions) tioner	Employer (See Instructions))	
		. 1	to the Constructions (A)	
Date 03/31/2023	Full name of contributor out-of-state PAC (ID#: Ryan, Elizabeth)	Amount of Contribution (\$)	\$100.00
03/31/2023				Φ100.00
	Contributor address; City; State; Zip Code			
	Friendswood, TX 77546			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			

	The Instru	ction Guide explains how to complete t	this form.		Total pages Schedule A1: Sch: 94/112 Rpt: 98/119	
2	FILER NAME			_	Filer ID (Ethics Commission	Filers)
		e Practitioners PAC			00070132	
4	Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7	Amount of Contribution (\$)	
	03/20/2023	Salone, Carmen				\$80.00
		6 Contributor address; City; State; Zip Code		"		
		Fort Worth, TX 76123				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	is)		
	Nurse Practi	tioner				
╞	Date	Full name of contributor out-of-state PAC	C (ID#:)	Τ	Amount of Contribution (\$)	
	01/04/2023	Sanders, Nicole				\$10.00
		San Antonio, TX 78258				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ls)		
	Nurse Practi	tioner				
╞	Date	Full name of contributor Out-of-state PAC	C (ID#:)	Τ	Amount of Contribution (\$)	
	03/11/2023	Schjang, Janet	,			\$25.00
		Pleasanton, TX 78064				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	is)		
	Nurse Practi	tioner				
F	Date	Full name of contributor out-of-state PAC	C (ID#:)	Τ	Amount of Contribution (\$)	
	01/03/2023	Schneider, Cynde				\$50.00
		Lamesa, TX 79331				
┢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	is)		
	Nurse Practi	tioner				
╞	Date	Full name of contributor out-of-state PAC	I	Ι	Amount of Contribution (\$)	
	02/03/2023	Schneider, Cynde				\$50.00
		Contributor address; City; State; Zip Code				
		Lamesa, TX 79331				
\vdash	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	I IS)		
	Nurse Practi			,		
\vdash			I			
						1

	The Instru	ction Guide explains how to c	complete this f	orm.	1	Total pages Schedule A1: Sch: 95/112 Rpt: 99/119	
2	FILER NAME				3	Filer ID (Ethics Commission I	Filers)
		e Practitioners PAC				00070132	,
4	Date	5 Full name of contributor o	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/06/2023	Schneider, Cynde					\$50.00
		6 Contributor address; City; State; Z	Zip Code				
		Lamesa, TX 79331					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions)	,)		
	Nurse Practi	tioner	!				
	Date	Full name of contributor	 out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	03/14/2023	Schwartz, Patricia					\$25.00
		Contributor address; City; State; Z					
			-10 0000				
		1					
		Spring, TX 77382					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	لــــــــــــــــــــــــــــــــــــ		
	Nurse Practi		1		,		
⊢				<u> </u>	—	Amount of Contribution (¢)	
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	03/31/2023						\$10.00
		Contributor address; City; State; Z	∠ip Code				
		1					
		Red Oak, TX 75154]			
		ipation / Job title (See Instructions)	1	Employer (See Instructions)	;)		
	Nurse Practi	tioner	!				
	Date	Full name of contributor 🛛 o	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/31/2023	Shirey, Deborah					\$25.00
		Contributor address; City; State; Z					
		1					
		1					
		Wylie, TX 75098					
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions)	;)		
	Nurse Practi	tioner	,				
⊨	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/30/2023	Shirey, Deborah	<u> </u>			·····	\$25.00
	0.000.20	Contributor address; City; State; Z	7in Code				T-
		Contributor address, City, State, 2	-ip Coue				
		1					
		Wylie, TX 75098					
\vdash	Dringing occu			Employer (See Instructions)	Ļ		
		ipation / Job title (See Instructions)	,	Employer (See Instructions)	0		
	Nurse Practi	lioner	!				

The Instruc	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 96/112 Rpt: 100/119	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
	Practitioners PAC		00070132	licit)
4 Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7 Amount of Contribution (\$)	
05/30/2023	Shirey, Deborah			\$25.00
	6 Contributor address; City; State; Zip Code			
	Wylie, TX 75098			
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practit			, 	
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
06/30/2023	Shirey, Deborah			\$25.00
	Contributor address; City; State; Zip Code			
	Wylie, TX 75098			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit		, · · · · · · · · · · · · · · · · · · ·	, ,	
Date	Full name of contributor out-of-state PAC (ID#		Amount of Contribution (\$)	
03/10/2023	Siders, Kathleen	#:)		\$100.00
03/10/2023			4	\$100.00
	Contributor address; City; State; Zip Code			
	Carina TV 77020			
Duin singly again	Spring, TX 77030		、 、	
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit				
Date	1	#:)	Amount of Contribution (\$)	
03/03/2023	Soliz, Robert			\$60.00
	Contributor address; City; State; Zip Code			
	Mission, TX 78572			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit	ioner			
Date	Full name of contributor out-of-state PAC (ID#	¥:)	Amount of Contribution (\$)	
01/03/2023	Sosolik, Debra			\$50.00
	Contributor address; City; State; Zip Code			
	Christoval, TX 76935			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)	<u>)</u>	
Nurse Practit)	
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The Instru	ction Guide explains how to complete th	is form.	1 Total pages Schedule A1: Sch: 97/112 Rpt: 101/119	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC ((ID#:)	7 Amount of Contribution (\$)	
03/08/2023	Spees, Jason			\$300.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78747			
	upation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Nurse Pract	itioner			
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of Contribution (\$)	
03/10/2023	St. Julien, Beverly			\$100.00
	Contributor address; City; State; Zip Code			
	Port Arthur, TX 77642			
	upation / Job title (See Instructions)	Employer (See Instructions		
Nurse Pract	itioner			
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of Contribution (\$)	
01/07/2023	St. Pierre, Diane			\$50.00
	Contributor address; City; State; Zip Code			
	North Richland Hills, TX 76182	<u> </u>		
	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Nurse Pract				
Date		(ID#:)	Amount of Contribution (\$)	
02/07/2023	St. Pierre, Diane			\$50.00
	Contributor address; City; State; Zip Code			
	North Disbland Lilla, TV 76102			
D in the all as an	North Richland Hills, TX 76182		Į	
-	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
Nurse Pract				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	· – • • •
03/07/2023	St. Pierre, Diane			\$50.00
	Contributor address; City; State; Zip Code			
	North Dipbland Lille TV 76102			
Drippingl opp	North Richland Hills, TX 76182	Employer (Soo Instructions		
Principal occu Nurse Pract	upation / Job title (See Instructions)	Employer (See Instructions	;)	
NUISE FIAC				

	The Instru	ction Guide explains how to complete this	form.		Total pages Schedule A1: Sch: 98/112 Rpt: 102/119	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		e Practitioners PAC			00070132	
4	Date	5 Full name of contributor Out-of-state PAC (ID#	:)	7	Amount of Contribution (\$)	
	04/07/2023	St. Pierre, Diane				\$50.00
		6 Contributor address; City; State; Zip Code		1		
		North Richland Hills, TX 76182				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	 s)		
	Nurse Practi			•		
	Date	Full name of contributor out-of-state PAC (ID#	t:)	Τ	Amount of Contribution (\$)	
	05/07/2023	St. Pierre, Diane				\$50.00
		Contributor address; City; State; Zip Code				
		North Richland Hills, TX 76182				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Nurse Practi	tioner				
F	Date	Full name of contributor out-of-state PAC (ID#		Τ	Amount of Contribution (\$)	
	06/07/2023	St. Pierre, Diane				\$50.00
		Contributor address; City; State; Zip Code				
		North Richland Hills, TX 76182				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Nurse Practi	tioner				
F	Date	Full name of contributor out-of-state PAC (ID#	<u>+</u>)	Τ	Amount of Contribution (\$)	
	01/28/2023	Stewart, Dovie				\$50.00
		Contributor address; City; State; Zip Code		·		
		Freer, TX 78357				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Nurse Practi	tioner				
Γ	Date	Full name of contributor out-of-state PAC (ID#	:)	Τ	Amount of Contribution (\$)	
	02/28/2023	Stewart, Dovie				\$50.00
		Contributor address; City; State; Zip Code		1		
		Freer, TX 78357				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Nurse Practi	tioner				
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	The Instru	ction Guide explains how to	complete this f	orm.	1	Total pages Schedule A1: Sch: 99/112 Rpt: 103/119	
2	FILER NAME				3	Filer ID (Ethics Commission F	-ilers)
	Texas Nurse	e Practitioners PAC				00070132	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	03/28/2023	Stewart, Dovie					\$50.00
	I	6 Contributor address; City; State; 2			1		
	I						
		Freer, TX 78357					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Nurse Practi	tioner					
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/28/2023	Stewart, Dovie					\$50.00
	I	Contributor address; City; State; Z			1		
	I						
	I						
		Freer, TX 78357					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Nurse Practi	tioner					
F	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	05/28/2023	Stewart, Dovie					\$50.00
	ł	Contributor address; City; State; 2	Zip Code		1		
	I						
	I						
		Freer, TX 78357					
		ipation / Job title (See Instructions)	ł	Employer (See Instructions	5)		
	Nurse Practi	10ner					
	Date		out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/28/2023	Stewart, Dovie					\$50.00
	I	Contributor address; City; State; 2					
	I						
	l	Freer, TX 78357					
\vdash	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Nurse Practi		ł		<i>>)</i>		
⊢					1	Amount of Contribution (\$)	
	Date 03/13/2023	Stewart, Lisa	out-of-state PAC (ID#:_)			\$50.00
	03/13/2020						ψ00.00
	I	Contributor address; City; State; 2	Zip Coue				
	I						
	I	Arlington, TX 76016					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 5)		
	Nurse Practi		l		,		
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The Instru	iction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 100/112 Rpt: 104/119	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
	e Practitioners PAC		00070132	0,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
03/10/2023			\$5	50.00
	6 Contributor address; City; State; Zip Code			
	Jordantown, TX 78026			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Nurse Practi	itioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/03/2023	Talamantez-Worden, Genevieve		\$2	25.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78221			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Nurse Practi	itioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/03/2023	Talamantez-Worden, Genevieve		\$2	25.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78221			
	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Nurse Practi	itioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/03/2023	Talamantez-Worden, Genevieve		\$2	25.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78221			
-	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Nurse Practi	ítioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/03/2023	Talamantez-Worden, Genevieve		\$2	25.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78221			
-	upation / Job title (See Instructions)	Employer (See Instructions		
Nurse Practi	itioner			

The Instruc	tion Guide explains how to comple	ete this fo	orm.	1	Total pages Schedule A1: Sch: 101/112 Rpt: 105/119	Э
2 FILER NAME				3	Filer ID (Ethics Commission	
	Practitioners PAC			-	00070132	
4 Date	5 Full name of contributor out-of-state	te PAC (ID#:)	7	Amount of Contribution (\$)	
03/20/2023	Taylor, Tysa					\$80.00
	6 Contributor address; City; State; Zip Code					
	Keller, TX 76244					
8 Principal occup	pation / Job title (See Instructions)		9 Employer (See Instructions))		
Nurse Practit	ioner					
Date	Full name of contributor out-of-state	te PAC (ID#:)		Amount of Contribution (\$)	
04/26/2023	Thompson, Krysta					\$50.00
	Lake Jackson, TX 77566					
Principal occup	pation / Job title (See Instructions)		Employer (See Instructions))		
Nurse Practit				,		
Date	Full name of contributor out-of-state)		Amount of Contribution (\$)	
04/01/2023	Tiller, Sonja	le PAC (ID#)			\$100.00
04/01/2020						Φ100.00
	Contributor address; City; State; Zip Code	2				
	Troup, TX 75789					
Principal occup	pation / Job title (See Instructions)		Employer (See Instructions)		
Nurse Practit			,	,		
Date	Full name of contributor	to DAC (ID#:	\ \		Amount of Contribution (\$)	
04/26/2023	Tiller, Sonja	[e pac (id#)			\$50.00
04/20/2020	-					φυυ.υυ
	Contributor address; City; State; Zip Code	3				
	Troup, TX 75789					
Principal occur	pation / Job title (See Instructions)		Employer (See Instructions)		
Nurse Practit			<u> </u>	,		
					Amount of Contribution (\$)	
Date 05/01/2023	Tiller, Sonja	te PAC (ID#:)			\$100.00
00/01/2020						Φ100.00
	Contributor address; City; State; Zip Code	3				
	Troup, TX 75789					
Dringingloggur	•	r	Employer (Coo Instructions)			
	bation / Job title (See Instructions)		Employer (See Instructions))		
Nurse Practit	loner					

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	The Instru	ction Guide explains how	v to complete this f	iorm.	1	Total pages Schedule A1: Sch: 102/112 Rpt: 106/119)
2	FILER NAME				3	Filer ID (Ethics Commission	
		e Practitioners PAC				00070132	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	06/01/2023	Tiller, Sonja					\$100.00
		6 Contributor address; City; S	State; Zip Code		1		
		Troup, TX 75789					
8	Principal occu	upation / Job title (See Instructions	s)	9 Employer (See Instructions	5)		
	Nurse Practi	tioner					
╞	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/27/2023	Tompkins, Meredith					\$25.00
		Contributor address; City; S					
		Austin, TX 78703					
\vdash	Principal occu	I upation / Job title (See Instructions	s)	Employer (See Instructions	<u>ו</u> ג)		
	Nurse Practi		-)		-,		
⊨	Data	Full name of contributor		<u> </u>		Amount of Contribution (\$)	
	Date		out-of-state PAC (ID#:_)		Amount of Contribution (\$)	¢25.00
	02/27/2023	Tompkins, Meredith					\$25.00
		Contributor address; City; S	tate; Zip Code				
		Austin, TX 78703					
L	Dringingl oog				<u> </u>		
	Nurse Practi	<pre>upation / Job title (See Instructions itioner</pre>	5)	Employer (See Instructions	5)		
				<u> </u>			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	03/27/2023	Tompkins, Meredith					\$25.00
		Contributor address; City; S			1		
		Austin, TX 78703					
		upation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Nurse Practi						
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	04/27/2023	Tompkins, Meredith					\$25.00
		Contributor address; City; S	tate; Zip Code		1		
		Austin, TX 78703					
\vdash	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Nurse Practi	itioner					
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	The Instru	ction Guide explains how	v to complete this f	iorm.	1	Total pages Schedule A1: Sch: 103/112 Rpt: 107/119	
2	FILER NAME				3	Filer ID (Ethics Commission F	Filers)
		e Practitioners PAC				00070132	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	05/27/2023	Tompkins, Meredith					\$25.00
		6 Contributor address; City; St	tate; Zip Code				
		Austin, TX 78703					
		pation / Job title (See Instructions	3)	9 Employer (See Instructions	;)		
	Nurse Practi	tioner					
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	06/27/2023	Tompkins, Meredith					\$25.00
		Contributor address; City; St					
			·				
		Austin, TX 78703					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	;)		
	Nurse Practi	tioner					
F	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	03/04/2023	Toth, Sara	—				\$25.00
			tate; Zip Code				
		Fort Worth, TX 76107					
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	;)		
	Nurse Practi	tioner					
F	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	03/04/2023	Tudor, William	—				\$50.00
		Contributor address; City; St	tate; Zip Code				
		· · · · · ·	······, ····				
		Houston, TX 77063					
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	;)		
	Nurse Practi	tioner					
╞──	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	03/20/2023	Urbano, Jocelyn					\$80.00
		Contributor address; City; St	tate; Zip Code				
		Fort Worth, TX 76123					
	Principal occu	I upation / Job title (See Instructions	s)	Employer (See Instructions	;)		
	Nurse Practi		,		<i>,</i>		
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1							

The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 104/112 Rpt: 108/119	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	<u> </u>
	Practitioners PAC		00070132	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
03/14/2023	Valdespino, Janice		\$100	0.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78260			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/01/2023	Varley, Elizabeth		\$20	0.00
	Bryan, TX 77807			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi		P - y - (·	
Data		<u> </u>	Amount of Contribution (\$)	
Date	Full name of contributor out-of-state PAC (ID#:))	Amount of Contribution (\$)	
03/17/2023	Viscon, Anthony		\$100).00
	Contributor address; City; State; Zip Code			
	Canutillo, TX 79835			
-	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
03/10/2023	Ware, Leigh Ann		\$100).00
	Contributor address; City; State; Zip Code			
	Pleasanton, TX 78064-0180			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
03/21/2023	Warren, Mary Jane		\$50	00.0
	Contributor address; City; State; Zip Code			
	Austin, TX 78723			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi			, ,	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 105/112 Rpt: 109/119
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Practitioners PAC		00070132
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
03/13/2023	Warren, Tammie		\$100.
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78739		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))
Nurse Practi	tioner		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/25/2023	Waters, Linda)	\$50.
01/25/2025			φου.
	Contributor address; City; State; Zip Code		
	Wichita Falls, TX 76308		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Nurse Practi	tioner		
Data		<u> </u>	Amount of Contribution (A)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/25/2023	Waters, Linda		\$50.
	Contributor address; City; State; Zip Code		
	Wichita Falls, TX 76308		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Nurse Practi	tioner		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/25/2023	Waters, Linda		\$50.
	Contributor address; City; State; Zip Code		
	Wichita Falls, TX 76308		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Nurse Practi	tioner		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/25/2023	Waters, Linda		\$50.
	Contributor address; City; State; Zip Code		
	Wichita Falls, TX 76308		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions)
Nurse Practi			·

The Instrue	ction Guide explains how to complete	e this form.	1	Total pages Schedule A1: Sch: 106/112 Rpt: 110/119	9
2 FILER NAME			3	Filer ID (Ethics Commission	
	Practitioners PAC			00070132	
4 Date	5 Full name of contributor out-of-state P/	AC (ID#:)	7	Amount of Contribution (\$)	
05/25/2023	Waters, Linda				\$50.00
	6 Contributor address; City; State; Zip Code				
	Wichita Falls, TX 76308				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)		
Nurse Practi	tioner				
Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
03/10/2023	Watson, Camille				\$100.00
	Continuation address, City, State, Zip Coue				
	Austin, TX 78703				
Dringing ago		Employer (Coo Instructi			
	pation / Job title (See Instructions)	Employer (See Instructi	ons)		
Nurse Practi	tioner				
Date	Full name of contributor 🔲 out-of-state P	AC (ID#:)		Amount of Contribution (\$)	
01/25/2023	Wells, Mary				\$50.00
	Contributor address; City; State; Zip Code				
	Giddings, TX 78942				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)		
Nurse Practi	tioner				
Date	Full name of contributor	AC (ID#:)		Amount of Contribution (\$)	
02/25/2023	Wells, Mary	AC (ID#)		Allount of Contribution (*)	\$50.00
0212512025					φ30.00
	Contributor address; City; State; Zip Code				
	Ciddings TV 70042				
	Giddings, TX 78942		Ĺ		
-	pation / Job title (See Instructions)	Employer (See Instructi	ons)		
Nurse Practi	tioner				
Date	Full name of contributor 🔲 out-of-state P/	AC (ID#:)		Amount of Contribution (\$)	
03/25/2023	Wells, Mary				\$50.00
	Contributor address; City; State; Zip Code				
	Giddings, TX 78942				
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructi	 ()		
Nurse Practi			013)		
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	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 107/112 Rpt: 111/119)
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		e Practitioners PAC			00070132	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7	Amount of Contribution (\$)	
	04/25/2023	Wells, Mary				\$50.00
		6 Contributor address; City; State; Zip Code		1		
		Giddings, TX 78942				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions)	3)		
	Nurse Practi	tioner				
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	01/04/2023	Weston, Cindy				\$50.00
		Contributor address; City; State; Zip Code		1		
		College Station, TX 77845				
		upation / Job title (See Instructions)	Employer (See Instructions	3)		
	Nurse Practi	tioner				
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	02/04/2023	Weston, Cindy				\$50.00
		Contributor address; City; State; Zip Code		1		
		College Station, TX 77845				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Nurse Practi	tioner		_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/04/2023	Weston, Cindy				\$50.00
		Contributor address; City; State; Zip Code]		
		College Station, TX 77845		Ĺ		
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Nurse Practi		<u> </u>	—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/07/2023	Weston, Cindy				\$100.00
		Contributor address; City; State; Zip Code				
	<u> </u>	College Station, TX 77845		Ļ		
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Nurse Practi	tioner				

The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 108/112 Rpt: 112/119	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
04/04/2023	Weston, Cindy			\$50.00
	6 Contributor address; City; State; Zip Code			
	College Station, TX 77845			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/26/2023	Weston, Cindy			\$50.00
	Contributor address; City; State; Zip Code			
	College Station, TX 77845			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	· · · ·			
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/04/2023	Weston, Cindy	/		\$50.00
00/00	Contributor address; City; State; Zip Code			400.00
	Continuation address, City, State, Zip Code			
	College Station, TX 77845			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	· · · ·		,	
Date		<u> </u>	Amount of Contribution (\$)	
06/04/2023	Full name of contributor out-of-state PAC (ID#: Weston, Cindy)		\$50.00
00/04/2020	-			φυυ.υυ
	Contributor address; City; State; Zip Code			
	College Station, TX 77845			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	1	
Nurse Practi)	
		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:))	Amount of Contribution (\$)	****
03/31/2023	White, Michelle			\$300.00
	Contributor address; City; State; Zip Code			
	Flower Mound, TX 76226	<u> </u>		
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi				

Th	he Instru	ction Guide explains how t	o complete this f	orm.	1	Total pages Schedule A1: Sch: 109/112 Rpt: 113/119	
2 FIL	LER NAME				3	Filer ID (Ethics Commission F	-ilers)
		Practitioners PAC				00070132	,
4 Da	ate	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
03	3/11/2023	Williams, Ann					\$50.00
		6 Contributor address; City; Stat			1		
		Rosharon, TX 77583					
		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
Nu	urse Practi	tioner					
Da	ate	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
04	4/01/2023	Williams, Shelia					\$25.00
		Contributor address; City; Stat					
		Tyler, TX 75706					
Pri	incipal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
Nu	urse Practi	tioner					
Da	ate	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
05	5/01/2023	Williams, Shelia					\$25.00
		Contributor address; City; Stat	e; Zip Code		1		
		Tyler, TX 75706					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
Nu	urse Practi	tioner					
Da	ate	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
06	6/01/2023	Williams, Shelia					\$25.00
		Contributor address; City; Stat	e; Zip Code		1		
		Tyler, TX 75706					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
Nu	urse Practi	tioner					
Da	ate	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
04	4/26/2023	Wimberly, Patricia					\$50.00
		Contributor address; City; Stat	e; Zip Code		1		
		San Antonio, TX 78250					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
Nu	urse Practi	tioner					

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The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 110/112 Rpt: 114/119	
2 FILER NAME			3 Filer ID (Ethics Commission File	lers)
	e Practitioners PAC		00070132	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
01/26/2023	Wines, Kendall		,	\$25.00
	6 Contributor address; City; State; Zip Code			
	Lubbock, TX 79424			
	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practit	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/26/2023	Wines, Kendall			\$25.00
	Contributor address; City; State; Zip Code			
	Lubbock, TX 79424			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/26/2023	Wines, Kendall			\$25.00
	Contributor address; City; State; Zip Code			
	Lubbock, TX 79424			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit	tioner			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/26/2023	Wines, Kendall			\$25.00
	Contributor address; City; State; Zip Code			
	Lubbock, TX 79424			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit	tioner	<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/26/2023	Wines, Kendall			\$25.00
	Contributor address; City; State; Zip Code			
	Lubbock, TX 79424			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit	tioner			
		·		

	The Instru	ction Guide explains how to complet	te this f	orm.	1	Total pages Schedule A1: Sch: 111/112 Rpt: 115/11	19
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		e Practitioners PAC				00070132	
4	Date	5 Full name of contributor Out-of-state F	PAC (ID#:_)	7	Amount of Contribution (\$)	
	06/26/2023	Wines, Kendall					\$25.00
	I	6 Contributor address; City; State; Zip Code					
		1					
		Lubbock, TX 79424					
8		pation / Job title (See Instructions)		9 Employer (See Instructions))		
	Nurse Practi	<i>l</i> ioner					
	Date	Full name of contributor out-of-state I	PAC (ID#:_)		Amount of Contribution (\$)	
	03/04/2023	Woods, Kathryn					\$600.00
	1	Contributor address; City; State; Zip Code					
		1					
		1					
		Jacksonville, TX 75766					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions))		
	Nurse Practi	tioner	l				
	Date	Full name of contributor Out-of-state F	PAC (ID#:_)		Amount of Contribution (\$)	
	03/10/2023	Wright, Sharon					\$300.00
	I	Contributor address; City; State; Zip Code					
		1					
		Spring Branch, TX 78070					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions))		
	Nurse Practi	tioner	!				
-	Date	Full name of contributor Out-of-state F	PAC (ID#:_)		Amount of Contribution (\$)	
	03/03/2023	Youngwith, Mary				-	\$50.00
	I						
		1					
		Austin, TX 78746					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions))		
	Nurse Practi	tioner	l				
	Date	Full name of contributor Out-of-state F	PAC (ID#:)		Amount of Contribution (\$)	
	02/01/2023	Zdanuk, Jan				• •	\$1,200.00
	I	Contributor address; City; State; Zip Code					
		1					
		Westworth Village, TX 76114					
	Principal occu	pation / Job title (See Instructions)	1	Employer (See Instructions))		
	Nurse Practi		l	VPA	,		
-							

N	IONET	Ά	RY POLITICAL CONTRIBUTIONS			SCHEDULE A1
T	he Instru	cti	on Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 112/112 Rpt: 116/119
	LER NAME exas Nurse	P	actitioners PAC		3	Filer ID (Ethics Commission Filers) 00070132
4 Da 03	ate 3/20/2023		Full name of contributor out-of-state PAC (ID#: Zdanuk, Jan Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$) \$160.00
0.5			Westworth Village, TX 76114			
	rincipal occu urse Practi			bloyer (See Instructions	5)	

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

ction Guide explains how to complete this form.	1	Total pages Sch: 1/1 Rp	
	3	Filer ID 00070132	(Ethics Commission Filers)
5 Corporation / Labor Organization name Texas Nurse Practitioners	6	Amount (\$)	1,200.00
Corporation / Labor Organization name Texas Nurse Practitioners		Amount (\$)	1,200.00
Corporation / Labor Organization name Texas Nurse Practitioners		Amount (\$)	1,200.00
Corporation / Labor Organization name Texas Nurse Practitioners		Amount (\$)	1,200.00
Corporation / Labor Organization name Texas Nurse Practitioners		Amount (\$)	1,200.00
Corporation / Labor Organization name Texas Nurse Practitioners		Amount (\$)	1,200.00
	Texas Nurse Practitioners Corporation / Labor Organization name Texas Nurse Practitioners	ction Guide explains how to complete this form.333335Corporation / Labor Organization name Texas Nurse Practitioners6Corporation / Labor Organization name Texas Nurse Practitioners6Corporation / Labor Organization name Texas Nurse Practitioners7Corporation / Labor Organization name7Corporation / Labor Organization name7Corporation / Labor Organization name7Corporation / Labor Organization name7Corporation	ction Guide explains how to complete this form.Sch: 1/1 Rp3Filer ID000701325Corporation / Labor Organization name Texas Nurse Practitioners6Amount (\$)Corporation / Labor Organization name Texas Nurse PractitionersAmount (\$)

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/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhaed/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/2 Rpt: 118/119	Texas Nurse Practitioners PAC00070132
4 Date	5 Payee name
06/19/2023	Blanco for State Senate
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	P.O. Box 2707
Expenditure from corporate funds	El Paso, TX 79926
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	PAC donation to candidate.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/19/2023	Joe Moody Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 920827
Expenditure from corporate funds	El Paso, TX 79902
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAC donation to candidate.
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/19/2023	Morgan LaMantia Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1324 E. Madison
Expenditure from corporate funds	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 Check if tavel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAC donation to candidate.
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/2 Rpt: 119/119	Texas Nurse Practitioners PAC 00070132
4 Date	5 Payee name
06/19/2023	Stephanie Klick Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 7592
Expenditure from corporate funds	Fort Worth, TX 76111
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAC donation to candidate.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
01/24/2023	TSU Foundation
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 301074
Expenditure from corporate funds	Austin, TX 78703
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Senfronia Thompson 50th anniversary fundraiser.
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H