

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) 00085823	2 Total pages filed: 76
3 COMMITTEE NAME Nuestro PAC - TX		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/17/2023	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE c/o Mele Brengarth & Associates PO Box 15845 Washington, DC 20003	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Mr. Jeremy	
		NICKNAME LAST SUFFIX Begun	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 611 Pennsylvania Ave SE Num 143 Washington, DC 20003	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE C/O Mele Brengarth & Associates P.O. Box 15845 Washington, DC 20003	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (202) 550-0221	
9 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff	
10 PERIOD COVERED		Month Day Year Month Day Year 01/01/2023 THROUGH 06/30/2023	
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 03/05/2024 <input type="checkbox"/> General <input type="checkbox"/> Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Nuestro PAC - TX	13 Filer ID (Ethics Commission Filers) 00085823
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,898.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 22,999.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 25,785.32
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Mr. Jeremy Begun

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 76

17 COMMITTEE NAME Nuestro PAC - TX		18 Filer ID (Ethics Commission Filers) 00085823
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,898.50
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 22,999.15
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 118.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/48 Rpt: 4/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 01/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Daniel	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Rock Hill, NY 12775	
8 Principal occupation / Job title (See Instructions) IT Manager		9 Employer (See Instructions) Duso Food Distributors
Date 02/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Daniel	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Rock Hill, NY 12775	
Principal occupation / Job title (See Instructions) IT Manager		Employer (See Instructions) Duso Food Distributors
Date 03/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Daniel	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Rock Hill, NY 12775	
Principal occupation / Job title (See Instructions) IT Manager		Employer (See Instructions) Duso Food Distributors
Date 04/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Daniel	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Rock Hill, NY 12775	
Principal occupation / Job title (See Instructions) IT Manager		Employer (See Instructions) Duso Food Distributors
Date 05/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Daniel	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Rock Hill, NY 12775	
Principal occupation / Job title (See Instructions) IT Manager		Employer (See Instructions) Duso Food Distributors

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/48 Rpt: 5/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 06/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Daniel <hr/> 6 Contributor address; City; State; Zip Code Rock Hill, NY 12775	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) IT Manager		9 Employer (See Instructions) Duso Food Distributors
Date 01/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarado, Bonnie <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85009	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarado, Bonnie <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85009	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarado, Bonnie <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85009	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarado, Bonnie <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85009	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/48 Rpt: 6/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 05/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarado, Bonnie <hr/> 6 Contributor address; City; State; Zip Code Phoenix, AZ 85009	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarado, Bonnie <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85009	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Best, Katie <hr/> Contributor address; City; State; Zip Code Wheaton, IL 60189	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Plainfield Consolidated School District 202
Date 02/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Best, Katie <hr/> Contributor address; City; State; Zip Code Wheaton, IL 60189	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Plainfield Consolidated School District 202
Date 03/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Best, Katie <hr/> Contributor address; City; State; Zip Code Wheaton, IL 60189	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Plainfield Consolidated School District 202

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/48 Rpt: 7/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 06/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Best, Katie <hr/> 6 Contributor address; City; State; Zip Code Wheaton, IL 60189	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Plainfield Consolidated School District 202
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brunner, Rick <hr/> Contributor address; City; State; Zip Code Louisville, KY 40205	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self Employed
Date 02/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brunner, Rick <hr/> Contributor address; City; State; Zip Code Louisville, KY 40205	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self Employed
Date 03/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brunner, Rick <hr/> Contributor address; City; State; Zip Code Louisville, KY 40205	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self Employed
Date 04/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brunner, Rick <hr/> Contributor address; City; State; Zip Code Louisville, KY 40205	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/48 Rpt: 8/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 05/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brunner, Rick	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Louisville, KY 40205	
8 Principal occupation / Job title (See Instructions) Designer		9 Employer (See Instructions) Self Employed
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brunner, Rick	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Louisville, KY 40205	
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self Employed
Date 01/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, George	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Raleigh, NC 27612	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, George	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Raleigh, NC 27612	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, George	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Raleigh, NC 27612	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/48 Rpt: 9/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 04/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, George <hr/> 6 Contributor address; City; State; Zip Code Raleigh, NC 27612	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, George <hr/> Contributor address; City; State; Zip Code Raleigh, NC 27612	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, George <hr/> Contributor address; City; State; Zip Code Raleigh, NC 27612	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caban, V. <hr/> Contributor address; City; State; Zip Code Berwyn, IL 60402	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Instructional Designer		Employer (See Instructions) Springfield Urban League
Date 02/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caban, V. <hr/> Contributor address; City; State; Zip Code Berwyn, IL 60402	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Instructional Designer		Employer (See Instructions) Springfield Urban League

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/48 Rpt: 10/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 03/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caban, V. <hr/> 6 Contributor address; City; State; Zip Code Berwyn, IL 60402	7 Amount of Contribution (\$) \$27.00
8 Principal occupation / Job title (See Instructions) Instructional Designer		9 Employer (See Instructions) Springfield Urban League
Date 04/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caban, V. <hr/> Contributor address; City; State; Zip Code Berwyn, IL 60402	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Instructional Designer		Employer (See Instructions) Springfield Urban League
Date 05/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caban, V. <hr/> Contributor address; City; State; Zip Code Berwyn, IL 60402	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Instructional Designer		Employer (See Instructions) Springfield Urban League
Date 06/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caban, V. <hr/> Contributor address; City; State; Zip Code Berwyn, IL 60402	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Instructional Designer		Employer (See Instructions) Springfield Urban League
Date 06/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carmona, Tonantzin <hr/> Contributor address; City; State; Zip Code Chicago, IL 60608	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Fellow		Employer (See Instructions) Brookings Institute

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/48 Rpt: 11/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 01/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carranza, Susana	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Austin, TX 78701	
8 Principal occupation / Job title (See Instructions) Chemical Engineer		9 Employer (See Instructions) Makel Engineering, Inc.
Date 02/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carranza, Susana	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Chemical Engineer		Employer (See Instructions) Makel Engineering, Inc.
Date 03/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carranza, Susana	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Chemical Engineer		Employer (See Instructions) Makel Engineering, Inc.
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carranza, Susana	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Chemical Engineer		Employer (See Instructions) Makel Engineering, Inc.
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carranza, Susana	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Chemical Engineer		Employer (See Instructions) Makel Engineering, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/48 Rpt: 12/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carranza, Susana <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Chemical Engineer		9 Employer (See Instructions) Makel Engineering, Inc.
Date 01/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavanagh, John <hr/> Contributor address; City; State; Zip Code Jersey City, NJ 07302	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Deputy Senior Director		Employer (See Instructions) Planned Parenthood Federation of America
Date 02/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavanagh, John <hr/> Contributor address; City; State; Zip Code Jersey City, NJ 07302	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Deputy Senior Director		Employer (See Instructions) Planned Parenthood Federation of America
Date 03/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavanagh, John <hr/> Contributor address; City; State; Zip Code Jersey City, NJ 07302	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Deputy Senior Director		Employer (See Instructions) Planned Parenthood Federation of America
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavanagh, John <hr/> Contributor address; City; State; Zip Code Jersey City, NJ 07302	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Deputy Senior Director		Employer (See Instructions) Planned Parenthood Federation of America

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/48 Rpt: 13/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 05/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavanagh, John <hr/> 6 Contributor address; City; State; Zip Code Jersey City, NJ 07302	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Deputy Senior Director		9 Employer (See Instructions) Planned Parenthood Federation of America
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavanagh, John <hr/> Contributor address; City; State; Zip Code Jersey City, NJ 07302	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Deputy Senior Director		Employer (See Instructions) Planned Parenthood Federation of America
Date 01/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Childs, Nat <hr/> Contributor address; City; State; Zip Code Quartzsite, AZ 85359	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Childs, Nat <hr/> Contributor address; City; State; Zip Code Quartzsite, AZ 85359	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Childs, Nat <hr/> Contributor address; City; State; Zip Code Quartzsite, AZ 85359	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/48 Rpt: 14/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 04/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Childs, Nat <hr/> 6 Contributor address; City; State; Zip Code Quartzsite, AZ 85359	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Childs, Nat <hr/> Contributor address; City; State; Zip Code Quartzsite, AZ 85359	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Childs, Nat <hr/> Contributor address; City; State; Zip Code Quartzsite, AZ 85359	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Julia <hr/> Contributor address; City; State; Zip Code San Diego, CA 92122	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Julia <hr/> Contributor address; City; State; Zip Code San Diego, CA 92122	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/48 Rpt: 15/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 03/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Julia <hr/> 6 Contributor address; City; State; Zip Code San Diego, CA 92122	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 04/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Julia <hr/> Contributor address; City; State; Zip Code San Diego, CA 92122	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Julia <hr/> Contributor address; City; State; Zip Code San Diego, CA 92122	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Julia <hr/> Contributor address; City; State; Zip Code San Diego, CA 92122	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dahlman, Elizabeth <hr/> Contributor address; City; State; Zip Code Washington, DC 20003	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) M+R

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/48 Rpt: 16/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 02/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dahlman, Elizabeth	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Washington, DC 20003		
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) M+R
Date 03/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dahlman, Elizabeth	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Washington, DC 20003		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) M+R
Date 04/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dahlman, Elizabeth	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Washington, DC 20003		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) M+R
Date 05/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dahlman, Elizabeth	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Washington, DC 20003		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) M+R
Date 06/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dahlman, Elizabeth	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Washington, DC 20003		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) M+R

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/48 Rpt: 17/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 06/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frost, Bill <hr/> 6 Contributor address; City; State; Zip Code Placerville, CA 95667	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garber, Connie <hr/> Contributor address; City; State; Zip Code Sanford, ME 04073	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamberger, Alex <hr/> Contributor address; City; State; Zip Code New York, NY 10021	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Meeting Planner		Employer (See Instructions) McKinsey & Co.
Date 02/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamberger, Alex <hr/> Contributor address; City; State; Zip Code New York, NY 10021	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Meeting Planner		Employer (See Instructions) McKinsey & Co.
Date 03/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamberger, Alex <hr/> Contributor address; City; State; Zip Code New York, NY 10021	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Meeting Planner		Employer (See Instructions) McKinsey & Co.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/48 Rpt: 18/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 04/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamberger, Alex <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10021	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Meeting Planner		9 Employer (See Instructions) McKinsey & Co.
Date 05/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamberger, Alex <hr/> Contributor address; City; State; Zip Code New York, NY 10021	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Meeting Planner		Employer (See Instructions) McKinsey & Co.
Date 06/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamberger, Alex <hr/> Contributor address; City; State; Zip Code New York, NY 10021	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Meeting Planner		Employer (See Instructions) McKinsey & Co.
Date 01/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanes, Timothy <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30345	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Atlanta Radiology Consultants
Date 02/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanes, Timothy <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30345	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Atlanta Radiology Consultants

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/48 Rpt: 19/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 03/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanes, Timothy <hr/> 6 Contributor address; City; State; Zip Code Atlanta, GA 30345	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Atlanta Radiology Consultants
Date 04/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanes, Timothy <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30345	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Atlanta Radiology Consultants
Date 06/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanes, Timothy <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30345	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Atlanta Radiology Consultants
Date 01/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hiles, David <hr/> Contributor address; City; State; Zip Code Hyattsville, MD 20781	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Economist		Employer (See Instructions) U.S. Department of Labor
Date 02/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hiles, David <hr/> Contributor address; City; State; Zip Code Hyattsville, MD 20781	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Economist		Employer (See Instructions) U.S. Department of Labor

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/48 Rpt: 20/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 03/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hiles, David <hr/> 6 Contributor address; City; State; Zip Code Hyattsville, MD 20781	7 Amount of Contribution (\$) \$27.00
8 Principal occupation / Job title (See Instructions) Economist		9 Employer (See Instructions) U.S. Department of Labor
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hiles, David <hr/> Contributor address; City; State; Zip Code Hyattsville, MD 20781	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Economist		Employer (See Instructions) U.S. Department of Labor
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hiles, David <hr/> Contributor address; City; State; Zip Code Hyattsville, MD 20781	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Economist		Employer (See Instructions) U.S. Department of Labor
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hiles, David <hr/> Contributor address; City; State; Zip Code Hyattsville, MD 20781	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Economist		Employer (See Instructions) U.S. Department of Labor
Date 01/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamison, Cailey <hr/> Contributor address; City; State; Zip Code Madison, WI 53711	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Epic Systems

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/48 Rpt: 21/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 02/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamison, Cailey <hr/> 6 Contributor address; City; State; Zip Code Madison, WI 53711	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Project Manager		9 Employer (See Instructions) Epic Systems
Date 03/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamison, Cailey <hr/> Contributor address; City; State; Zip Code Madison, WI 53711	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Epic Systems
Date 04/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamison, Cailey <hr/> Contributor address; City; State; Zip Code Madison, WI 53711	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Epic Systems
Date 05/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamison, Cailey <hr/> Contributor address; City; State; Zip Code Madison, WI 53711	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Epic Systems
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamison, Cailey <hr/> Contributor address; City; State; Zip Code Madison, WI 53711	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Epic Systems

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/48 Rpt: 22/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 01/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kappe, Bernhard	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Oak Park, IL 60302		
8 Principal occupation / Job title (See Instructions) Software Developer		9 Employer (See Instructions) Orthogonal
Date 02/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kappe, Bernhard	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Oak Park, IL 60302		
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Orthogonal
Date 03/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kappe, Bernhard	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Oak Park, IL 60302		
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Orthogonal
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kappe, Bernhard	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Oak Park, IL 60302		
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Orthogonal
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kappe, Bernhard	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Oak Park, IL 60302		
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Orthogonal

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/48 Rpt: 23/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kappe, Bernhard <hr/> 6 Contributor address; City; State; Zip Code Oak Park, IL 60302	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Software Developer		9 Employer (See Instructions) Orthogonal
Date 01/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katz, Kathy <hr/> Contributor address; City; State; Zip Code Gresham, OR 97030	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self Employed
Date 02/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katz, Kathy <hr/> Contributor address; City; State; Zip Code Gresham, OR 97030	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self Employed
Date 03/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katz, Kathy <hr/> Contributor address; City; State; Zip Code Gresham, OR 97030	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self Employed
Date 04/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katz, Kathy <hr/> Contributor address; City; State; Zip Code Gresham, OR 97030	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/48 Rpt: 24/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 05/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katz, Kathy <hr/> 6 Contributor address; City; State; Zip Code Gresham, OR 97030	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Farmer		9 Employer (See Instructions) Self Employed
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katz, Kathy <hr/> Contributor address; City; State; Zip Code Gresham, OR 97030	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self Employed
Date 01/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kellar, Jesse <hr/> Contributor address; City; State; Zip Code Oakland, CA 94607	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) HP, Inc.
Date 02/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kellar, Jesse <hr/> Contributor address; City; State; Zip Code Oakland, CA 94607	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) HP, Inc.
Date 03/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kellar, Jesse <hr/> Contributor address; City; State; Zip Code Oakland, CA 94607	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) HP, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/48 Rpt: 25/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 04/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kellar, Jesse	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Oakland, CA 94607		
8 Principal occupation / Job title (See Instructions) Marketing		9 Employer (See Instructions) HP, Inc.
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kellar, Jesse	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Oakland, CA 94607		
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) HP, Inc.
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kellar, Jesse	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Oakland, CA 94607		
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) HP, Inc.
Date 01/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Christopher	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Aurora, CO 80011		
Principal occupation / Job title (See Instructions) Senior Analyst		Employer (See Instructions) Schwazze
Date 02/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Christopher	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Aurora, CO 80011		
Principal occupation / Job title (See Instructions) Senior Analyst		Employer (See Instructions) Schwazze

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/48 Rpt: 26/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 03/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Christopher	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Aurora, CO 80011		
8 Principal occupation / Job title (See Instructions) Senior Analyst		9 Employer (See Instructions) Schwazze
Date 01/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenney, Michael	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code El Cerrito, CA 94530		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenney, Michael	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code El Cerrito, CA 94530		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenney, Michael	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code El Cerrito, CA 94530		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenney, Michael	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code El Cerrito, CA 94530		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/48 Rpt: 27/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 05/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenney, Michael	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code El Cerrito, CA 94530		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenney, Michael	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code El Cerrito, CA 94530		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koshland, Jacob	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Berkeley, CA 94705		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koshland, Jacob	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Berkeley, CA 94705		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koshland, Jacob	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Berkeley, CA 94705		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/48 Rpt: 28/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 04/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koshland, Jacob	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Berkeley, CA 94705		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koshland, Jacob	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Berkeley, CA 94705		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koshland, Jacob	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Berkeley, CA 94705		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leu, Paula	Amount of Contribution (\$) \$27.00
Contributor address; City; State; Zip Code Huntsville, AL 35801		
Principal occupation / Job title (See Instructions) Operations Research Analyst		Employer (See Instructions) U.S. Army
Date 02/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leu, Paula	Amount of Contribution (\$) \$27.00
Contributor address; City; State; Zip Code Huntsville, AL 35801		
Principal occupation / Job title (See Instructions) Operations Research Analyst		Employer (See Instructions) U.S. Army

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/48 Rpt: 29/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 03/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leu, Paula <hr/> 6 Contributor address; City; State; Zip Code Huntsville, AL 35801	7 Amount of Contribution (\$) \$27.00
8 Principal occupation / Job title (See Instructions) Operations Research Analyst		9 Employer (See Instructions) U.S. Army
Date 04/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leu, Paula <hr/> Contributor address; City; State; Zip Code Huntsville, AL 35801	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Operations Research Analyst		Employer (See Instructions) U.S. Army
Date 05/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leu, Paula <hr/> Contributor address; City; State; Zip Code Huntsville, AL 35801	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Operations Research Analyst		Employer (See Instructions) U.S. Army
Date 06/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leu, Paula <hr/> Contributor address; City; State; Zip Code Huntsville, AL 35801	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Operations Research Analyst		Employer (See Instructions) U.S. Army
Date 01/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Meg <hr/> Contributor address; City; State; Zip Code Washington, DC 20001	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Small Business Owner		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/48 Rpt: 30/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 02/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Meg <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20001	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Small Business Owner		9 Employer (See Instructions) Self Employed
Date 03/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Meg <hr/> Contributor address; City; State; Zip Code Washington, DC 20001	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Small Business Owner		Employer (See Instructions) Self Employed
Date 04/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Meg <hr/> Contributor address; City; State; Zip Code Washington, DC 20001	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Small Business Owner		Employer (See Instructions) Self Employed
Date 05/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Meg <hr/> Contributor address; City; State; Zip Code Washington, DC 20001	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Small Business Owner		Employer (See Instructions) Self Employed
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Meg <hr/> Contributor address; City; State; Zip Code Washington, DC 20001	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Small Business Owner		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/48 Rpt: 31/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 01/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lo, Jeffrey <hr/> 6 Contributor address; City; State; Zip Code Reston, VA 20190	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Civil Servant		9 Employer (See Instructions) U.S. Government
Date 02/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lo, Jeffrey <hr/> Contributor address; City; State; Zip Code Reston, VA 20190	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Civil Servant		Employer (See Instructions) U.S. Government
Date 03/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lo, Jeffrey <hr/> Contributor address; City; State; Zip Code Reston, VA 20190	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Civil Servant		Employer (See Instructions) U.S. Government
Date 01/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Yun <hr/> Contributor address; City; State; Zip Code Little Rock, AR 72211	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Kohler
Date 01/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Vera <hr/> Contributor address; City; State; Zip Code Laguna Beach, CA 92651	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/48 Rpt: 32/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 02/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Vera <hr/> 6 Contributor address; City; State; Zip Code Laguna Beach, CA 92651	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 03/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Vera <hr/> Contributor address; City; State; Zip Code Laguna Beach, CA 92651	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Vera <hr/> Contributor address; City; State; Zip Code Laguna Beach, CA 92651	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Vera <hr/> Contributor address; City; State; Zip Code Laguna Beach, CA 92651	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Vera <hr/> Contributor address; City; State; Zip Code Laguna Beach, CA 92651	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/48 Rpt: 33/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 01/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McReynolds, Cynthia	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Sebastopol, CA 95472	
8 Principal occupation / Job title (See Instructions) Psychotherapist		9 Employer (See Instructions) Self Employed
Date 02/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McReynolds, Cynthia	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Sebastopol, CA 95472	
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 03/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McReynolds, Cynthia	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Sebastopol, CA 95472	
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McReynolds, Cynthia	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Sebastopol, CA 95472	
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McReynolds, Cynthia	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Sebastopol, CA 95472	
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/48 Rpt: 34/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McReynolds, Cynthia	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Sebastopol, CA 95472		
8 Principal occupation / Job title (See Instructions) Psychotherapist		9 Employer (See Instructions) Self Employed
Date 01/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miani, Jim	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Green Lane, PA 18054		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) ICANON Associates
Date 02/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miani, Jim	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Green Lane, PA 18054		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) ICANON Associates
Date 03/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miani, Jim	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Green Lane, PA 18054		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) ICANON Associates
Date 04/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miani, Jim	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Green Lane, PA 18054		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) ICANON Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/48 Rpt: 35/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 05/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miani, Jim <hr/> 6 Contributor address; City; State; Zip Code Green Lane, PA 18054	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) ICANON Associates
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miani, Jim <hr/> Contributor address; City; State; Zip Code Green Lane, PA 18054	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) ICANON Associates
Date 01/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michaels, Seth <hr/> Contributor address; City; State; Zip Code Washington, DC 20011	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michaels, Seth <hr/> Contributor address; City; State; Zip Code Washington, DC 20011	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michaels, Seth <hr/> Contributor address; City; State; Zip Code Washington, DC 20011	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/48 Rpt: 36/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 04/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michaels, Seth	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Washington, DC 20011		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michaels, Seth	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Washington, DC 20011		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michaels, Seth	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Washington, DC 20011		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Melissa	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Tucson, AZ 85750		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Melissa	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Tucson, AZ 85750		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/48 Rpt: 37/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 03/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Melissa <hr/> 6 Contributor address; City; State; Zip Code Tucson, AZ 85750	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Melissa <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85750	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Melissa <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85750	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Melissa <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85750	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Matthew <hr/> Contributor address; City; State; Zip Code Andover, MA 01810	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/48 Rpt: 38/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 01/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Natera, C.	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Simi Valley, CA 93065		
8 Principal occupation / Job title (See Instructions) Management Analyst		9 Employer (See Instructions) City of Los Angeles
Date 02/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Natera, C.	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Simi Valley, CA 93065		
Principal occupation / Job title (See Instructions) Management Analyst		Employer (See Instructions) City of Los Angeles
Date 03/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Natera, C.	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Simi Valley, CA 93065		
Principal occupation / Job title (See Instructions) Management Analyst		Employer (See Instructions) City of Los Angeles
Date 04/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Natera, C.	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Simi Valley, CA 93065		
Principal occupation / Job title (See Instructions) Management Analyst		Employer (See Instructions) City of Los Angeles
Date 05/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Natera, C.	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Simi Valley, CA 93065		
Principal occupation / Job title (See Instructions) Management Analyst		Employer (See Instructions) City of Los Angeles

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/48 Rpt: 39/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 06/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Natera, C.	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Simi Valley, CA 93065	
8 Principal occupation / Job title (See Instructions) Management Analyst		9 Employer (See Instructions) City of Los Angeles
Date 01/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perla, Dalia	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Valley Village, CA 91607	
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Los Angeles County
Date 02/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perla, Dalia	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Valley Village, CA 91607	
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Los Angeles County
Date 03/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perla, Dalia	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Valley Village, CA 91607	
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Los Angeles County
Date 01/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quijada Salazar, Helianis	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Brooklyn, NY 11233	
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) UJC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/48 Rpt: 40/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 02/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quijada Salazar, Helianis <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11233	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Social Worker		9 Employer (See Instructions) UJC
Date 03/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quijada Salazar, Helianis <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11233	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) UJC
Date 04/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quijada Salazar, Helianis <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11233	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) UJC
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quijada Salazar, Helianis <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11233	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) UJC
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quijada Salazar, Helianis <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11233	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) UJC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/48 Rpt: 41/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 01/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasco, James <hr/> 6 Contributor address; City; State; Zip Code Safford, AZ 85546	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 02/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasco, James <hr/> Contributor address; City; State; Zip Code Safford, AZ 85546	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasco, James <hr/> Contributor address; City; State; Zip Code Safford, AZ 85546	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasco, James <hr/> Contributor address; City; State; Zip Code Safford, AZ 85546	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasco, James <hr/> Contributor address; City; State; Zip Code Safford, AZ 85546	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/48 Rpt: 42/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 06/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasco, James	7 Amount of Contribution (\$) \$1.00
6 Contributor address; City; State; Zip Code Safford, AZ 85546		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solow, Barry	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code New York, NY 10034		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solow, Barry	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code New York, NY 10034		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solow, Barry	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code New York, NY 10034		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solow, Barry	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code New York, NY 10034		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/48 Rpt: 43/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 05/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solow, Barry <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10034	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solow, Barry <hr/> Contributor address; City; State; Zip Code New York, NY 10034	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Susan <hr/> Contributor address; City; State; Zip Code Pittsford, NY 14534	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Susan <hr/> Contributor address; City; State; Zip Code Pittsford, NY 14534	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Susan <hr/> Contributor address; City; State; Zip Code Pittsford, NY 14534	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/48 Rpt: 44/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 04/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Susan <hr/> 6 Contributor address; City; State; Zip Code Pittsford, NY 14534	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Susan <hr/> Contributor address; City; State; Zip Code Pittsford, NY 14534	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Susan <hr/> Contributor address; City; State; Zip Code Pittsford, NY 14534	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tonge, Jennifer <hr/> Contributor address; City; State; Zip Code Salt Lake City, UT 84103	Amount of Contribution (\$) \$5.25
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 02/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tonge, Jennifer <hr/> Contributor address; City; State; Zip Code Salt Lake City, UT 84103	Amount of Contribution (\$) \$5.25
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/48 Rpt: 45/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 03/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tonge, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Salt Lake City, UT 84103	7 Amount of Contribution (\$) \$5.25
8 Principal occupation / Job title (See Instructions) Writer		9 Employer (See Instructions) Self Employed
Date 04/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tonge, Jennifer <hr/> Contributor address; City; State; Zip Code Salt Lake City, UT 84103	Amount of Contribution (\$) \$5.25
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 05/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tonge, Jennifer <hr/> Contributor address; City; State; Zip Code Salt Lake City, UT 84103	Amount of Contribution (\$) \$5.25
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 06/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tonge, Jennifer <hr/> Contributor address; City; State; Zip Code Salt Lake City, UT 84103	Amount of Contribution (\$) \$5.25
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 01/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toto, Jeffrey <hr/> Contributor address; City; State; Zip Code Boston, MA 02130	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Boston College High School

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/48 Rpt: 46/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 02/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toto, Jeffrey	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Boston, MA 02130		
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Boston College High School
Date 03/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toto, Jeffrey	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Boston, MA 02130		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Boston College High School
Date 04/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toto, Jeffrey	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Boston, MA 02130		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Boston College High School
Date 05/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toto, Jeffrey	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Boston, MA 02130		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Boston College High School
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toto, Jeffrey	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Boston, MA 02130		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Boston College High School

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/48 Rpt: 47/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 01/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tron, Annie <hr/> 6 Contributor address; City; State; Zip Code Federal Way, WA 98023	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Fat Rice
Date 02/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tron, Annie <hr/> Contributor address; City; State; Zip Code Federal Way, WA 98023	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Fat Rice
Date 03/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tron, Annie <hr/> Contributor address; City; State; Zip Code Federal Way, WA 98023	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Fat Rice
Date 04/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tron, Annie <hr/> Contributor address; City; State; Zip Code Federal Way, WA 98023	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Fat Rice
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tron, Annie <hr/> Contributor address; City; State; Zip Code Federal Way, WA 98023	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Fat Rice

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/48 Rpt: 48/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 06/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tron, Annie <hr/> 6 Contributor address; City; State; Zip Code Federal Way, WA 98023	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Fat Rice
Date 01/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Debra <hr/> Contributor address; City; State; Zip Code Tarrant, AL 35217	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Data Assistant		Employer (See Instructions) Royal Cup Coffee
Date 02/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Debra <hr/> Contributor address; City; State; Zip Code Tarrant, AL 35217	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Data Assistant		Employer (See Instructions) Royal Cup Coffee
Date 03/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Debra <hr/> Contributor address; City; State; Zip Code Tarrant, AL 35217	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Data Assistant		Employer (See Instructions) Royal Cup Coffee
Date 04/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Debra <hr/> Contributor address; City; State; Zip Code Tarrant, AL 35217	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Data Assistant		Employer (See Instructions) Royal Cup Coffee

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/48 Rpt: 49/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 05/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Debra <hr/> 6 Contributor address; City; State; Zip Code Tarrant, AL 35217	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Data Assistant		9 Employer (See Instructions) Royal Cup Coffee
Date 06/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Debra <hr/> Contributor address; City; State; Zip Code Tarrant, AL 35217	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Data Assistant		Employer (See Instructions) Royal Cup Coffee
Date 01/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Elizabeth <hr/> Contributor address; City; State; Zip Code Alamogordo, NM 88310	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Elizabeth <hr/> Contributor address; City; State; Zip Code Alamogordo, NM 88310	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Elizabeth <hr/> Contributor address; City; State; Zip Code Alamogordo, NM 88310	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/48 Rpt: 50/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 04/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Elizabeth	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Alamogordo, NM 88310		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Elizabeth	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Alamogordo, NM 88310		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Elizabeth	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Alamogordo, NM 88310		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancy, Max	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Austin, TX 78765		
Principal occupation / Job title (See Instructions) Event Coordinator		Employer (See Instructions) KOOP Radio 91.7 FM
Date 02/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancy, Max	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Austin, TX 78765		
Principal occupation / Job title (See Instructions) Event Coordinator		Employer (See Instructions) KOOP Radio 91.7 FM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/48 Rpt: 51/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 03/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancy, Max <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78765	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Event Coordinator		9 Employer (See Instructions) KOOP Radio 91.7 FM
Date 04/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancy, Max <hr/> Contributor address; City; State; Zip Code Austin, TX 78765	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Event Coordinator		Employer (See Instructions) KOOP Radio 91.7 FM
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancy, Max <hr/> Contributor address; City; State; Zip Code Austin, TX 78765	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Event Coordinator		Employer (See Instructions) KOOP Radio 91.7 FM
Date 06/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancy, Max <hr/> Contributor address; City; State; Zip Code Austin, TX 78765	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Event Coordinator		Employer (See Instructions) KOOP Radio 91.7 FM

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/24 Rpt: 52/76	2 FILER NAME Nuestro PAC - TX	3 Filer ID (Ethics Commission Filers) 00085823
4 Date 01/20/2023	5 Payee name ADP, Inc.	
6 Amount (\$) \$59.49 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1 ADP Blvd Roseland, NJ 07068	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Payroll Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/27/2023	Payee name ADP, Inc.	
Amount (\$) \$63.03 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1 ADP Blvd Roseland, NJ 07068	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Payroll Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/01/2023	Payee name ADP, Inc.	
Amount (\$) \$70.86 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1 ADP Blvd Roseland, NJ 07068	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Payroll Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/24 Rpt: 53/76	2 FILER NAME Nuestro PAC - TX	3 Filer ID (Ethics Commission Filers) 00085823
4 Date 02/17/2023	5 Payee name ADP, Inc.	
6 Amount (\$) \$9.49 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1 ADP Blvd Roseland, NJ 07068	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Payroll Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/03/2023	Candidate/Officeholder name ADP, Inc.	
Amount (\$) \$63.03 <input type="checkbox"/> Expenditure from corporate funds	Office sought 1 ADP Blvd Roseland, NJ 07068	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Payroll Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/31/2023	Candidate/Officeholder name ADP, Inc.	
Amount (\$) \$63.03 <input type="checkbox"/> Expenditure from corporate funds	Office sought 1 ADP Blvd Roseland, NJ 07068	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Payroll Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/31/2023	Candidate/Officeholder name ADP, Inc.	
Amount (\$) \$63.03 <input type="checkbox"/> Expenditure from corporate funds	Office sought 1 ADP Blvd Roseland, NJ 07068	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Payroll Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/24 Rpt: 54/76	2 FILER NAME Nuestro PAC - TX	3 Filer ID (Ethics Commission Filers) 00085823
4 Date 03/24/2023	5 Payee name ADP, Inc.	
6 Amount (\$) \$9.49 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1 ADP Blvd Roseland, NJ 07068	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Payroll Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/21/2023	Payee name ADP, Inc.	
Amount (\$) \$59.49 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1 ADP Blvd Roseland, NJ 07068	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Payroll Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/19/2023	Payee name ADP, Inc.	
Amount (\$) \$9.49 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1 ADP Blvd Roseland, NJ 07068	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Payroll Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/24 Rpt: 55/76	2 FILER NAME Nuestro PAC - TX	3 Filer ID (Ethics Commission Filers) 00085823
4 Date 06/23/2023	5 Payee name ADP, Inc.	
6 Amount (\$) \$9.49 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1 ADP Blvd Roseland, NJ 07068	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Payroll Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/02/2023	Candidate/Officeholder name ADP, Inc.	
Amount (\$) \$63.03 <input type="checkbox"/> Expenditure from corporate funds	Office sought 1 ADP Blvd Roseland, NJ 07068	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Payroll Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Services
Candidate/Officeholder name Office sought Office held		
Date 01/03/2023	Candidate/Officeholder name ActBlue Technical Services	
Amount (\$) \$4.64 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 441146 West Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
Candidate/Officeholder name Office sought Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/24 Rpt: 56/76	2 FILER NAME Nuestro PAC - TX	3 Filer ID (Ethics Commission Filers) 00085823
4 Date 01/09/2023	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$3.35 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/17/2023	Payee name ActBlue Technical Services	
Amount (\$) \$9.90 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/23/2023	Payee name ActBlue Technical Services	
Amount (\$) \$9.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/24 Rpt: 57/76	2 FILER NAME Nuestro PAC - TX	3 Filer ID (Ethics Commission Filers) 00085823
4 Date 01/30/2023	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$3.65 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/01/2023	Candidate/Officeholder name ActBlue Technical Services	
Amount (\$) \$1.98 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 441146 West Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/06/2023	Candidate/Officeholder name ActBlue Technical Services	
Amount (\$) \$1.95 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 441146 West Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/24 Rpt: 58/76	2 FILER NAME Nuestro PAC - TX	3 Filer ID (Ethics Commission Filers) 00085823
4 Date 02/13/2023	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$6.61 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/21/2023	Payee name ActBlue Technical Services	
Amount (\$) \$4.02 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/27/2023	Payee name ActBlue Technical Services	
Amount (\$) \$8.90 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/24 Rpt: 59/76	2 FILER NAME Nuestro PAC - TX	3 Filer ID (Ethics Commission Filers) 00085823
4 Date 03/01/2023	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$3.85 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH		
Date 03/06/2023	Candidate/Officeholder name ActBlue Technical Services	
Amount (\$) \$1.95 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 441146 West Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
Office held		
Complete ONLY if direct expenditure to benefit C/OH		
Date 03/13/2023	Candidate/Officeholder name ActBlue Technical Services	
Amount (\$) \$6.61 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 441146 West Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
Office held		
Complete ONLY if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/24 Rpt: 60/76	2 FILER NAME Nuestro PAC - TX	3 Filer ID (Ethics Commission Filers) 00085823
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4 Date 03/20/2023	5 Payee name ActBlue Technical Services
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6 Amount (\$) \$4.02 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/27/2023	Payee name ActBlue Technical Services
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Amount (\$) \$8.90 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/03/2023	Payee name ActBlue Technical Services
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Amount (\$) \$3.85 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/24 Rpt: 61/76	2 FILER NAME Nuestro PAC - TX	3 Filer ID (Ethics Commission Filers) 00085823
4 Date 04/10/2023	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$2.99 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/17/2023	Payee name ActBlue Technical Services	
Amount (\$) \$7.79 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/24/2023	Payee name ActBlue Technical Services	
Amount (\$) \$8.51 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/24 Rpt: 62/76	2 FILER NAME Nuestro PAC - TX	3 Filer ID (Ethics Commission Filers) 00085823
4 Date 05/01/2023	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$4.64 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/08/2023	Payee name ActBlue Technical Services	
Amount (\$) \$2.55 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/15/2023	Payee name ActBlue Technical Services	
Amount (\$) \$6.05 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/24 Rpt: 63/76	2 FILER NAME Nuestro PAC - TX	3 Filer ID (Ethics Commission Filers) 00085823
4 Date 05/22/2023	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$6.53 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/30/2023	Payee name ActBlue Technical Services	
Amount (\$) \$3.77 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/01/2023	Payee name ActBlue Technical Services	
Amount (\$) \$3.05 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/24 Rpt: 64/76	2 FILER NAME Nuestro PAC - TX	3 Filer ID (Ethics Commission Filers) 00085823
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4 Date 06/05/2023	5 Payee name ActBlue Technical Services
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6 Amount (\$) \$1.95 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/12/2023	Payee name ActBlue Technical Services
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Amount (\$) \$4.90 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/20/2023	Payee name ActBlue Technical Services
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Amount (\$) \$4.73 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/24 Rpt: 65/76	2 FILER NAME Nuestro PAC - TX	3 Filer ID (Ethics Commission Filers) 00085823
4 Date 06/26/2023	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$13.53 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/26/2023	Candidate/Officeholder name Payee name Amalgamated Bank	
Amount (\$) \$85.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought Payee address; City; State; Zip Code 1875 K St NW Washington, DC 20006	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/23/2023	Candidate/Officeholder name Payee name Amalgamated Bank	
Amount (\$) \$85.25 <input type="checkbox"/> Expenditure from corporate funds	Office sought Payee address; City; State; Zip Code 1875 K St NW Washington, DC 20006	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/24 Rpt: 66/76	2 FILER NAME Nuestro PAC - TX	3 Filer ID (Ethics Commission Filers) 00085823
4 Date 03/24/2023	5 Payee name Amalgamated Bank	
6 Amount (\$) \$85.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1875 K St NW Washington, DC 20006	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/26/2023	Payee name Amalgamated Bank	
Amount (\$) \$85.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1875 K St NW Washington, DC 20006	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/26/2023	Payee name Amalgamated Bank	
Amount (\$) \$70.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1875 K St NW Washington, DC 20006	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/24 Rpt: 67/76	2 FILER NAME Nuestro PAC - TX	3 Filer ID (Ethics Commission Filers) 00085823
4 Date 06/26/2023	5 Payee name Amalgamated Bank	
6 Amount (\$) \$85.25 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1875 K St NW Washington, DC 20006	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/16/2023	Payee name Elias Law Group	
Amount (\$) \$767.12 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 22 Pine Ridge Rd Rye Brook, NY 10573	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/23/2023	Payee name Elias Law Group	
Amount (\$) \$994.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 22 Pine Ridge Rd Rye Brook, NY 10573	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/24 Rpt: 68/76	2 FILER NAME Nuestro PAC - TX	3 Filer ID (Ethics Commission Filers) 00085823
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4 Date 01/18/2023	5 Payee name Intuit
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6 Amount (\$) \$87.63	7 Payee address; City; State; Zip Code 2700 Coast Ave Mountain View, CA 94043
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Expenditure from corporate funds

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/26/2023	Payee name MBA Consulting Group
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Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 611 Pennsylvania Ave SE Num 143 Washington, DC 20003
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance and Accounting Services
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/23/2023	Payee name MBA Consulting Group
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Amount (\$) \$516.00	Payee address; City; State; Zip Code 611 Pennsylvania Ave SE Num 143 Washington, DC 20003
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance and Accounting Services
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/24 Rpt: 69/76	2 FILER NAME Nuestro PAC - TX	3 Filer ID (Ethics Commission Filers) 00085823
4 Date 04/06/2023	5 Payee name MBA Consulting Group	
6 Amount (\$) \$537.02 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 611 Pennsylvania Ave SE Num 143 Washington, DC 20003	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance and Accounting Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/05/2023	Payee name MBA Consulting Group	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 611 Pennsylvania Ave SE Num 143 Washington, DC 20003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance and Accounting Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/01/2023	Payee name MBA Consulting Group	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 611 Pennsylvania Ave SE Num 143 Washington, DC 20003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance and Accounting Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/24 Rpt: 70/76	2 FILER NAME Nuestro PAC - TX	3 Filer ID (Ethics Commission Filers) 00085823
4 Date 06/29/2023	5 Payee name MBA Consulting Group	
6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 611 Pennsylvania Ave SE Num 143 Washington, DC 20003	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance and Accounting Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/17/2023	Payee name NGP VAN	
Amount (\$) \$980.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 392264 Pittsburgh, PA 15251	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Software	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/21/2023	Payee name NGP VAN	
Amount (\$) \$980.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 392264 Pittsburgh, PA 15251	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Software	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/24 Rpt: 71/76	2 FILER NAME Nuestro PAC - TX	3 Filer ID (Ethics Commission Filers) 00085823
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4 Date 03/21/2023	5 Payee name NGP VAN
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6 Amount (\$) \$980.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 392264 Pittsburgh, PA 15251
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Software	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/17/2023	Payee name NGP VAN
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Amount (\$) \$980.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 392264 Pittsburgh, PA 15251
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Software	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/24/2023	Payee name NGP VAN
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Amount (\$) \$6,747.36 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 392264 Pittsburgh, PA 15251
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Software	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/24 Rpt: 72/76	2 FILER NAME Nuestro PAC - TX	3 Filer ID (Ethics Commission Filers) 00085823
4 Date 05/09/2023	5 Payee name NGP VAN	
6 Amount (\$) \$1,859.72 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 392264 Pittsburgh, PA 15251	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Software	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/22/2023	Payee name NGP VAN	
Amount (\$) \$1,771.16 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 392264 Pittsburgh, PA 15251	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Software	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/12/2023	Payee name NGP VAN	
Amount (\$) \$101.28 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 392264 Pittsburgh, PA 15251	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Software	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/24 Rpt: 73/76	2 FILER NAME Nuestro PAC - TX	3 Filer ID (Ethics Commission Filers) 00085823
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4 Date 02/22/2023	5 Payee name Nielsen Merksamer
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6 Amount (\$) \$129.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2350 Kerner Blvd Ste 250 San Rafael, CA 94901
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal Fees
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/10/2023	Payee name SimpleCast
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Amount (\$) \$15.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code Ellsworth Ave Unit 1689 San Mateo, CA 94401
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Media Production	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media Production
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/10/2023	Payee name SimpleCast
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Amount (\$) \$15.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code Ellsworth Ave Unit 1689 San Mateo, CA 94401
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Media Production	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media Production
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/24 Rpt: 74/76	2 FILER NAME Nuestro PAC - TX	3 Filer ID (Ethics Commission Filers) 00085823
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4 Date 04/10/2023	5 Payee name SimpleCast
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6 Amount (\$) \$15.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code Ellsworth Ave Unit 1689 San Mateo, CA 94401
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Media Production	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media Production
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/10/2023	Payee name SimpleCast
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Amount (\$) \$15.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code Ellsworth Ave Unit 1689 San Mateo, CA 94401
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Media Production	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media Production
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/10/2023	Payee name SimpleCast
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Amount (\$) \$15.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code Ellsworth Ave Unit 1689 San Mateo, CA 94401
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Media Production	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media Production
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/24 Rpt: 75/76	2 FILER NAME Nuestro PAC - TX	3 Filer ID (Ethics Commission Filers) 00085823
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4 Date 06/12/2023	5 Payee name SimpleCast
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6 Amount (\$) \$15.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code Ellsworth Ave Unit 1689 San Mateo, CA 94401
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Media Production	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media Production
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/14/2023	Payee name Wix
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Amount (\$) \$686.88 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 500 Terry A Francois Blvd Fl 6 San Francisco, CA 94158
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Web Hosting	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web Hosting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/27/2023	Payee name Zoom Video Communications
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Amount (\$) \$158.89 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 55 Almaden Blvd Ste 400 San Jose, CA 95113
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Telecommunications	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Telecommunications
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 76/76
2 FILER NAME Nuestro PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 02/09/2023	5 Name of person from whom amount is received Brosnahan, Scott	8 Amount (\$) \$3.00
	6 Address of person from whom amount is received; City; State; Zip Code Valley Village, CA 91607	
	7 Purpose for which amount is received Voided Check	
	<input type="checkbox"/> Check if political contribution returned to filer	
Date 02/09/2023	Name of person from whom amount is received Hamilton, John	Amount (\$) \$100.00
	Address of person from whom amount is received; City; State; Zip Code Phoenix, AZ 85003	
	Purpose for which amount is received Voided Check	
	<input type="checkbox"/> Check if political contribution returned to filer	
Date 02/09/2023	Name of person from whom amount is received Kruger, Robert	Amount (\$) \$15.00
	Address of person from whom amount is received; City; State; Zip Code Jersey City, NJ 07302	
	Purpose for which amount is received Voided Check	
	<input type="checkbox"/> Check if political contribution returned to filer	