FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00085823 3 COMMITTEE NAME **OFFICE USE ONLY** Nuestro PAC - TX Date Received **ELECTRONICALLY FILED** 07/17/2023 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** c/o Mele Brengarth & Associates Date Hand-delivered or Date Postmarked PO Box 15845 Change of Address Washington, DC 20003 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Jeremy NAME NICKNAME LAST **SUFFIX** Begun STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 611 Pennsylvania Ave SE Num 143 STREET **ADDRESS** (Residence or Business) Washington, DC 20003 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** C/O Mele Brengarth & Associates MAILING **ADDRESS** P.O. Box 15845 Washington, DC 20003 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (202) 550-0221 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2023 06/30/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Nuestro PAC - TX			00085823	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	IL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,898.50
EXPENDITURE TOTALS				
	4. TOTAL POLITICA	L EXPENDITURES	\$	22,999.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	25,785.32
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u>'</u>		·	
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Mr. Jerei	my Begun	
		Signature of Car	mpaign Treasu	rer
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	d before me, by the said	, th	nis the	day
		which, witness my hand and seal of office.		
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of offic	cer administering oath

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

		•	JVER OFFEET	3 of 76			
17 COMMITT	EE NAME	18 Filer ID	(Ethics Commission	Filers)			
Nuestro F		00085823					
	LE SUBTOTALS SCHEDULE		SUBTOTAL AN	//OUNT			
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,898.50			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$				
5.	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION						
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$				
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$				
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$				
9.	SCHEDULE E: LOANS		\$				
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	22,999.15			
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	118.00			

	MONEI	TARY POLITICAL CONTRIBUTIONS				SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 1/48 Rpt: 4/76	
2	FILER NAME Nuestro PAC	C - TX			3	Filer ID (Ethics Commission 00085823	ı Filers)
4	Date 01/08/2023	5 Full name of contributor Allen, Daniel6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu IT Manager	Rock Hill, NY 12775 pation / Job title (See Instructions		Employer (See Instructions Duso Food Distributors	<u> </u>		
	Date 02/12/2023	Full name of contributor Allen, Daniel Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu IT Manager	Rock Hill, NY 12775 pation / Job title (See Instructions)	Employer (See Instructions Duso Food Distributors	<u> </u> ;)		
	Date 03/12/2023	Full name of contributor				Amount of Contribution (\$)	\$10.00
	Dringinal occu	Rock Hill, NY 12775 ation / Job title (See Instructions) Employer (See Instructions)					
	IT Manager	pation / Job title (See Instructions	,	Duso Food Distributors	•)		
Date 04/09/2023		Full name of contributor out-of-state PAC (ID#:) Allen, Daniel Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.00
	Principal occu IT Manager	Rock Hill, NY 12775 pation / Job title (See Instructions)	Employer (See Instructions Duso Food Distributors	<u> </u> 5)		
	Date 05/14/2023	Full name of contributor Allen, Daniel Contributor address; City; St Rock Hill, NY 12775	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu IT Manager	pation / Job title (See Instructions)	Employer (See Instructions Duso Food Distributors	5)		

	MONET	ARY POLITICAL CO	S		SCHEDULE	■ A1	
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 2/48 Rpt: 5/76	
2	FILER NAME Nuestro PAC	C-TX			3	Filer ID (Ethics Commission 00085823	ı Filers)
4	Date 06/11/2023	5 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
		Rock Hill, NY 12775					
8	Principal occu IT Manager	pation / Job title (See Instructions)	9	Employer (See Instructions Duso Food Distributors	5)		
	Date 01/08/2023	Full name of contributor Alvarado, Bonnie Contributor address; City; State; Phoenix, AZ 85009	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$7.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Not Employed Date Full name of contributor out-of-state PAC (ID#: 02/05/2023 Alvarado, Bonnie Contributor address; City; State; Zip Code			Not Employed			
)		Amount of Contribution (\$)	\$7.00	
		Phoenix, AZ 85009					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date Full name of contributor out-of-state PAC (ID: 03/05/2023 Alvarado, Bonnie		out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$7.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	()		
	Date 04/09/2023	Full name of contributor Alvarado, Bonnie Contributor address; City; State; Phoenix, AZ 85009	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$7.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	i)		
			•				

	MONEI	ARY POLITICAL CONTRIBUTIONS				SCHEDULE	A1
	The Instru	ction Guide explains how to compl	ete this for	n.	1	Total pages Schedule A1: Sch: 3/48 Rpt: 6/76	
2	FILER NAME Nuestro PAC	C - TX			3	Filer ID (Ethics Commission 00085823	Filers)
4	Date 05/07/2023	Alvarado, Bonnie 6 Contributor address; City; State; Zip Code	te PAC (ID#:)	7	Amount of Contribution (\$)	\$7.00
8	Principal occu Not Employe	Phoenix, AZ 85009 pation / Job title (See Instructions)	9	Employer (See Instructions Not Employed	<u> </u> ;)		
	Date 06/04/2023	Full name of contributor out-of-state Alvarado, Bonnie Contributor address; City; State; Zip Code Phoenix, AZ 85009	te PAC (ID#:			Amount of Contribution (\$)	\$7.00
	Principal occupation / Job title (See Instructions) Not Employed			Employer (See Instructions Not Employed	<u> </u>		
	Date 01/08/2023)		Amount of Contribution (\$)	\$10.00
	Principal occu	Wheaton, IL 60189 pation / Job title (See Instructions) Employer (See Instructions					
	Teacher	pation 7 300 title (See Instructions)		Plainfield Consolidated	nool District 202		
	Date 02/12/2023	Full name of contributor out-of-state PAC (ID#:) Best, Katie Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.00
	Principal occu	Wheaton, IL 60189 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Teacher	pation 7 000 title (occ motivations)		Plainfield Consolidated	•	nool District 202	
	Date 03/12/2023	Full name of contributor out-of-state Best, Katie Contributor address; City; State; Zip Code Wheaton, IL 60189	te PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions Plainfield Consolidated		nool District 202	

	MONEI	ARY POLITICAL CO	SCHEDULE /	41		
	The Instru	ction Guide explains how to	complete this form	n.	1 Total pages Schedule A1: Sch: 4/48 Rpt: 7/76	
2	FILER NAME Nuestro PAC	; - TX			3 Filer ID (Ethics Commission File 00085823	ers)
4	Date 06/11/2023	Best, Katie 6 Contributor address; City; State;	out-of-state PAC (ID#:		7 Amount of Contribution (\$)	\$10.00
•	Dringing coou	Wheaton, IL 60189	lo.	Employer (See Instructions	<u> </u>	
ŏ	Teacher	pation / Job title (See Instructions)	9	Employer (See Instructions) Plainfield Consolidated S		
	Date 01/17/2023	Full name of contributor Brunner, Rick Contributor address; City; State;	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$10.00
		Louisville, KY 40205				
		pation / Job title (See Instructions)		Employer (See Instructions		
	Designer			Self Employed		
	Date Full name of contributor out-of-state PAC (ID# 02/19/2023 Brunner, Rick Contributor address; City; State; Zip Code		out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$10.00
		Louisville, KY 40205				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	
	Designer			Self Employed		
			out-of-state PAC (ID#:		Amount of Contribution (\$)	\$10.00
	Principal occu Designer	pation / Job title (See Instructions)		Employer (See Instructions Self Employed		
	Date 04/23/2023	Full name of contributor Brunner, Rick Contributor address; City; State; Louisville, KY 40205	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$10.00
	Principal occu Designer	pation / Job title (See Instructions)		Employer (See Instructions Self Employed		

	MONEI	TARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this forr	m.	1	Total pages Schedule A1: Sch: 5/48 Rpt: 8/76	
2	FILER NAME Nuestro PAC	: - TX			3	Filer ID (Ethics Commission 00085823	n Filers)
4	Date 05/21/2023	Brunner, Rick 6 Contributor address; City; State;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu Designer	Louisville, KY 40205 pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed)		
	Date 06/18/2023	Brunner, Rick Contributor address; City; State;	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$10.00
	Louisville, KY 40205 Principal occupation / Job title (See Instructions) Designer			Employer (See Instructions Self Employed)		
	Date 01/21/2023	Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$100.00
		Raleigh, NC 27612 pation / Job title (See Instructions)		Employer (See Instructions)		
_	Not Employed		out-of-state PAC (ID#:	Not Employed		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date Full name of contributor out-of-state PAC (ID#:) 03/26/2023 Burns, George Contributor address; City; State; Zip Code Raleigh, NC 27612)		Amount of Contribution (\$)	\$100.00	
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		

	MONEI	TARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 6/48 Rpt: 9/76	
2	FILER NAME Nuestro PAC	C - TX			3	Filer ID (Ethics Commission 00085823	n Filers)
4	Date 04/23/2023	 5 Full name of contributor Burns, George 6 Contributor address; City; Sta 	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu Not Employe	Raleigh, NC 27612 pation / Job title (See Instructions)	9	Employer (See Instructions Not Employed)		
	Date 05/21/2023	Full name of contributor Burns, George Contributor address; City; Sta Raleigh, NC 27612	out-of-state PAC (ID#: te; Zip Code			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 out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Raleigh, NC 27612					
	Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed)		
			out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$27.00
	Principal occu Instructional	pation / Job title (See Instructions) Designer		Employer (See Instructions Springfield Urban Leagu			
	Date 02/12/2023	Full name of contributor Caban, V. Contributor address; City; Sta Berwyn, IL 60402	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$27.00
	Principal occu Instructional	pation / Job title (See Instructions) Designer		Employer (See Instructions Springfield Urban Leagu			
			·				

	MONEI	TARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1
	The Instru	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 7/48 Rpt: 10/76	
2	FILER NAME Nuestro PAC				3	Filer ID (Ethics Commission 00085823	n Filers)
4	Date 03/12/2023	Caban, V. 6 Contributor address; City; State; Zip	-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$27.00
_	Dringing Loggy	Berwyn, IL 60402	lo.	Employer (Coo Instructions			
8	Instructional	pation / Job title (See Instructions) Designer	9	Employer (See Instructions Springfield Urban Leagu			
	Date Full name of contributor out-of-state PAC (ID#:) 04/16/2023 Caban, V. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$27.00		
		Berwyn, IL 60402					
	Principal occupation / Job title (See Instructions)			Employer (See Instructions			
	Date Full name of contributor out-of-state PAC (ID#:_05/14/2023 Caban, V. Contributor address; City; State; Zip Code			Springfield Urban Leagu	ie		
						Amount of Contribution (\$)	\$27.00
		Berwyn, IL 60402					
		pation / Job title (See Instructions) Designer		Employer (See Instructions Springfield Urban Leagu			
	Date Full name of contributor out-of-state PAC (ID# 06/11/2023 Caban, V. Contributor address; City; State; Zip Code Berwyn, IL 60402)		Amount of Contribution (\$)	\$27.00
	Principal occu Instructional	pation / Job title (See Instructions) Designer		Employer (See Instructions Springfield Urban Leagu			
	Date Full name of contributor out-of-state PAC (ID#:) 06/25/2023 Carmona, Tonantzin Contributor address; City; State; Zip Code Chicago, IL 60608				Amount of Contribution (\$)	\$100.00	
	Principal occu Fellow	pation / Job title (See Instructions)		Employer (See Instructions Brookings Institute)		
			<u> </u>				

	MONEI	TARY POLITICAL CONTRIBUTIONS					SCHEDULI	A1
	The Instru	ction Guide explains how	to complete this fo	orn	n.	1	Total pages Schedule A1: Sch: 8/48 Rpt: 11/76	
2	FILER NAME Nuestro PAC					3	Filer ID (Ethics Commission 00085823	Filers)
4	Date 01/30/2023	5 Full name of contributor Carranza, Susana6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			7	Amount of Contribution (\$)	\$20.00
8	Principal occu Chemical En)		Employer (See Instructions Makel Engineering, Inc.	5)		
	Date 02/28/2023	Full name of contributor Carranza, Susana Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code	••••)		Amount of Contribution (\$)	\$20.00
	Principal occupation / Job title (See Instructions) Chemical Engineer)		Employer (See Instructions Makel Engineering, Inc.	<u>(</u>		
	Date 03/31/2023	Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$20.00	
		Austin, TX 78701	,					
	Chemical En	pation / Job title (See Instructions ngineer)		Employer (See Instructions Makel Engineering, Inc.	5)		
	Date Full name of contributor out-of-state PAC (04/30/2023 Carranza, Susana Contributor address; City; State; Zip Code Austin, TX 78701		out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$20.00
	Principal occu Chemical En	pation / Job title (See Instructions)		Employer (See Instructions Makel Engineering, Inc.)		
	Date Full name of contributor out-of-state PAC (ID#:) 05/31/2023 Carranza, Susana Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$20.00			
	Principal occu Chemical En	pation / Job title (See Instructions)		Employer (See Instructions Makel Engineering, Inc.	5)		

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 9/48 Rpt: 12/76	
2	FILER NAME Nuestro PAC	C - TX			3	Filer ID (Ethics Commission 00085823	Filers)
4	Date 06/30/2023	5 Full name of contributor Carranza, Susana6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$20.00
Ļ		Austin, TX 78701	,		<u></u>		
8	Chemical Er			Employer (See Instructions Makel Engineering, Inc.	5) T	Amount of Contribution (th)	
	Date 01/28/2023	Full name of contributor Cavanagh, John Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Jersey City, NJ 07302					
	Principal occu Deputy Seni	pation / Job title (See Instructions or Director	(3)	Employer (See Instructions Planned Parenthood Fe		ration of America	
	Date 02/28/2023	Full name of contributor Cavanagh, John Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Jersey City, NJ 07302	,		L		
	Deputy Seni	pation / Job title (See Instructions or Director	5)	Employer (See Instructions) Planned Parenthood Federation of America			
	Date Full name of contributor out-of-state PAC (03/31/2023 Cavanagh, John Contributor address; City; State; Zip Code		out-of-state PAC (ID#:tate; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Jersey City, NJ 07302 pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u>		
	Deputy Seni	or Director		Planned Parenthood Fe	de	ration of America	
	Date 04/30/2023	Full name of contributor Cavanagh, John Contributor address; City; S Jersey City, NJ 07302	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Deputy Seni	pation / Job title (See Instructions	5)	Employer (See Instructions Planned Parenthood Fe		ration of America	
	Deputy Selli	or Director	<u> </u>	i idinica Faicilliloou Fe	<u>ис</u>	AUDIT OF ATTICITION	

	MONEI	ARY POLITICAL CO	SCHEDULE A1	-		
	The Instru	ction Guide explains how t	o complete this fo	orm.	1 Total pages Schedule A1: Sch: 10/48 Rpt: 13/76	
2	FILER NAME Nuestro PAC	C - TX			3 Filer ID (Ethics Commission Filers) 00085823	
4	Date 05/28/2023	5 Full name of contributor Cavanagh, John6 Contributor address; City; State)	7 Amount of Contribution (\$) \$10	0.00
_	Deinainal assu	Jersey City, NJ 07302		Control (Control to the control to t		
8	Deputy Seni	pation / Job title (See Instructions) or Director		9 Employer (See Instructions Planned Parenthood Fe		
	Date 06/30/2023	Full name of contributor Cavanagh, John Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)	Amount of Contribution (\$)	.00
		Jersey City, NJ 07302				
		pation / Job title (See Instructions)		Employer (See Instructions Planned Parenthood Fe		
	Date Full name of contributor out-of-state PAC (ID 01/15/2023 Childs, Nat Contributor address; City; State; Zip Code			Fiailileu Faieillillou Fe		
				,	Amount of Contribution (\$) \$5	5.00
		Quartzsite, AZ 85359			Ļ	
	Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	S)	
			out-of-state PAC (ID#:)	Amount of Contribution (\$)	5.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)	
	Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$) \$5	5.00	
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)	

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/48 Rpt: 14/76	
2	FILER NAME Nuestro PAC	C - TX			3	Filer ID (Ethics Commission 00085823	Filers)
4	Date 04/16/2023	5 Full name of contributor Childs, Nat6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
8	Principal occu Not Employe	Quartzsite, AZ 85359 pation / Job title (See Instructionsed	(5)	Employer (See Instructions Not Employed	s)		
	Date 05/21/2023	Full name of contributor Childs, Nat Contributor address; City; St Quartzsite, AZ 85359	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions	5)	Employer (See Instructions Not Employed	<u> </u> S)		
	Date 06/18/2023	Full name of contributor Childs, Nat Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Quartzsite, AZ 85359 Principal occupation / Job title (See Instructions) Employer (See Instru		Employer (See Instructions	s)			
	Not Employe		Ź	Not Employed			
	Date 01/15/2023	Full name of contributor Cooper, Julia Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	San Diego, CA 92122 pation / Job title (See Instructionsed	;)	Employer (See Instructions Not Employed	<u> </u> s)		
	Date 02/19/2023	Full name of contributor Cooper, Julia Contributor address; City; Si San Diego, CA 92122	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	s)	Employer (See Instructions Not Employed	s)		
							

2 FILER NAME Nuestro PAC - TX 4 Date	out-of-state PAC (ID#:_cooper, Julia contributor address; City; State; Zip Code an Diego, CA 92122 / Job title (See Instructions) ull name of contributor out-of-state PAC (ID#:_cooper, Julia)	1 Total pages Schedu Sch: 12/48 Rpt: 1 3 Filer ID (Ethics Co 00085823 7 Amount of Contribut	5/76 ommission Filers) tion (\$) \$10.00
Nuestro PAC - TX	ull name of contributor out-of-state PAC (ID#:_ cooper, Julia ontributor address; City; State; Zip Code an Diego, CA 92122 / Job title (See Instructions) ull name of contributor out-of-state PAC (ID#:_ cooper, Julia	Employer (See Instructions Not Employed	00085823 7 Amount of Contribut	tion (\$) \$10.00
03/19/2023 Co 6 Co 8 Principal occupation Not Employed Date 04/16/2023 Co Co Sa Principal occupation Not Employed Date Fu 04/16/2023 Co C	cooper, Julia ontributor address; City; State; Zip Code an Diego, CA 92122 I / Job title (See Instructions) ull name of contributor	Employer (See Instructions Not Employed	5)	\$10.00
8 Principal occupation Not Employed Date Fu 04/16/2023 Cc Co Sa Principal occupation Not Employed Date Fu 05/14/2023 Cc	/ Job title (See Instructions) ull name of contributor	Not Employed		
Not Employed Date Fu 04/16/2023 Cc Co Sa Principal occupation Not Employed Date Fu 05/14/2023 Cc	ull name of contributor	Not Employed		
O4/16/2023 Co Co Sa Principal occupation Not Employed Date Fu 05/14/2023 Co	cooper, Julia		Amount of Contribut	
Principal occupation Not Employed Date Fu 05/14/2023 Cc				tion (\$) \$10.00
Not Employed Date Fu 05/14/2023 Cc	an Diego, CA 92122	Employer (See Instructions		
05/14/2023 Co	Toos the (ess mondons)	Not Employed	-)	
	ull name of contributor out-of-state PAC (ID#:_cooper, Julia ontributor address; City; State; Zip Code)	Amount of Contribut	tion (\$) \$10.00
Sa	an Diego, CA 92122			
Principal occupation Not Employed	/ Job title (See Instructions)	Employer (See Instructions Not Employed	5)	
06/18/2023 Co	ull name of contributor out-of-state PAC (ID#:_stoper, Julia ontributor address; City; State; Zip Code an Diego, CA 92122)	Amount of Contribut	tion (\$) \$10.00
	/ Job title (See Instructions)	Employer (See Instructions	<u> </u> 	
Not Employed		Not Employed		
01/15/2023 Da	ull name of contributor out-of-state PAC (ID#:_ eahlman, Elizabeth ontributor address; City; State; Zip Code Vashington, DC 20003		Amount of Contribut	tion (\$) \$25.00
	/ Job title (See Instructions)	Employer (See Instructions M+R	5)	

2 FILER NAME Nuestro PAC - 4 Date 5 02/12/2023	Full name of contributor		1 Total pages Schedule A1: Sch: 13/48 Rpt: 16/76 3 Filer ID (Ethics Commission Filers) 00085823 7 Amount of Contribution (\$) \$25.0
Nuestro PAC - 4 Date 5 02/12/2023 6 8 Principal occupat Consultant Date	Full name of contributor	9 Employer (See Instructions M+R	7 Amount of Contribution (\$) \$25.0
02/12/2023 6 8 Principal occupat Consultant Date	Dahlman, Elizabeth Contributor address; City; State; Zip Code Washington, DC 20003 tion / Job title (See Instructions) Full name of contributor	9 Employer (See Instructions M+R	\$25.0 \$25.0
Consultant	Full name of contributor out-of-state PAC (ID#:_	M+R	Amount of Contribution (\$)
Consultant	Full name of contributor out-of-state PAC (ID#:_ Dahlman, Elizabeth	M+R	Amount of Contribution (\$)
	Dahlman, Elizabeth)	` '
I			
Principal occupat	Washington, DC 20003 tion / Job title (See Instructions)	Employer (See Instructions	3)
Consultant	aion / 300 title (See instructions)	M+R	5)
Date 04/16/2023	Full name of contributor out-of-state PAC (ID#:_ Dahlman, Elizabeth Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$25.0
	Washington, DC 20003		
Principal occupat Consultant	tion / Job title (See Instructions)	Employer (See Instructions M+R	s)
Date 05/14/2023	Full name of contributor out-of-state PAC (ID#:_ Dahlman, Elizabeth Contributor address; City; State; Zip Code Washington, DC 20003		Amount of Contribution (\$) \$25.0
Principal occupat	tion / Job title (See Instructions)	Employer (See Instructions	<u> </u> s
Consultant		M+R	
Date 06/11/2023	Full name of contributor out-of-state PAC (ID#:_ Dahlman, Elizabeth Contributor address; City; State; Zip Code Washington, DC 20003)	Amount of Contribution (\$) \$25.0
Principal occupat Consultant	tion / Job title (See Instructions)	Employer (See Instructions M+R	<u>I</u> S)

	MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruc	ction Guide explains hov	v to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 14/48 Rpt: 17/76		
2	FILER NAME Nuestro PAC	C - TX				3	Filer ID (Ethics Commission 00085823	Filers)	
4	Date 06/25/2023	5 Full name of contributor Frost, Bill6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00	
_	Dringing! aggr	Placerville, CA 95667	2)	_	Employer (See Instructions	<u></u>			
8	Not Employe	pation / Job title (See Instruction ed	s)	9	Employer (See Instructions Not Employed	5)			
	Date 06/25/2023	Full name of contributor Garber, Connie Contributor address; City; S)		Amount of Contribution (\$)	\$27.00	
	Principal occu	Sanford, ME 04073 pation / Job title (See Instruction	s)		Employer (See Instructions	<u> </u> ;)			
	Not Employe		,		Not Employed	,			
	Date 01/08/2023	Full name of contributor Hamberger, Alex Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00	
		New York, NY 10021							
	Principal occu Meeting Plar	pation / Job title (See Instruction nner	s)		Employer (See Instructions McKinsey & Co.	5)			
	Date 02/12/2023	Full name of contributor Hamberger, Alex Contributor address; City; S New York, NY 10021	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00	
	Principal occu Meeting Plar	pation / Job title (See Instruction nner	s)		Employer (See Instructions McKinsey & Co.	5)			
	Date 03/12/2023	Full name of contributor Hamberger, Alex Contributor address; City; S New York, NY 10021	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00	
	Principal occu Meeting Plar	pation / Job title (See Instruction	s)		Employer (See Instructions McKinsey & Co.	5)			
	g . iai		l						

	MONET	ARY POLITICAL CONTRIBUT	TIONS	SCHI	EDULE A1
	The Instru	ction Guide explains how to complete thi	is form.	1 Total pages Schedule Sch: 15/48 Rpt: 18/	
2	FILER NAME Nuestro PAC	C - TX		3 Filer ID (Ethics Com 00085823	mission Filers)
4	Date 04/09/2023	 Full name of contributor	D#:)	7 Amount of Contributio	s5.00
8	Principal occu	New York, NY 10021 pation / Job title (See Instructions)	9 Employer (See Instructions	ns)	
•	Meeting Plan		McKinsey & Co.		
	Date 05/07/2023	Full name of contributor out-of-state PAC (II Hamberger, Alex Contributor address; City; State; Zip Code New York, NY 10021	D#:)	Amount of Contributio	n (\$) \$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Meeting Plar	nner	McKinsey & Co.		
	Date 06/11/2023	Full name of contributor out-of-state PAC (II Hamberger, Alex Contributor address; City; State; Zip Code	D#:)	Amount of Contributio	\$5.00 \$5.00
		New York, NY 10021			
	Principal occu Meeting Plar	pation / Job title (See Instructions) nner	Employer (See Instructions McKinsey & Co.	ns)	
	Date 01/22/2023	Full name of contributor out-of-state PAC (II Hanes, Timothy Contributor address; City; State; Zip Code Atlanta, GA 30345	D#:)	Amount of Contributio	n (\$) \$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
	Physician		Atlanta Radiology Cons	nsultants	
	Date 02/26/2023	Full name of contributor out-of-state PAC (II Hanes, Timothy Contributor address; City; State; Zip Code Atlanta, GA 30345	D#:)	Amount of Contributio	n (\$) \$50.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Atlanta Radiology Cons		

	MONEI	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how t	to complete this for	m.	1	Total pages Schedule A1: Sch: 16/48 Rpt: 19/76	
2	FILER NAME Nuestro PAC	C - TX			ı	Filer ID (Ethics Commission 00085823	Filers)
4	Date 03/26/2023	5 Full name of contributor [Hanes, Timothy6 Contributor address; City; Stat	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
Ω	Principal occu	Atlanta, GA 30345 pation / Job title (See Instructions)	اه	Employer (See Instructions	;) 		
0	Physician	pation / 300 title (3ee instructions)	l ³	Atlanta Radiology Consu		nts	
	Date 04/23/2023	Full name of contributor Hanes, Timothy Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Dringing coou	Atlanta, GA 30345		Employer (See Instructions	<u>, </u>		
	Physician Physician	pation / Job title (See Instructions)		Atlanta Radiology Consu		nts	
	Date 06/25/2023	Full name of contributor Hanes, Timothy Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		Atlanta, GA 30345					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Atlanta Radiology Consu		nts	
	Date 01/29/2023	Full name of contributor [Hiles, David Contributor address; City; Stat Hyattsville, MD 20781	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$27.00
	Principal occu Economist	pation / Job title (See Instructions)		Employer (See Instructions U.S. Department of Laborations			
	Date 02/28/2023	Full name of contributor Hiles, David Contributor address; City; Stat Hyattsville, MD 20781	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$27.00
	Principal occu Economist	pation / Job title (See Instructions)		Employer (See Instructions U.S. Department of Laborations			
			<u>, </u>				

	MONEI	ARY POLITICAL CO	NIRIBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this for	n.	1	Total pages Schedule A1: Sch: 17/48 Rpt: 20/76	
2	FILER NAME Nuestro PAC	C - TX			3	Filer ID (Ethics Commission 00085823	Filers)
4	Date 03/31/2023	5 Full name of contributor Hiles, David6 Contributor address; City; State	out-of-state PAC (ID#:;)	7	Amount of Contribution (\$)	\$27.00
8	Principal occu Economist	Hyattsville, MD 20781 pation / Job title (See Instructions)	9	Employer (See Instructions) U.S. Department of Labo			
	Date 04/30/2023	Full name of contributor Hiles, David Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code)		Amount of Contribution (\$)	\$27.00
	Principal occu Economist	Hyattsville, MD 20781 pation / Job title (See Instructions)		Employer (See Instructions) U.S. Department of Laboration			
	Date 05/31/2023	Full name of contributor Hiles, David Contributor address; City; State	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$27.00
	Data disal asses	Hyattsville, MD 20781	1				
	Economist Economist	pation / Job title (See Instructions)		Employer (See Instructions) U.S. Department of Laborations			
	Date 06/30/2023	Full name of contributor Hiles, David Contributor address; City; State Hyattsville, MD 20781	out-of-state PAC (ID#: ; Zip Code)		Amount of Contribution (\$)	\$27.00
	Principal occu Economist	pation / Job title (See Instructions)		Employer (See Instructions) U.S. Department of Labo			
	Date 01/15/2023	Full name of contributor Jamison, Cailey Contributor address; City; State Madison, WI 53711	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$1.00
	Principal occu Project Mana	pation / Job title (See Instructions) ager		Employer (See Instructions) Epic Systems)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 18/48 Rpt: 21/76		
2	FILER NAME Nuestro PAC	C - TX			3	Filer ID (Ethics Commission 00085823	Filers)	
4	Date 02/19/2023	5 Full name of contributor Jamison, Cailey6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$1.00	
8	Principal occu Project Mana	Madison, WI 53711 pation / Job title (See Instructions) 9	Employer (See Instructions Epic Systems	s)			
	Date 03/19/2023	Full name of contributor Jamison, Cailey Contributor address; City; St Madison, WI 53711	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00	
	Principal occu Project Mana	pation / Job title (See Instructions ager		Employer (See Instructions Epic Systems	s)			
	Date 04/16/2023	Full name of contributor Jamison, Cailey Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00	
Madison, WI 53711								
	Principal occu Project Mana	pation / Job title (See Instructions ager		Employer (See Instructions Epic Systems	s)			
			out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00	
	Principal occu Project Mana	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Date 06/18/2023	Full name of contributor Jamison, Cailey Contributor address; City; St Madison, WI 53711	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00	
	Principal occu Project Mana	pation / Job title (See Instructions ager		Employer (See Instructions Epic Systems	s)			

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 19/48 Rpt: 22/76	
2	FILER NAME Nuestro PAC			3	Filer ID (Ethics Commission 00085823	Filers)
4	Date 01/30/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$5.00
8	Principal occu	Oak Park, IL 60302 upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Ū	Software De		Orthogonal	٥,		
	Date 02/28/2023	Full name of contributor out-of-state PAC (ID Kappe, Bernhard Contributor address; City; State; Zip Code Oak Park, IL 60302	#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> s)		
	Software De	eveloper	Orthogonal			
	Date 03/31/2023	Full name of contributor	#:)		Amount of Contribution (\$)	\$5.00
		Oak Park, IL 60302	1			
	Principal occu Software De	pation / Job title (See Instructions) veloper	Employer (See Instructions Orthogonal	s)		
	Date 04/30/2023	Full name of contributor out-of-state PAC (ID Kappe, Bernhard Contributor address; City; State; Zip Code Oak Park, IL 60302)		Amount of Contribution (\$)	\$5.00
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Software De	eveloper	Orthogonal			
	Date 05/31/2023	Full name of contributor out-of-state PAC (ID Kappe, Bernhard Contributor address; City; State; Zip Code Oak Park, IL 60302	#:)		Amount of Contribution (\$)	\$5.00
		ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Software De	veloper	Orthogonal			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 20/48 Rpt: 23/76	
2	FILER NAME Nuestro PAC			3	Filer ID (Ethics Commission 00085823	Filers)
4	Date 06/30/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$5.00
_	<u> </u>	Oak Park, IL 60302				
8	Software De	pation / Job title (See Instructions) veloper	9 Employer (See Instructions) Orthogonal)		
	Date 01/15/2023	Full name of contributor out-of-state PAC (ID#:_ Katz, Kathy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Deinsinal assu	Gresham, OR 97030	Fandayar (Caa Instructions			
	Farmer	pation / Job title (See Instructions)	Employer (See Instructions Self Employed)		
	Date 02/19/2023	Full name of contributor out-of-state PAC (ID#:_ Katz, Kathy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
		Gresham, OR 97030				
	Principal occu Farmer	pation / Job title (See Instructions)	Employer (See Instructions Self Employed)		
	Date 03/19/2023	Full name of contributor out-of-state PAC (ID#:_Katz, Kathy Contributor address; City; State; Zip Code Gresham, OR 97030)		Amount of Contribution (\$)	\$5.00
	Principal occu Farmer	pation / Job title (See Instructions)	Employer (See Instructions Self Employed)		
	Date 04/16/2023	Full name of contributor out-of-state PAC (ID#:_Katz, Kathy Contributor address; City; State; Zip Code Gresham, OR 97030			Amount of Contribution (\$)	\$5.00
	Principal occu Farmer	pation / Job title (See Instructions)	Employer (See Instructions Self Employed)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 21/48 Rpt: 24/76	
2	FILER NAME Nuestro PAC			3	Filer ID (Ethics Commission 00085823	ı Filers)
4	Date 05/14/2023	 Full name of contributor out-of-state PAC (ID#:_Katz, Kathy Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$5.00
_		Gresham, OR 97030				
8	Farmer	pation / Job title (See Instructions)	Employer (See Instructions Self Employed)		
	Date 06/18/2023	Full name of contributor out-of-state PAC (ID#:_Katz, Kathy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
	Dringing ogg	Gresham, OR 97030	Employer (See Instructions			
	Farmer	pation / Job title (See Instructions)	Self Employed)		
	Date 01/15/2023	Full name of contributor out-of-state PAC (ID#:_ Kellar, Jesse Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Oakland, CA 94607				
	Principal occu Marketing	pation / Job title (See Instructions)	Employer (See Instructions HP, Inc.)		
	Date 02/19/2023	Full name of contributor out-of-state PAC (ID#:_Kellar, Jesse Contributor address; City; State; Zip Code Oakland, CA 94607			Amount of Contribution (\$)	\$50.00
	Principal occu Marketing	pation / Job title (See Instructions)	Employer (See Instructions HP, Inc.)		
	Date 03/19/2023	Full name of contributor out-of-state PAC (ID#:_Kellar, Jesse Contributor address; City; State; Zip Code Oakland, CA 94607			Amount of Contribution (\$)	\$50.00
	Principal occu Marketing	pation / Job title (See Instructions)	Employer (See Instructions HP, Inc.)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 22/48 Rpt: 25/76	
2	FILER NAME Nuestro PAC			3	Filer ID (Ethics Commission 00085823	Filers)
4	Date 04/16/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
8	Dringinal occu	Oakland, CA 94607 pation / Job title (See Instructions)	9 Employer (See Instructions			
•	Marketing	pation / Job title (See Instructions)	HP, Inc.)		
	Date 05/21/2023	Full name of contributor out-of-state PAC (ID#:_Kellar, Jesse Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Deinsinal assu	Oakland, CA 94607	Familia var (Coo lastivustia va			
	Marketing	pation / Job title (See Instructions)	Employer (See Instructions HP, Inc.)		
	Date 06/18/2023	Full name of contributor out-of-state PAC (ID#:_Kellar, Jesse Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
Oakland, CA 94607						
	Principal occu Marketing	pation / Job title (See Instructions)	Employer (See Instructions HP, Inc.)		
	Date 01/15/2023	Full name of contributor out-of-state PAC (ID#:_Kelly, Christopher Contributor address; City; State; Zip Code Aurora, CO 80011			Amount of Contribution (\$)	\$5.00
	Principal occu Senior Analy	pation / Job title (See Instructions) /st	Employer (See Instructions Schwazze)		
	Date 02/19/2023	Full name of contributor out-of-state PAC (ID#: Kelly, Christopher Contributor address; City; State; Zip Code Aurora, CO 80011			Amount of Contribution (\$)	\$5.00
	Principal occu Senior Analy	pation / Job title (See Instructions) /st	Employer (See Instructions Schwazze)		

MON	IETARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
The In	struction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 23/48 Rpt: 26/76
2 FILER N	JAME D PAC - TX		3 Filer ID (Ethics Commission Filers) 00085823
4 Date 03/19/2	5 Full name of contributor out-of-state PAC (ID# Kelly, Christopher 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$5.0
8 Principa	Aurora, CO 80011 I occupation / Job title (See Instructions)	9 Employer (See Instructions)
Senior	Analyst	Schwazze	
Date 01/08/2		:)	Amount of Contribution (\$) \$10.0
	El Cerrito, CA 94530		
Principa Not Em	l occupation / Job title (See Instructions) ployed	Employer (See Instructions Not Employed)
Date 02/05/2	Contributor address; City; State; Zip Code	:)	Amount of Contribution (\$) \$10.0
Drincina	El Cerrito, CA 94530 I occupation / Job title (See Instructions)	Employer (See Instructions	1
Not Em		Not Employed)
Date 03/05/2		:)	Amount of Contribution (\$) \$10.0
	El Cerrito, CA 94530		
Principa Not Em	l occupation / Job title (See Instructions)	Employer (See Instructions Not Employed)
Date 04/09/2	1	:)	Amount of Contribution (\$) \$10.0
Principa Not Em	l occupation / Job title (See Instructions)	Employer (See Instructions Not Employed)
)

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 24/48 Rpt: 27/76	
2	FILER NAME Nuestro PAC			3	Filer ID (Ethics Commission 00085823	ı Filers)
4	Date 05/07/2023	 Full name of contributor out-of-state PAC (ID#:_Kenney, Michael Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$10.00
_	5	El Cerrito, CA 94530				
8	Not Employe	pation / Job title (See Instructions) ed	9 Employer (See Instructions) Not Employed)		
	Date 06/04/2023	Full name of contributor out-of-state PAC (ID#:_Kenney, Michael Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	El Cerrito, CA 94530 pation / Job title (See Instructions)	Employer (See Instructions			
	Not Employe		Not Employed	,		
	Date 01/15/2023	Full name of contributor out-of-state PAC (ID#:_ Koshland, Jacob Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Berkeley, CA 94705				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		
	Date 02/12/2023	Full name of contributor out-of-state PAC (ID#:_ Koshland, Jacob Contributor address; City; State; Zip Code Berkeley, CA 94705)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed)		
	Date 03/12/2023	Full name of contributor out-of-state PAC (ID#:_Koshland, Jacob Contributor address; City; State; Zip Code Berkeley, CA 94705			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed)		

	MONEI	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 25/48 Rpt: 28/76		
2	FILER NAME Nuestro PAC	C-TX			3	Filer ID (Ethics Commission 00085823	ı Filers)	
4	Date 04/16/2023	 Full name of contributor Koshland, Jacob Contributor address; City; Sta 	out-of-state PAC (ID#: atte; Zip Code)	7	Amount of Contribution (\$)	\$25.00	
8	Principal occu Not Employe	Berkeley, CA 94705 pation / Job title (See Instructions)	9	Employer (See Instructions Not Employed	<u> </u> 5)			
	Date 05/14/2023	Full name of contributor Koshland, Jacob Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00	
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u> </u> 5)			
	Date 06/11/2023	Full name of contributor Koshland, Jacob Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$25.00	
		Berkeley, CA 94705			<u></u>			
	Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)			
	Date 01/08/2023	Full name of contributor Leu, Paula Contributor address; City; Sta Huntsville, AL 35801	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$27.00	
		pation / Job title (See Instructions) Research Analyst		Employer (See Instructions U.S. Army	5)			
	Date 02/05/2023	Full name of contributor Leu, Paula Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$27.00	
		pation / Job title (See Instructions) Research Analyst		Employer (See Instructions U.S. Army	5)			

	MONEI	ARY POLITICAL CONTI	RIBUTION	IS		SCHEDULI	A1
	The Instru	ction Guide explains how to com	plete this for	n.	1	Total pages Schedule A1: Sch: 26/48 Rpt: 29/76	
2	FILER NAME Nuestro PAC	C - TX			3	Filer ID (Ethics Commission 00085823	ı Filers)
4	Date 03/05/2023	Leu, Paula 6 Contributor address; City; State; Zip Co	state PAC (ID#:)	7	Amount of Contribution (\$)	\$27.00
8	Operations F	Huntsville, AL 35801 pation / Job title (See Instructions) Research Analyst		Employer (See Instructions U.S. Army	5)		
	Date 04/09/2023	Full name of contributor out-of- Leu, Paula Contributor address; City; State; Zip Contributor address; City; City; State; Zip Contributor address; City;	state PAC (ID#:)		Amount of Contribution (\$)	\$27.00
		pation / Job title (See Instructions) Research Analyst		Employer (See Instructions U.S. Army	<u> </u> 5)		
	Date 05/07/2023	Full name of contributor out-of- Leu, Paula Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$27.00
	Dringing aggr	Huntsville, AL 35801 pation / Job title (See Instructions)		Employer (Coo Instructions	<u></u>		
		Research Analyst		Employer (See Instructions U.S. Army	•)		
	Date 06/04/2023	Full name of contributor out-of- Leu, Paula Contributor address; City; State; Zip Contributor address; City; City; State; Zip Contributor address; City;	state PAC (ID#:)		Amount of Contribution (\$)	\$27.00
		pation / Job title (See Instructions) Research Analyst		Employer (See Instructions U.S. Army	5)		
	Date 01/15/2023	Full name of contributor out-of- Levine, Meg Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu Small Busine	pation / Job title (See Instructions) ess Owner		Employer (See Instructions Self Employed	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 27/48 Rpt: 30/76	
2	FILER NAME Nuestro PAC			3	Filer ID (Ethics Commission 00085823	r Filers)
4	Date 02/12/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Washington, DC 20001 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
•	Small Busine		Self Employed	-,		
	Date 03/12/2023	Full name of contributor out-of-state PAC (ID# Levine, Meg Contributor address; City; State; Zip Code Washington, DC 20001	:)		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)		
	Small Business Owner		Self Employed			
	Date 04/16/2023	Full name of contributor out-of-state PAC (ID# Levine, Meg Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$20.00
		Washington, DC 20001				
	Principal occu Small Busine	pation / Job title (See Instructions) ess Owner	Employer (See Instructions Self Employed	S)		
	Date 05/14/2023	Full name of contributor out-of-state PAC (ID# Levine, Meg Contributor address; City; State; Zip Code Washington, DC 20001	:)	•	Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Small Busine	ess Owner	Self Employed			
	Date 06/18/2023	Full name of contributor out-of-state PAC (ID# Levine, Meg Contributor address; City; State; Zip Code Washington, DC 20001	:)	•	Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Small Busine	ess Owner	Self Employed			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 28/48 Rpt: 31/76	
2	FILER NAME Nuestro PAC	C - TX			3	Filer ID (Ethics Commission 00085823	ı Filers)
4	Date 01/15/2023	5 Full name of contributorLo, Jeffrey6 Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu Civil Servant		9	Employer (See Instructions U.S. Government	<u> </u> s)		
	Date 02/12/2023	Full name of contributor Lo, Jeffrey Contributor address; City; Sta)		Amount of Contribution (\$)	\$10.00
	Principal occu Civil Servant	Reston, VA 20190 pation / Job title (See Instructions)		Employer (See Instructions U.S. Government	<u> </u> s)		
	Date 03/12/2023	Full name of contributor Lo, Jeffrey Contributor address; City; Sta	out-of-state PAC (ID#:atte; Zip Code)	•	Amount of Contribution (\$)	\$10.00
	Deireciant	Reston, VA 20190		Faralana (One la descrito de			
	Civil Servant	pation / Job title (See Instructions)	,	Employer (See Instructions U.S. Government	5)		
	Date 01/15/2023	Full name of contributor Long, Yun Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$27.00
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions Kohler	5)		
	Date 01/08/2023	Full name of contributor Martinez, Vera Contributor address; City; Sta Laguna Beach, CA 92651	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)		

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 29/48 Rpt: 32/76	
2	FILER NAME Nuestro PAC	: - TX			3	Filer ID (Ethics Commission 00085823	Filers)
4	Date 02/05/2023	 Full name of contributor out-of-state PAC (ID#:_Martinez, Vera Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$5.00
8	Principal occur	Laguna Beach, CA 92651 pation / Job title (See Instructions)	٦	Employer (See Instructions	·/-		
0	Not Employe		"	Not Employed	·)		
	Date 03/05/2023	Full name of contributor out-of-state PAC (ID#:_ Martinez, Vera Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
	Deinsinal assu	Laguna Beach, CA 92651	_	Frankrian (Cook lastinisticas	<u></u>		
	Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
	Date 04/09/2023	Full name of contributor out-of-state PAC (ID#:_Martinez, Vera Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5.00
		Laguna Beach, CA 92651					
	Principal occup Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	s)		
	Date 05/07/2023	Full name of contributor out-of-state PAC (ID#:_ Martinez, Vera Contributor address; City; State; Zip Code Laguna Beach, CA 92651)		Amount of Contribution (\$)	\$5.00
	Principal occup Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 06/04/2023	Full name of contributor out-of-state PAC (ID#:_Martinez, Vera Contributor address; City; State; Zip Code Laguna Beach, CA 92651			•	Amount of Contribution (\$)	\$5.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			<u> </u>	. 1.1755			

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 30/48 Rpt: 33/76	
2	FILER NAME Nuestro PAC	C - TX		3	Filer ID (Ethics Commission 00085823	ı Filers)
4	Date 01/26/2023	 Full name of contributor	<u>#:</u>)	7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Sebastopol, CA 95472 upation / Job title (See Instructions) upist	Employer (See Instructions Self Employed	<u> </u> s)		
	Date 02/26/2023	Full name of contributor out-of-state PAC (ID# McReynolds, Cynthia Contributor address; City; State; Zip Code Sebastopol, CA 95472	#:)		Amount of Contribution (\$)	\$20.00
	Principal occu Psychothera	ppation / Job title (See Instructions) apist	Employer (See Instructions Self Employed	5)		
	Date 03/26/2023	Full name of contributor out-of-state PAC (ID# McReynolds, Cynthia Contributor address; City; State; Zip Code	* :)		Amount of Contribution (\$)	\$20.00
	Principal occu	Sebastopol, CA 95472 upation / Job title (See Instructions)	Employer (See Instructions	;) 		
	Psychothera		Self Employed	,		
	Date 04/26/2023	Contributor address; City; State; Zip Code	#:) 		Amount of Contribution (\$)	\$20.00
	Principal occu	Sebastopol, CA 95472 Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Psychothera	apist	Self Employed			
	Date 05/28/2023	Full name of contributor out-of-state PAC (ID# McReynolds, Cynthia Contributor address; City; State; Zip Code Sebastopol, CA 95472	#:)		Amount of Contribution (\$)	\$20.00
	Principal occu Psychothera	upation / Job title (See Instructions)	Employer (See Instructions Self Employed	<u>. </u>		

	MONEI	ARY POLITICAL CO	NIRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this form	m.	1	Total pages Schedule A1: Sch: 31/48 Rpt: 34/76	
2	FILER NAME Nuestro PAC	C-TX			3	Filer ID (Ethics Commission 00085823	Filers)
4	Date 06/30/2023	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$20.00
8	Principal occu Psychothera		9	Employer (See Instructions Self Employed)		
	Date 01/15/2023	Full name of contributor Miani, Jim Contributor address; City; State; Green Lane, PA 18054	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Software En	pation / Job title (See Instructions) gineer		Employer (See Instructions ICANON Associates)		
	Date 02/19/2023	Full name of contributor Miani, Jim Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Green Lane, PA 18054 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 03/19/2023	Full name of contributor Miani, Jim Contributor address; City; State; Green Lane, PA 18054	out-of-state PAC (ID#:	ICANON Associates		Amount of Contribution (\$)	\$5.00
	Principal occu Software En	pation / Job title (See Instructions) gineer		Employer (See Instructions ICANON Associates)		
	Date 04/16/2023	Full name of contributor Miani, Jim Contributor address; City; State; Green Lane, PA 18054	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Software En	pation / Job title (See Instructions) gineer		Employer (See Instructions ICANON Associates)		
			·				

	MONEI	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 32/48 Rpt: 35/76	
2	FILER NAME Nuestro PAC				3	Filer ID (Ethics Commission 00085823	Filers)
4	Date 05/14/2023	5 Full name of contributor Miani, Jim6 Contributor address; City; St	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$5.00
8	Principal occu Software En	Green Lane, PA 18054 pation / Job title (See Instructions gineer)	9 Employer (See Instructions ICANON Associates) s)		
	Date 06/18/2023	Full name of contributor Miani, Jim Contributor address; City; St Green Lane, PA 18054	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu Software En	I pation / Job title (See Instructions)	Employer (See Instructions ICANON Associates	<u> </u>		
	Date 01/15/2023	Full name of contributor Michaels, Seth Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Washington, DC 20011 pation / Job title (See Instructions)	Employer (See Instructions Not Employed	<u> </u> s)		
	Date 02/12/2023	Full name of contributor Michaels, Seth Contributor address; City; St Washington, DC 20011	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructionsed)	Employer (See Instructions Not Employed	5)		
	Date 03/12/2023	Full name of contributor Michaels, Seth Contributor address; City; St Washington, DC 20011	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions ed		Employer (See Instructions Not Employed	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 33/48 Rpt: 36/76	
2	FILER NAME Nuestro PAC	C - TX		3	Filer ID (Ethics Commission 00085823	ı Filers)
4	Date 04/16/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$5.00
_	Dein sin al a a a a	Washington, DC 20011	To Frankrick (Construction			
8	Not Employe	pation / Job title (See Instructions) ed	9 Employer (See Instructions Not Employed	S)		
	Date 05/14/2023	Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$5.00
	Principal occu	washington, DC 20011 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Not Employed		Not Employed			
	Date 06/11/2023	Full name of contributor	:)		Amount of Contribution (\$)	\$5.00
		Washington, DC 20011				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	s)		
	Date 01/30/2023	Full name of contributor out-of-state PAC (ID# Miller, Melissa Contributor address; City; State; Zip Code Tucson, AZ 85750	÷)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> s)		
	Not Employe	ed	Not Employed			
	Date 02/28/2023	Full name of contributor out-of-state PAC (ID# Miller, Melissa Contributor address; City; State; Zip Code Tucson, AZ 85750	:)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 34/48 Rpt: 37/76	
2	FILER NAME Nuestro PAC			3	Filer ID (Ethics Commission 00085823	r Filers)
4	Date 03/31/2023	 Full name of contributor	·	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Tucson, AZ 85750 upation / Job title (See Instructions)	9 Employer (See Instructions	·/_		
0	Not Employe		Not Employed)		
	Date 04/30/2023	Full name of contributor out-of-state PAC (ID#: Miller, Melissa Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Tucson, AZ 85750 upation / Job title (See Instructions)	Employer (See Instructions	·/_		
	Not Employe		Not Employed)		
	Date 05/31/2023	Full name of contributor out-of-state PAC (ID#: Miller, Melissa Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Tucson, AZ 85750				
	Principal occu Not Employe	ipation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	5)		
	Date 06/30/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Tucson, AZ 85750 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Not Employe	ed	Not Employed			
	Date 01/21/2023	Full name of contributor out-of-state PAC (ID#: Murphy, Matthew Contributor address; City; State; Zip Code Andover, MA 01810			Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	5)		

	MONET	ARY POLITICAL CONTRIBU	JTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete t	this form.	1	Total pages Schedule A1: Sch: 35/48 Rpt: 38/76	
2	FILER NAME Nuestro PAC	C - TX		3	Filer ID (Ethics Commission 00085823	Filers)
4	Date 01/08/2023	 5 Full name of contributor out-of-state PAC Natera, C. 6 Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$5.00
_	Deinsinal assu	Simi Valley, CA 93065	Construction			
8	Managemen	pation / Job title (See Instructions) It Analyst	9 Employer (See Instruction: City of Los Angeles	is)		
	Date 02/12/2023	Full name of contributor out-of-state PAC Natera, C. Contributor address; City; State; Zip Code Simi Valley, CA 93065	C (ID#:)		Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)	Employer (See Instruction	ıs)		
	Management Analyst		City of Los Angeles			
	Date 03/12/2023	Full name of contributor out-of-state PAC Natera, C. Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$5.00
		Simi Valley, CA 93065				
	Principal occu Managemen	pation / Job title (See Instructions) It Analyst	Employer (See Instruction: City of Los Angeles	ıs)		
	Date 04/09/2023	Full name of contributor out-of-state PAC Natera, C. Contributor address; City; State; Zip Code Simi Valley, CA 93065	C (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ıs)		
	Managemen	t Analyst	City of Los Angeles			
	Date 05/07/2023	Full name of contributor out-of-state PAC Natera, C. Contributor address; City; State; Zip Code Simi Valley, CA 93065	C (ID#:)		Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)	Employer (See Instruction:	ıs)		
	Managemen	t Analyst	City of Los Angeles			

	MONET	ARY POLITICAL CONTRIBUTI	IONS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 36/48 Rpt: 39/76	
2	FILER NAME Nuestro PAC	C-TX		3	Filer ID (Ethics Commission 00085823	n Filers)
4	Date 06/11/2023	 5 Full name of contributor out-of-state PAC (IDa Natera, C. 6 Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$5.00
_		Simi Valley, CA 93065	1	Ĺ		
8	Principal occu Managemen	pation / Job title (See Instructions) It Analyst	9 Employer (See Instructions City of Los Angeles	s)		
	Date 01/15/2023	Full name of contributor out-of-state PAC (ID: Perla, Dalia Contributor address; City; State; Zip Code Valley Village, CA 91607	#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Social Worke	pation / Job title (See Instructions)	Employer (See Instructions Los Angeles County	s)		
	Date 02/12/2023	Full name of contributor out-of-state PAC (ID: Perla, Dalia Contributor address; City; State; Zip Code Valley Village, CA 91607	#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Social Worke	pation / Job title (See Instructions)	Employer (See Instructions Los Angeles County	s)		
	Date 03/12/2023	Full name of contributor			Amount of Contribution (\$)	\$10.00
	Principal occu	Valley Village, CA 91607 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Social Work	,	Los Angeles County	3)		
	Date 01/21/2023	Full name of contributor out-of-state PAC (IDa Quijada Salazar, Helianis Contributor address; City; State; Zip Code Brooklyn, NY 11233	#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Social Worke	pation / Job title (See Instructions)	Employer (See Instructions UJC	s)		
			, , ,			

	MONET	ARY POLITICAL CONTRIBUTI	ON	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 37/48 Rpt: 40/76	
2	FILER NAME Nuestro PAC	- TX			3	Filer ID (Ethics Commission 00085823	Filers)
4	02/26/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$25.00
8	Principal occur	Brooklyn, NY 11233 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Social Worke			nic	-,		
	Date 03/26/2023	Full name of contributor out-of-state PAC (ID: Quijada Salazar, Helianis Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$25.00
		Brooklyn, NY 11233					
	Principal occup Social Worke	pation / Job title (See Instructions) er		Employer (See Instructions UJC	S)		
	Date 04/23/2023	Full name of contributor out-of-state PAC (ID: Quijada Salazar, Helianis Contributor address; City; State; Zip Code	#:		•	Amount of Contribution (\$)	\$25.00
		Brooklyn, NY 11233					
	Principal occup Social Worke	oation / Job title (See Instructions) er		Employer (See Instructions UJC	5)		
	Date 05/28/2023	Full name of contributor out-of-state PAC (ID: Quijada Salazar, Helianis Contributor address; City; State; Zip Code Brooklyn, NY 11233)	•	Amount of Contribution (\$)	\$25.00
	Principal occup Social Worke	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/26/2023	Full name of contributor out-of-state PAC (ID: Quijada Salazar, Helianis Contributor address; City; State; Zip Code Brooklyn, NY 11233	#:			Amount of Contribution (\$)	\$25.00
	Principal occup Social Worke	oation / Job title (See Instructions) er		Employer (See Instructions UJC	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 38/48 Rpt: 41/76	
2	FILER NAME Nuestro PAC			3	Filer ID (Ethics Commission 00085823	Filers)
4	Date 01/15/2023	Rasco, James 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1.00
8	Principal occu	Safford, AZ 85546 pation / Job title (See Instructions)	9 Employer (See Instructions			
_	Not Employe		Not Employed	,		
	Date 02/12/2023	Full name of contributor out-of-state PAC (ID#:_ Rasco, James Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Principal occu	Safford, AZ 85546 pation / Job title (See Instructions)	Employer (See Instructions)		
	Not Employe		Not Employed	,		
	Date 03/12/2023	Full name of contributor out-of-state PAC (ID#:_Rasco, James Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1.00
		Safford, AZ 85546				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		
	Date 04/09/2023	Full name of contributor out-of-state PAC (ID#:_ Rasco, James Contributor address; City; State; Zip Code Safford, AZ 85546			Amount of Contribution (\$)	\$1.00
	Principal occu Not Employe	Pation / Job title (See Instructions)	Employer (See Instructions Not Employed)		
	Date 05/14/2023	Full name of contributor out-of-state PAC (ID#:_Rasco, James Contributor address; City; State; Zip Code Safford, AZ 85546			Amount of Contribution (\$)	\$1.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed)		

	MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete th	nis form.	1	Total pages Schedule A1: Sch: 39/48 Rpt: 42/76	
2	FILER NAME Nuestro PAC	C-TX		3	Filer ID (Ethics Commission 00085823	r Filers)
4	Date 06/11/2023	 Full name of contributor out-of-state PAC Rasco, James Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$1.00
8	Principal occu	Safford, AZ 85546 pation / Job title (See Instructions)	9 Employer (See Instructions	c)		
0	Not Employe		Not Employed	5)		
	Date 01/27/2023	Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Not Employe	ed	Not Employed			
	Date 02/28/2023	Full name of contributor out-of-state PAC solow, Barry Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$10.00
		New York, NY 10034				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	s)		
	Date 03/31/2023	Full name of contributor out-of-state PAC Solow, Barry Contributor address; City; State; Zip Code New York, NY 10034	(ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> s)		
	Not Employe	ed	Not Employed			
	Date 04/30/2023	Full name of contributor out-of-state PAC Solow, Barry Contributor address; City; State; Zip Code New York, NY 10034	(ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	s)		

MONE	TARY POLITICAL CONTRIBUTI	IONS	SCHEDULE A1
The Insti	ruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 40/48 Rpt: 43/76
2 FILER NAM Nuestro P			3 Filer ID (Ethics Commission Filers) 00085823
4 Date 05/28/202	5 Full name of contributor out-of-state PAC (ID: Solow, Barry 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$10.0
8 Principal oc	New York, NY 10034	9 Employer (See Instructions)
Not Emplo		Not Employed)
Date 06/30/202	Contributor address; City; State; Zip Code	#:)	Amount of Contribution (\$) \$10.0
Principal oc	New York, NY 10034 ccupation / Job title (See Instructions)	Employer (See Instructions)
Not Employed		Not Employed	,
Date 01/15/202	Full name of contributor out-of-state PAC (ID: Thomas, Susan Contributor address; City; State; Zip Code	#:)	Amount of Contribution (\$) \$5.0
	Pittsford, NY 14534		
Principal oc Not Emplo	ccupation / Job title (See Instructions) byed	Employer (See Instructions Not Employed)
Date 02/19/202		#:)	Amount of Contribution (\$) \$5.0
Principal oc	ccupation / Job title (See Instructions)	Employer (See Instructions)
Not Emplo	pyed	Not Employed	
Date 03/19/202	Contributor address; City; State; Zip Code	#:)	Amount of Contribution (\$) \$5.0
	Pittsford, NY 14534		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 41/48 Rpt: 44/76	
2 FILER NAME Nuestro PAC			Filer ID (Ethics Commission F 00085823	-ilers)
4 Date 04/16/2023	 Full name of contributor		7 Amount of Contribution (\$)	\$5.00
8 Principal occu	Pittsford, NY 14534 spation / Job title (See Instructions)	9 Employer (See Instructions)		
Not Employe		Not Employed		
Date 05/14/2023	Full name of contributor out-of-state PAC (ID#:_ Thomas, Susan Contributor address; City; State; Zip Code Pittsford, NY 14534		Amount of Contribution (\$)	\$5.00
	Ipation / Job title (See Instructions)	Employer (See Instructions)		
Not Employe	ed	Not Employed		
Date 06/18/2023	Full name of contributor out-of-state PAC (ID#:_ Thomas, Susan Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$5.00
	Pittsford, NY 14534			
Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions) Not Employed		
Date 01/15/2023	Full name of contributor out-of-state PAC (ID#:_ Tonge, Jennifer Contributor address; City; State; Zip Code Salt Lake City, UT 84103		Amount of Contribution (\$)	\$5.25
Principal occu Writer	pation / Job title (See Instructions)	Employer (See Instructions) Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
02/12/2023	Tonge, Jennifer Contributor address; City; State; Zip Code Salt Lake City, UT 84103		`	\$5.25
Principal occu Writer	pation / Job title (See Instructions)	Employer (See Instructions) Self Employed		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 42/48 Rpt: 45/76	
2	FILER NAME Nuestro PAC	C - TX		3	Filer ID (Ethics Commission 00085823	Filers)
4	Date 03/12/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$5.25
_	Deinsinal	Salt Lake City, UT 84103	O Frankrije (Ozakastarsti sa			
8	Writer	pation / Job title (See Instructions)	9 Employer (See Instructions Self Employed	5)		
	Date 04/16/2023	Full name of contributor out-of-state PAC (ID#:_ Tonge, Jennifer Contributor address; City; State; Zip Code Salt Lake City, UT 84103			Amount of Contribution (\$)	\$5.25
	Principal occu Writer	pation / Job title (See Instructions)	Employer (See Instructions Self Employed	<u> </u> 5)		
	Date 05/14/2023	Full name of contributor out-of-state PAC (ID#:_ Tonge, Jennifer Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.25
		Salt Lake City, UT 84103				
	Principal occu Writer	pation / Job title (See Instructions)	Employer (See Instructions Self Employed	5)		
	Date 06/11/2023	Full name of contributor out-of-state PAC (ID#:_ Tonge, Jennifer Contributor address; City; State; Zip Code Salt Lake City, UT 84103		•	Amount of Contribution (\$)	\$5.25
	Principal occu Writer	pation / Job title (See Instructions)	Employer (See Instructions Self Employed	<u> </u> 5)		
	Date 01/15/2023	Full name of contributor out-of-state PAC (ID#:_ Toto, Jeffrey Contributor address; City; State; Zip Code Boston, MA 02130			Amount of Contribution (\$)	\$3.00
	Principal occu Teacher	pation / Job title (See Instructions)	Employer (See Instructions Boston College High Sc		ol	

	MONEI	ARY POLITICAL CONT	RIBUTION	S	SCH	IEDULE A1
	The Instru	ction Guide explains how to con	nplete this forr	n.	1 Total pages Schedul Sch: 43/48 Rpt: 46	
2	FILER NAME Nuestro PAC	C - TX			3 Filer ID (Ethics Co. 00085823	mmission Filers)
4	Date 02/12/2023	Toto, Jeffrey 6 Contributor address; City; State; Zip C	f-state PAC (ID#: Code)	7 Amount of Contributi	on (\$) \$3.00
	Dringing conu	pation / Job title (See Instructions)	lo.	Employer (See Instructions		
0	Teacher	pation / Job title (See Instructions)	9	Boston College High Sc		
	Date 03/12/2023	Full name of contributor out-out-out-out-out-out-out-out-out-out-	f-state PAC (ID#:		Amount of Contributi	on (\$) \$3.00
	5	Boston, MA 02130			<u> </u>	
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions Boston College High Sc		
	Date 04/16/2023	Full name of contributor out-o Toto, Jeffrey Contributor address; City; State; Zip C	f-state PAC (ID#:		Amount of Contributi	on (\$) \$3.00
		Boston, MA 02130				
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions Boston College High Sc	*	
	Date 05/14/2023	Full name of contributor out-o Toto, Jeffrey Contributor address; City; State; Zip C Boston, MA 02130	f-state PAC (ID#:		Amount of Contributi	on (\$) \$3.00
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions Boston College High Sc	*	
	Date 06/18/2023	Toto, Jeffrey	f-state PAC (ID#:		Amount of Contributi	on (\$) \$3.00
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions Boston College High Sc		
			1			

				: A1
The Instruc	ction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: Sch: 44/48 Rpt: 47/76	
2 FILER NAME Nuestro PAC	: - TX		3 Filer ID (Ethics Commission 00085823	Filers)
4 Date 01/23/2023	 Full name of contributor out-of-state PAC (ID Tron, Annie) Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$)	\$25.00
8 Principal occur	Federal Way, WA 98023 pation / Job title (See Instructions)	9 Employer (See Instructions)	1	
Consultant	,	Fat Rice		
Date 02/26/2023	Full name of contributor out-of-state PAC (IE Tron, Annie Contributor address; City; State; Zip Code	D#:)	Amount of Contribution (\$)	\$25.00
	Federal Way, WA 98023			
Principal occup Consultant	pation / Job title (See Instructions)	Employer (See Instructions) Fat Rice		
Date 03/26/2023	Full name of contributor	D#:)	Amount of Contribution (\$)	\$25.00
	Federal Way, WA 98023			
Principal occup Consultant	pation / Job title (See Instructions)	Employer (See Instructions) Fat Rice		
Date 04/23/2023	Full name of contributor out-of-state PAC (IE Tron, Annie Contributor address; City; State; Zip Code	D#:)	Amount of Contribution (\$)	\$25.00
	Federal Way, WA 98023			
Principal occup Consultant	pation / Job title (See Instructions)	Employer (See Instructions) Fat Rice		
Date 05/28/2023	Full name of contributor out-of-state PAC (III Tron, Annie Contributor address; City; State; Zip Code Federal Way, WA 98023	D#:)	Amount of Contribution (\$)	\$25.00
Principal occup Consultant	pation / Job title (See Instructions)	Employer (See Instructions) Fat Rice		

	MONEI	ARY POLITICAL C	ONTRIBUTION	15		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 45/48 Rpt: 48/76	
2	FILER NAME Nuestro PAC	C - TX			3	Filer ID (Ethics Commission 00085823	Filers)
4	Date 06/25/2023	5 Full name of contributorTron, Annie6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu Consultant	Federal Way, WA 98023 pation / Job title (See Instructions)	9	Employer (See Instructions Fat Rice	<u>;</u>)		
	Date 01/08/2023	Full name of contributor Ward, Debra Contributor address; City; Sta Tarrant, AL 35217	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Data Assista	pation / Job title (See Instructions)		Employer (See Instructions Royal Cup Coffee	5)		
	Date 02/12/2023	Full name of contributor Ward, Debra Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Tarrant, AL 35217 pation / Job title (See Instructions)	1	Employer (See Instructions) 		
	Data Assista			Royal Cup Coffee	,		
Date 03/12/2023		Full name of contributor Ward, Debra Contributor address; City; Sta Tarrant, AL 35217	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Data Assista	pation / Job title (See Instructions)		Employer (See Instructions Royal Cup Coffee	<u>(</u>		
	Date 04/09/2023	Full name of contributor Ward, Debra Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Data Assista	pation / Job title (See Instructions) ant		Employer (See Instructions Royal Cup Coffee	<u> </u>		

	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	C - TX		3	Filer ID (Ethics Commission 00085823	Filers)
4	Date 05/07/2023	 Full name of contributor out-of-state PAC (ID# Ward, Debra Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$5.00
8	Principal occu	Tarrant, AL 35217 pation / Job title (See Instructions)	9 Employer (See Instructions	<u>s)</u>		
Ū	Data Assista		Royal Cup Coffee	-,		
	Date 06/11/2023	Contributor address; City; State; Zip Code	<i>:</i>)	•	Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;) 		
Data Assistant			Royal Cup Coffee	-,		
	Date 01/15/2023	Full name of contributor out-of-state PAC (ID# Williams, Elizabeth Contributor address; City; State; Zip Code	:	•	Amount of Contribution (\$)	\$5.00
		Alamogordo, NM 88310		L		
	Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	S)		
	Date 02/19/2023	Full name of contributor out-of-state PAC (ID# Williams, Elizabeth Contributor address; City; State; Zip Code Alamogordo, NM 88310	<i>‡</i> :)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> (3)		
	Not Employe	ed	Not Employed			
	Date 03/19/2023	Full name of contributor out-of-state PAC (ID# Williams, Elizabeth Contributor address; City; State; Zip Code Alamogordo, NM 88310	t		Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	5)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE	A1	
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 47/48 Rpt: 50/76	
2	FILER NAME Nuestro PAC	C - TX			3	Filer ID (Ethics Commission 00085823	Filers)
4	Date 04/16/2023	5 Full name of contributorWilliams, Elizabeth6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$5.00
8	Principal occu Not Employe	Alamogordo, NM 88310 pation / Job title (See Instructionsed	9	Employer (See Instructions Not Employed	5)		
	Date 05/14/2023	Full name of contributor Williams, Elizabeth Contributor address; City; St Alamogordo, NM 88310	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$5.00
		Employer (See Instructions Not Employed	<u>(</u>				
	Date 06/18/2023)		Amount of Contribution (\$)	\$5.00
	Principal occu	Alamogordo, NM 88310 pation / Job title (See Instructions	<u> </u>	Employer (See Instructions	-, 		
	Not Employe	•	,	Not Employed	,		
	Date 01/22/2023	Full name of contributor Yancy, Max Contributor address; City; St Austin, TX 78765	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu Event Coord	pation / Job title (See Instructions inator	s)	Employer (See Instructions KOOP Radio 91.7 FM	<u>(</u>		
	Date 02/26/2023	Full name of contributor Yancy, Max Contributor address; City; St Austin, TX 78765	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Event Coord	pation / Job title (See Instructions linator)	Employer (See Instructions KOOP Radio 91.7 FM	5)		

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		
FILER NAME Nuestro PAC			3 Filer ID (Ethics Commission F 00085823	-ilers)
Date 03/26/2023			7 Amount of Contribution (\$)	\$5.00
Principal occu	Austin, TX 78765	9 Employer (See Instructions	ons)	
		KOOP Radio 91.7 FM		
Date Full name of contributor out-of-state PAC (ID#:) 04/23/2023 Yancy, Max Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$5.00
	pation / Job title (See Instructions)			
05/28/2023	Yancy, Max			\$5.00
	Austin, TX 78765			
		Employer (See Instructions KOOP Radio 91.7 FM		
Date 06/25/2023	Full name of contributor out-of-state PAC (ID#:_Yancy, Max Contributor address; City; State; Zip Code Austin, TX 78765		Amount of Contribution (\$)	\$5.00
		Employer (See Instructions	ons)	
Event Coordinator KOOP Radio 91.7 FM		1		
	Principal occur Event Coord Date 03/28/2023 Principal occur Event Coord Date 05/28/2023 Principal occur Event Coord Date 05/28/2023	The Instruction Guide explains how to complete this f FILER NAME Nuestro PAC - TX Date 03/26/2023 5 Full name of contributor out-of-state PAC (ID#- Yancy, Max 6 Contributor address; City; State; Zip Code Austin, TX 78765 Principal occupation / Job title (See Instructions) Event Coordinator Date 04/23/2023 Full name of contributor out-of-state PAC (ID#- Yancy, Max Contributor address; City; State; Zip Code Austin, TX 78765 Principal occupation / Job title (See Instructions) Event Coordinator Date 05/28/2023 Full name of contributor out-of-state PAC (ID#- Yancy, Max Contributor address; City; State; Zip Code Austin, TX 78765 Principal occupation / Job title (See Instructions) Event Coordinator Date 06/25/2023 Full name of contributor out-of-state PAC (ID#- Yancy, Max Contributor address; City; State; Zip Code Austin, TX 78765 Principal occupation / Job title (See Instructions) Event Coordinator Date Austin, TX 78765 Principal occupation / Job title (See Instructions)	The Instruction Guide explains how to complete this form. FILER NAME Nuestro PAC - TX Date 03/26/2023 Fill name of contributor	The Instruction Guide explains how to complete this form. FILER NAME Nuestro PAC - TX Date 03/26/2023 Date 03/26/2023 O3/26/2023 O

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 1/24 Rpt: 52/76	Nuestro PAC - TX 00085823	
4 Date	5 Payee name	
01/20/2023	ADP, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$59.49	1 ADP Blvd	
Expenditure from corporate funds	Roseland, NJ 07068	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Payroll Services Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Payroll Services	
	T dyfoli Scrvices	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		
Date	Payee name	
01/27/2023	ADP, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$63.03	1 ADP Blvd	
Expenditure from corporate funds	Roseland, NJ 07068	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Payroll Services Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Payroll Services	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	1	
Date	Payee name	
02/01/2023	ADP, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$70.86	1 ADP Blvd	
Expenditure from corporate funds	Roseland, NJ 07068	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Payroll Services Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Payroll Services	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
Sch: 2/24 Rpt: 53/76	Nuestro PAC - TX	00085823
4 Date	5 Payee name	·
02/17/2023	ADP, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip (Code
\$9.49	1 ADP Blvd	
Expenditure from corporate funds	Roseland, NJ 07068	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Payroll Services	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payroll Services
		i ayron ocrvices
Complete ONLY if direct	Condidate/Officeholder name	Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ought Office held
Date	Payee name	
03/03/2023	ADP, Inc.	
Amount (\$)	Payee address; City; State; Zip (Code
\$63.03	1 ADP Blvd	
Expenditure from corporate funds	Roseland, NJ 07068	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Payroll Services	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payroll Services
		Faylul Selvices
Complete ONLY if direct	Condidate/Officeholder name	Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ought Office held
,		
Date	Payee name	
03/31/2023	ADP, Inc.	
Amount (\$)	Payee address; City; State; Zip (Code
\$63.03	1 ADP Blvd	
Expenditure from corporate funds	Roseland, NJ 07068	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Payroll Services	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	.,	Check if Austin, TX, officeholder living expense
		Payroll Services
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/OI	1	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officebooker/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
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	7 Payee address; City; State; Zip Code 1 ADP Blvd
Expenditure from corporate funds	Roseland, NJ 07068
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Payroll Services (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll Services
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 04/21/2023	Payee name ADP, Inc.
Amount (\$) \$59.49	Payee address; City; State; Zip Code 1 ADP Blvd
Expenditure from corporate funds	Roseland, NJ 07068
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Payroll Services (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll Services
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 05/19/2023	Payee name ADP, Inc.
Amount (\$) \$9.49	Payee address; City; State; Zip Code 1 ADP Blvd
Expenditure from corporate funds	Roseland, NJ 07068
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Payroll Services (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll Services
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenolder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/24 Rpt: 55/76	Nuestro PAC - TX 00085823
4 Date	5 Payee name
06/23/2023	ADP, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$9.49	1 ADP Blvd
Expenditure from corporate funds	Roseland, NJ 07068
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Payroll Services Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Payroll Services
	r ayroli Services
• • · · · · · · · · · · · · · · · · · ·	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/02/2023	ADP, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$63.03	1 ADP Blvd
Expenditure from corporate funds	Roseland, NJ 07068
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Payroll Services Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Payroll Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiditure to benefit C/Oi	'
Date	Payee name
01/03/2023	ActBlue Technical Services
Amount (\$)	Payee address; City; State; Zip Code
\$4.64	PO Box 441146
\$1.01	1 O BOX 1 III IO
Expenditure from corporate funds	West Somerville, MA 02144
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit Card Processing Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 5/24 Rpt: 56/76	Nuestro PAC - TX	00085823
4 Date	5 Payee name	
01/09/2023	ActBlue Technical Services	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$3.35	PO Box 441146	
Expenditure from corporate funds	West Somerville, MA 02144	
8 PURPOSE OF	, ,	Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit Card Processing Fee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Data		
Date 01/17/2023	Payee name ActBlue Technical Services	
Amount (\$) \$9.90	Payee address; City; State; Zip Code PO Box 441146	
\$9.90	PO 60X 441146	
Expenditure from corporate funds	West Somerville, MA 02144	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit Card Processing Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	1	
Date	Payee name	
01/23/2023	ActBlue Technical Services	
Amount (\$)	Payee address; City; State; Zip Code	
\$9.50	PO Box 441146	
Expenditure from		
corporate funds	West Somerville, MA 02144	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit Card Processing Fee
		- 3
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/24 Rpt: 57/76	Nuestro PAC - TX 00085823
4 Date	5 Payee name
01/30/2023	ActBlue Technical Services
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3.65	PO Box 441146
Expenditure from corporate funds	West Somerville, MA 02144
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Credit Card Processing Fee
	Cledit Cald Flocessing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief of or	
Date	Payee name
02/01/2023	ActBlue Technical Services
Amount (\$)	Payee address; City; State; Zip Code
\$1.98	PO Box 441146
,	
Expenditure from corporate funds	West Somerville, MA 02144
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Credit Card Processing Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/06/2023	ActBlue Technical Services
Amount (\$)	Payee address; City; State; Zip Code
\$1.95	PO Box 441146
Ψ1.55	
Expenditure from corporate funds	West Somerville, MA 02144
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit Card Processing Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	3 Filer ID (Ethics Commission Filers)
Sch: 7/24 Rpt: 58/76	Nuestro PAC - TX		00085823
4 Date	5 Payee name	•	
02/13/2023	ActBlue Technical Services		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
\$6.61	PO Box 441146	·	
Expenditure from corporate funds	West Somerville, MA 02144		
8 PURPOSE	(a) Category (See Categories listed at the top of this scho	edule) (b) Description	
OF EXPENDITURE	Fees		tside of Texas. Complete Schedule T.
		Credit Card Pr	TX, officeholder living expense
		Great Gara i i	oocssing i ee
9 Complete ONLY if direct	Candidate/Officeholder name C	Office sought	Office held
expenditure to benefit C/O		mice sought	Office field
Date	Payee name		
02/21/2023	ActBlue Technical Services		
Amount (\$)	Payee address; City; State;	Zip Code	
\$4.02	PO Box 441146		
Expenditure from corporate funds	West Somerville, MA 02144		
PURPOSE	(a) Category (See Categories listed at the top of this scho	(b) Description	
OF EXPENDITURE	Fees		tside of Texas. Complete Schedule T.
		Credit Card Pr	TX, officeholder living expense
		Credit Card Fr	ocessing ree
Complete <u>ONLY</u> if direct	Candidate/Officeholder name C	Office sought	Office held
expenditure to benefit C/O		mice sought	Cilide Held
Data			
Date 02/27/2023	Payee name ActBlue Technical Services		
Amount (\$)	l ' ' ' '	Zip Code	
\$8.90	PO Box 441146		
Expenditure from corporate funds	West Somerville, MA 02144		
PURPOSE	(a) Category (See Categories listed at the top of this scho	edule) (b) Description	
OF EXPENDITURE	Fees	Check if travel ou	tside of Texas. Complete Schedule T.
		Credit Card Pr	TX, officeholder living expense
		Credit Card Pr	occooning i ee
Complete ONLY if direct	Complete ONLY if direct Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O			Cilido Hold
Forms provided by Tayos F	orms provided by Tayas Ethics Commission www.athics state ty us Version V2.5.1.a18ea2ca		

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Ex
Contributions/ Donations Made By - Gift/Awards/Memo
Candidate/Officeholder/Political Committee Legal Services

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Firiting Expense Legal Services Salaries/Wages/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 8/24 Rpt: 59/76	Nuestro PAC - TX	00085823
4 Date	5 Payee name	
03/01/2023	ActBlue Technical Services	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$3.85	PO Box 441146	
Expenditure from corporate funds	West Somerville, MA 02144	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit Card Processing Fee
		orealt state i rocessing i ce
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI		gnit Office field
Date	Payee name	
03/06/2023	ActBlue Technical Services	
Amount (\$)	Payee address; City; State; Zip Co	de
\$1.95	PO Box 441146	
Expenditure from corporate funds	West Somerville, MA 02144	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
_/		Check if Austin, TX, officeholder living expense
		Credit Card Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held
experience to belief of or	·	
Date	Payee name	
03/13/2023	ActBlue Technical Services	
Amount (\$)	Payee address; City; State; Zip Co	de
\$6.61	PO Box 441146	
Expenditure from corporate funds	West Somerville, MA 02144	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Credit Card Processing Fee
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 9/24 Rpt: 60/76	Nuestro PAC - TX 00085823
4 Date	5 Payee name
03/20/2023	ActBlue Technical Services
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4.02	PO Box 441146
Expenditure from corporate funds	West Somerville, MA 02144
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Categories listed at the top of this scriedule) Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit Card Processing Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
03/27/2023	ActBlue Technical Services
Amount (\$)	Payee address; City; State; Zip Code
\$8.90	PO Box 441146
Expenditure from corporate funds	West Somerville, MA 02144
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit Card Processing Fee
	Grount Gura i 1000000mg i 00
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
04/03/2023	ActBlue Technical Services
Amount (\$)	Payee address; City; State; Zip Code
\$3.85	PO Box 441146
, 1.00	
Expenditure from corporate funds	West Somerville, MA 02144
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Credit Card Processing Fee
	Credit Card Processing Fee
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Credit Card Payment	The Instruction Guide explains how to complete th	,
1 Total pages Schedule F1:	·	3 Filer ID (Ethics Commission Filers)
Sch: 11/24 Rpt: 62/76	Nuestro PAC - TX	00085823
4 Date	5 Payee name	·
05/01/2023	ActBlue Technical Services	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$4.64	PO Box 441146	
Expenditure from corporate funds	West Somerville, MA 02144	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Des	
EXPENDITURE	1 003	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	I — I — I — I	edit Card Processing Fee
		5
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		
Date	Payee name	
05/08/2023	ActBlue Technical Services	
Amount (\$)	Payee address; City; State; Zip Code	
\$2.55	PO Box 441146	
Ψ2.55	10 000 441140	
Expenditure from corporate funds	West Somerville, MA 02144	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	cription
OF EXPENDITURE	1003	Check if travel outside of Texas. Complete Schedule T.
	I — I —	Check if Austin, TX, officeholder living expense edit Card Processing Fee
		an Cara i rocessing i ee
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		Office field
Date	Davido nomo	
05/15/2023	Payee name ActBlue Technical Services	
Amount (\$)	Payee address; City; State; Zip Code	
\$6.05	PO Box 441146	
Expenditure from corporate funds	West Somerville, MA 02144	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	cription
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
LAFLINDITURE	·	Check if Austin, TX, officeholder living expense
	Cre	dit Card Processing Fee
Operation Object "	Condition (Official and I	0.5
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
- p - 1.13.12 12 20.10.11 0/01		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)	
Sch: 12/24 Rpt: 63/76	Nuestro PAC - TX		00085823		
4 Date	5 Payee name		•		
05/22/2023	ActBlue Technical Services				
6 Amount (\$)	7 Payee address; City; State; Zip Co	de			
\$6.53	PO Box 441146				
Expenditure from					
corporate funds	West Somerville, MA 02144				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	 າ		
OF EXPENDITURE	Fees		ravel outside of Texas. Com		
			Austin, TX, officeholder living rd Processing Fee		
		Credit Ca	id Flocessing Fee		
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	nht	Office he	əld	
expenditure to benefit C/OI		giit	Office in	ciu	
Date	Doving name				
05/30/2023	Payee name ActBlue Technical Services				
		do			
Amount (\$) \$3.77	Payee address; City; State; Zip Cor PO Box 441146	ue			
φ3.77	FO BOX 441140				
Expenditure from corporate funds	West Somerville, MA 02144				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	า		
OF EXPENDITURE	Fees		ravel outside of Texas. Com Austin, TX, officeholder living		
			rd Processing Fee		
		o.ou.e ou	a		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office he	eld	
expenditure to benefit C/OI	4				
Date	Payee name				
06/01/2023	ActBlue Technical Services				
Amount (\$)	Payee address; City; State; Zip Coo	de			
\$3.05	PO Box 441146				
Expenditure from corporate funds	West Somerville, MA 02144				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	1		
OF EXPENDITURE	Fees	Check if tr	ravel outside of Texas. Com		
EXI ENDITORE		ш	Austin, TX, officeholder living		
		Credit Ca	rd Processing Fee		
Complete ONLY if direct	Candidate/Officeholder name Office sour	aht	Office he	ald	
expenditure to benefit C/OI		yııı	Office III	Jiu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)				
•	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers))			
Sch: 13/24 Rpt: 64/76	Nuestro PAC - TX 00085823				
4 Date	5 Payee name				
06/05/2023	ActBlue Technical Services				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$1.95	PO Box 441146				
Expenditure from corporate funds	West Somerville, MA 02144				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
EXI ENDITORE	Check if Austin, TX, officeholder living expense				
	Credit Card Processing Fee				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
06/12/2023	ActBlue Technical Services				
Amount (\$)	Payee address; City; State; Zip Code				
\$4.90	PO Box 441146				
φ4.90	FO BOX 441140				
Expenditure from corporate funds	West Somerville, MA 02144				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
LAFENDITORE	Check if Austin, TX, officeholder living expense				
	Credit Card Processing Fee				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H				
Date	Payee name				
06/20/2023	ActBlue Technical Services				
Amount (\$)	Payee address; City; State; Zip Code				
\$4.73	PO Box 441146				
Expenditure from					
corporate funds	West Somerville, MA 02144				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
EXPENDITORE	Check if Austin, TX, officeholder living expense				
	Credit Card Processing Fee				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI	H				
		_			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 14/24 Rpt: 65/76	Nuestro PAC - TX 00085823
4 Date	5 Payee name
06/26/2023	ActBlue Technical Services
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$13.53	PO Box 441146
Expenditure from corporate funds	West Somerville, MA 02144
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Credit Card Processing Fee
	Great Said Processing Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/26/2023	Amalgamated Bank
Amount (\$)	Payee address; City; State; Zip Code
\$85.00	1875 K St NW
400.00	
Expenditure from corporate funds	Washington, DC 20006
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Bank Fees
	Banki ees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/23/2023	Amalgamated Bank
Amount (\$)	Payee address; City; State; Zip Code
\$85.25	1875 K St NW
400.20	1010 K 001WV
Expenditure from corporate funds	Washington, DC 20006
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense Bank Fees
	Dank 1 CCS
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee 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)

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 15/24 Rpt: 66/76	Nuestro PAC - TX	00085823
4 Date	5 Payee name	
03/24/2023	Amalgamated Bank	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$85.50	1875 K St NW	
Expenditure from		
corporate funds	Washington, DC 20006	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bank Fees
		24
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	L aght Office held
expenditure to benefit C/O		
Date	Payee name	
04/26/2023	Amalgamated Bank	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$85.00	1875 K St NW	
Expenditure from corporate funds	Washington, DC 20006	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
_, _, _, _, _, _, _, _, _, _, _, _, _, _		Check if Austin, TX, officeholder living expense
		Bank Fees
Complete ONLY if direct	Candidate/Officeholder name Office sou	 aht Office held
expenditure to benefit C/O		g Cc.
Date	Payee name	
05/26/2023	Amalgamated Bank	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$70.00	1875 K St NW	
Expenditure from corporate funds	Washington, DC 20006	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank Fees
	1	DAIIK FEES

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Expense Travel III

Expense Travel Ou

Wages/Contract Labor OTHER (

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages The Instruction Guide explains how to complete	of Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 16/24 Rpt: 67/76	Nuestro PAC - TX	00085823
4 Date	5 Payee name	
06/26/2023	Amalgamated Bank	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$85.25	1875 K St NW	
Expenditure from corporate funds	Washington, DC 20006	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank Fees
		Dalik Fees
0. Complete ONLY if direct	Condidate/Office holder name Office cought	Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
·		
Date	Payee name	
01/16/2023	Elias Law Group	
Amount (\$)	Payee address; City; State; Zip Code	
\$767.12	22 Pine Ridge Rd	
Expenditure from corporate funds	Rye Brook, NY 10573	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Legal Services	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Legal Services
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
experientare to benefit 6/61		
Date	Payee name	
02/23/2023	Elias Law Group	
Amount (\$)	Payee address; City; State; Zip Code	
\$994.50	22 Pine Ridge Rd	
Expenditure from corporate funds	Rye Brook, NY 10573	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF	Legal Services	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Legal Services
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	п	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Wages/Contract Labor

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 17/24 Rpt: 68/76	Nuestro PAC - TX 00085823
4 Date	5 Payee name
01/18/2023	Intuit
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$87.63	2700 Coast Ave
Expenditure from corporate funds	Mountain View, CA 94043
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense
	Office Supplies
	Office Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/26/2023	MBA Consulting Group
	<u> </u>
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	611 Pennsylvania Ave SE Num 143
Expenditure from corporate funds	Washington, DC 20003
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
LXI ENDITORE	Check if Austin, TX, officeholder living expense
	Compliance and Accounting Services
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/23/2023	MBA Consulting Group
Amount (\$)	Payee address; City; State; Zip Code
\$516.00	611 Pennsylvania Ave SE Num 143
Forman 20 or Co	
Expenditure from corporate funds	Washington, DC 20003
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Compliance and Accounting Services
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp		xpens Vages	e /Contract Labor		Travel in District Travel Out of District OTHER (enter a c	rict ategory not listed above)
1	Total pages Schedule F1:	2 FILER NAM	ИЕ				3	Filer ID	(Ethics Commission Filers)
L	Sch: 18/24 Rpt: 69/76	Nuestro P	AC - TX					00085823	
4	Date	5 Payee nam	ne						
	04/06/2023	MBA Con	sulting Group						
6	Amount (\$)	7 Payee add	ress; City; S	State; Zip Co	ode				
	\$537.02	611 Penn	sylvania Ave SE Num 14	13					
	Expenditure from corporate funds	Washingt	on, DC 20003						
8	PURPOSE		(See Categories listed at the top of the	his schedule)	(b)	Description			
	OF EXPENDITURE	Accountin	g/Banking					de of Texas. Compl	
						Compliance a		Accounting	
						50p.iiai 100 0		ccoanang	
9	Complete ONLY if direct	Candidate/C	officeholder name	Office sou	<u>l</u> ıght			Office hel	d
Ĺ	expenditure to benefit C/Oh			555 556	t			230 1101	-
	Date	Payee nam							
L	05/05/2023	MBA Con	sulting Group						
	Amount (\$)	Payee add	ress; City;	State; Zip Co	ode				
	\$500.00	611 Penn	sylvania Ave SE Num 14	13					
_	T Expenditure from								
L	corporate funds	Washingt	on, DC 20003						
	PURPOSE	(a) Category	(See Categories listed at the top of the	his schedule)	(b)	Description			
	OF EXPENDITURE		g/Banking			-		de of Texas. Compl	
						Compliance a		Accounting	
						Sompliance of	ai iU	, woodining .	COI VICCO
	Complete ONLY if direct expenditure to benefit C/Oh		fficeholder name	Office sou	<u>I</u> ıght			Office hel	d
	Date	Payee nam	ne						
	06/01/2023	1	sulting Group						
	Amount (\$)	Payee add	ress; City;	State; Zip Co	ode				
	\$500.00	_	sylvania Ave SE Num 14						
	Expenditure from corporate funds	Washingt	on, DC 20003						
	PURPOSE OF		(See Categories listed at the top of the	his schedule)	(b)	Description			
	EXPENDITURE	Accountin	g/Banking					de of Texas. Compl officeholder living of	
						Compliance a			
						·		J	
	Complete ONLY if direct	Candidate/C	officeholder name	Office sou	ıght			Office hel	d
	expenditure to benefit C/O	4							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 19/24 Rpt: 70/76	Nuestro PAC - TX 00085823
4 Date	5 Payee name
06/29/2023	MBA Consulting Group
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	611 Pennsylvania Ave SE Num 143
φ300.00	011 Perinsylvania Ave 3E Num 143
Expenditure from	
corporate funds	Washington, DC 20003
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Compliance and Accounting Services
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-i
Data	David and the second se
Date	Payee name
01/17/2023	NGP VAN
Amount (\$)	Payee address; City; State; Zip Code
\$980.50	PO Box 392264
Expenditure from corporate funds	Pittsburgh, PA 15251
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Software Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Software
	Soliware
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/61	'
Date	Payee name
02/21/2023	NGP VAN
Amount (\$)	Payee address; City; State; Zip Code
\$980.50	PO Box 392264
φ300.50	1 O DOX 332204
Expenditure from	
corporate funds	Pittsburgh, PA 15251
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Software Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Software
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee 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

Credit Card Payment	The Instruction Guide explains how to con	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 20/24 Rpt: 71/76	Nuestro PAC - TX	00085823
4 Date	5 Payee name	
03/21/2023	NGP VAN	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	e
\$980.50	PO Box 392264	
Expenditure from corporate funds	Pittsburgh, PA 15251	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Software	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Software
		0.00
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
· .		
Date	Payee name	
04/17/2023	NGP VAN	
Amount (\$)	Payee address; City; State; Zip Coc	e
\$980.50	PO Box 392264	
Expenditure from		
corporate funds	Pittsburgh, PA 15251	
PURPOSE OF	,	b) Description
EXPENDITURE	Software	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Software
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O	1	
Date	Payee name	
04/24/2023	NGP VAN	
Amount (\$)	Payee address; City; State; Zip Coo	e
\$6,747.36	PO Box 392264	
Expenditure from corporate funds	Pittsburgh, PA 15251	
PURPOSE	-	b) Description
OF	Software	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
7		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Credit Card Payment The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 21/24 Rpt: 72/76	Nuestro PAC - TX	00085823			
4 Date	5 Payee name	•			
05/09/2023	NGP VAN				
6 Amount (\$)	7 Payee address; City; State; Zip Cod	e			
\$1,859.72	PO Box 392264				
Expenditure from corporate funds	Pittsburgh, PA 15251				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description			
OF EXPENDITURE	Software	Check if travel outside of Texas. Complete Schedule T.			
EXPENDITORE		Check if Austin, TX, officeholder living expense			
		Software			
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office field			
Date	Payee name				
05/22/2023	NGP VAN				
Amount (\$)	Payee address; City; State; Zip Cod	е			
\$1,771.16	PO Box 392264				
Expenditure from					
corporate funds	Pittsburgh, PA 15251				
PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	b) Description			
EXPENDITURE	Software	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Software			
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held			
expenditure to benefit C/O	-1				
Date	Payee name				
06/12/2023	NGP VAN				
Amount (\$)	Payee address; City; State; Zip Cod	e			
\$101.28	PO Box 392264				
Expenditure from corporate funds	Pittsburgh, PA 15251				
PURPOSE		b) Description			
OF	Software	Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE		Check if Austin, TX, officeholder living expense			
		Software			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht Office held			
experientare to belieff 6/0	•				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)	
Sch: 22/24 Rpt: 73/76	Nuestro PAC - TX	00085823	
4 Date	5 Payee name	·	
02/22/2023	Nielsen Merksamer		
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
\$129.00	2350 Kerner Blvd Ste 250		
- "			
Expenditure from corporate funds	San Rafael, CA 94901		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Legal Services	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Legal Fees	
9 Complete ONLY if direct	Candidate/Officeholder name Office	Sought Office held	
expenditure to benefit C/OI			
Date	Payee name		
02/10/2023	SimpleCast		
Amount (\$)	Payee address; City; State; Zip	Code	
\$15.00	Ellsworth Ave Unit 1689		
\$25.00			
Expenditure from corporate funds	San Mateo, CA 94401		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Media Production	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Media Production	
Complete ONLY if direct	Candidate/Officeholder name Office	Sought Office held	
expenditure to benefit C/OH			
Date	Payee name		
03/10/2023	SimpleCast		
Amount (\$)	Payee address; City; State; Zip	Code	
\$15.00	Ellsworth Ave Unit 1689		
Ψ10.00			
Expenditure from corporate funds	San Mateo, CA 94401		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Media Production	Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Media Production	
		Wedia i Toddedoli	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office	Sought Office held	
expenditure to benefit C/OI		oragin Onice Held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 23/24 Rpt: 74/76	Nuestro PAC - TX 00085823	
4 Date	5 Payee name	
04/10/2023	SimpleCast	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$15.00	Ellsworth Ave Unit 1689	
Expenditure from	San Matao, CA 04401	
corporate funds	San Mateo, CA 94401	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Media Production Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Media Production	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Payee name	
05/10/2023	SimpleCast	
Amount (\$)	Payee address; City; State; Zip Code	
\$15.00	Ellsworth Ave Unit 1689	
Expenditure from corporate funds	San Mateo, CA 94401	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Media Production Check if travel outside of Texas. Complete Schedule T.	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Media Production	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experioritire to benefit C/OI		
Date	Payee name	
01/10/2023	SimpleCast	
Amount (\$)	Payee address; City; State; Zip Code	
\$15.00	Ellsworth Ave Unit 1689	
Ψ13.00		
Expenditure from corporate funds	San Mateo, CA 94401	
PURPOSE	1	
OF	(a) Category (See Categories listed at the top of this schedule) Media Production (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Media Production Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Media Production	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	•	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 24/24 Rpt: 75/76	Nuestro PAC - TX 00085823	
4 Date	5 Payee name	
06/12/2023	SimpleCast	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$15.00	Ellsworth Ave Unit 1689	
Expenditure from corporate funds	San Mateo, CA 94401	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Media Production Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Media Production	
	Wedia Froduction	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Payee name	
03/14/2023	Wix	
Amount (\$)	Payee address; City; State; Zip Code	
\$686.88	500 Terry A Francois Blvd Fl 6	
Expenditure from corporate funds	San Francisco, CA 94158	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Web Hosting Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Web Hosting	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		
Date	Payee name	
03/27/2023	Zoom Video Communications	
Amount (\$)	Payee address; City; State; Zip Code	
\$158.89	55 Almaden Blvd Ste 400	
Expenditure from corporate funds	San Jose, CA 95113	
PURPOSE		
OF	(a) Category (See Categories listed at the top of this schedule) Telecommunications (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Telecommunications	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		

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