GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	Guide explains how to complete this form.	1	Filer ID (Ethics Commission Filers) 00070132		2 Total pages filed: 104
3	COMMITTEE NAME					OFFICE USE ONLY
	Texas Nurse Pract	itioners PAC				Date Received
						ELECTRONICALLY FILED 01/16/2024
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; C	TY;	STATE; ZIP	CODE	
	ADDRESS	4425 S. Mopac Expy., Bldg. 3, Ste. 405				Date Hand-delivered or Date Postmarked
	Change of Address					
		Austin, TX 78735				Receipt # Amount
						Date Processed
						Date Imaged
5	CAMPAIGN TREASURER	MS/MRS/MR FIRST				MI
	NAME	Mrs. Emily S.				
		NICKNAME LAST Eastin				SUFFIX
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE)	;	APT / SUITE #;	CITY;	STATE; ZIP CODE
	TREASURER STREET	4425 S. Mopac Expy., Bldg. 3, Ste. 405				
	ADDRESS					
	(Residence or Business)	Austin, TX 78735				
7	CAMPAIGN TREASURER	STREET OR PO BOX;		APT / SUITE #;	CITY	; STATE; ZIP CODE
	MAILING	4425 S. Mopac Expy., Bldg. 3, Ste. 405				
	ADDRESS					
	Change of Address	Austin, TX 78735				
8	CAMPAIGN	AREA CODE PHONE NUMBER	ΕX	TENSION		
	TREASURER PHONE	(512) 291-6224				
Ļ	DEDODT					_
9	REPORT TYPE	X January 15	30th	day before election		Dissolution (Attach PAC-DR)
			8th d	ay before election		10th day after campaign treasurer termination
		July 15	Runo	ff		
10	PERIOD	Month Day Year		Month	Day	Year
	COVERED		HR		2/31/2023	
11	ELECTION	ELECTION DATE			TYPE	
		Month Day Year X 03/05/2024	Prin	nary Runoff		Other
			Ger	eral Special		
		GO	тс	PAGE 2		
Fo	rms provided by Tex	as Ethics Commission www.e	ethi	cs.state.tx.us		Version V3.5.1.0bfcfb67

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Nurse Practitione	ers PAC		00070132	2
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Gina Hinajosa State Rep	resentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	43,110.71
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	28,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	70,323.55
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT		I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code.		
		Mrs. Emil	y S. Eastin	
		Signature of Car	npaign Treas	urer
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, tr	nis the	day
ot	, 20, to certify (which, witness my hand and seal of office.		
Signature of officer ad	ninistering oath	Printed name of officer administering oath	Title of off	icer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.0bfcfb67

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC

ADDENDUM

Page 3 of 104

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Nurse Practitione	ers PAC			00070132	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Sen. Cesar Blanco State Senato	Dr	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Stephanie Klick State Rep	resentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Sen. Sarah Eckhardt State Sena	ator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC

Page 4 of 104

12 COMMITTEE NAME	13 Filer ID	(Ethics Commission Filers)			
Texas Nurse Practitione	ers PAC			00070132	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Lacey Hull State Represen	tative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Mark Dorazio State Repres	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Cecil Bell State Representa	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Nurse Practitione	ers PAC			00070132	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Jacey Jetton State Repre	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Ryan Guillen State Repre	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Matt Shaheen State Rep	resentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
Forms provided by Teyas F	thics Commission		ethics state ty us		Version V3 5 1 Obfofb67

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 6 of 104

12 COMMITTEE NAME	13 Filer ID (Ethics Commission Filers)		
Texas Nurse Practitione	ers PAC		00070132
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Jeff Leach State Repre	sentative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Drew Darby State	Representative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Dustin Burrows S	tate Representative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		
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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC

ADDENDUM

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12	COMMITTEE NAME									13 F	iler ID	(E	thics Comr	nission Fi	lers)
	Texas Nurse Practitione	ers PAC								0	0070132				
14	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Supported	Rep. Bri	scoe Cain	ו S	state	Repre	esentat	ive				
	(Attach lists on plain paper to complete this report if necessary.)		В.	Opposed											
		2. Measures (Describe by date and location of election and nature of issue.)	Α.	Supported											
			В.	Opposed											
		 Officeholders Assisted (Identify by name or, if applicable, classify by party.) 													
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A.	Supported	Sen. Mo	organ LaM	lan	tia S	itate S	Senato	r				
	(Attach lists on plain paper to complete this report if necessary.)		В.	Opposed											
		2. Measures (Describe by date and location of election and nature of issue.)	A.	Supported											
			В.	Opposed											
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)													

FORM GPA	٩C
COVER SHEET PO	G 3

				8 of 104					
17 COMMITT	EE NAME	18 Filer ID	(Ethics Co	mmission Filers)					
Texas Nu	irse Practitioners PAC	00070132							
19 SCHEDUL	E SUBTOTALS	•		OTAL AMOUNT					
NAME OF	NAME OF SCHEDULE								
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	32,419.00					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$						
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$						
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOR/ LABOR ORGANIZATION	ATION OR	\$						
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$						
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	2	\$	10,691.71					
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$						
9.	SCHEDULE E: LOANS		\$						
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	28,000.00					
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$						
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$						
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$						
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$						

SUBTOTALS - GPAC

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/89 Rpt: 9/104	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
	Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
10/05/2023	Adell, Shekofeh			\$25.00
	6 Contributor address; City; State; Zip Code			
	Nacogdoches, TX 75965			
		9 Employer (See Instructions)	;)	
Nurse Practit	ioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/01/2023	Alleman, Monica			\$25.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78748			
	pation / Job title (See Instructions)	Employer (See Instructions)	;)	
Nurse Practit	ioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/01/2023	Alleman, Monica			\$25.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78748			
	pation / Job title (See Instructions)	Employer (See Instructions)	;)	
Nurse Practit	ioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/01/2023	Alleman, Monica			\$25.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78748			
	pation / Job title (See Instructions)	Employer (See Instructions)	i)	
Nurse Practit	cioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/01/2023	Alleman, Monica			\$25.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78748			
	pation / Job title (See Instructions)	Employer (See Instructions)	;)	
Nurse Practit	ioner			

	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 2/89 Rpt: 10/104	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		Practitioners PAC			00070132	,
4	Date	5 Full name of contributor Dut-of-state PAC (ID	#:)	7	Amount of Contribution (\$)	
	11/01/2023	Alleman, Monica				\$25.00
		6 Contributor address; City; State; Zip Code		"		
		Austin, TX 78748				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u>		
Ū	Nurse Practi			3)		
	Date	Full name of contributor 🛛 out-of-state PAC (ID	#:)		Amount of Contribution (\$)	
	12/01/2023	Alleman, Monica				\$25.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78748	-			
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Nurse Practi	tioner				
	Date		#:)		Amount of Contribution (\$)	
	10/14/2023	Alvarez, Hector				\$25.00
		Contributor address; City; State; Zip Code				
		Brownsville, TX 78526				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>)</u>		
	Nurse Practi			3)		
_	Date		<u> </u>	<u> </u>	Amount of Contribution (\$)	
	11/09/2023	Full name of contributor out-of-state PAC (ID Amador, Claudia	#)			\$50.00
	11/03/2023					Ψ30.00
		Contributor address; City; State; Zip Code				
		Victoria, TX 77904				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Nurse Practi	tioner				
	Date	Full name of contributor Out-of-state PAC (ID	#:)	Τ	Amount of Contribution (\$)	
	10/01/2023	Anderson, Belinda				\$50.00
		Contributor address; City; State; Zip Code				
		Marshall, TX 75672				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Nurse Practi	tioner				

The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 3/89 Rpt: 11/104	
2 FILER NAME			3 Filer ID (Ethics Commission F	Filers)
	e Practitioners PAC		00070132	- ,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
11/08/2023	Barnett, Adam			\$75.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78249			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi			, 	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/01/2023	Barrera, John			\$25.00
	Contributor address; City; State; Zip Code			
	Lytle, TX 78052			
	ipation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/01/2023	Barrera, John			\$25.00
	Contributor address; City; State; Zip Code			
Drizsingl appu	Lytle, TX 78052		<u> </u>	
Principal occu Nurse Practi	ipation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	#05 00
09/01/2023	Barrera, John			\$25.00
	Contributor address; City; State; Zip Code			
	Lytle, TX 78052			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/01/2023	Barrera, John			\$25.00
	Contributor address; City; State; Zip Code			
	Lytle, TX 78052			
-	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			

			1 Total pages Schedule A1:
The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 4/89 Rpt: 12/104
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Nurse	Practitioners PAC		00070132
4 Date	5 Full name of contributor out-of-state PAC (ID	#:)	7 Amount of Contribution (\$)
11/01/2023	Barrera, John		\$25.00
	6 Contributor address; City; State; Zip Code		
	Lytle, TX 78052		
-	pation / Job title (See Instructions)	9 Employer (See Instructions)
Nurse Practi	tioner		
Date	Full name of contributor 🔲 out-of-state PAC (ID	#:)	Amount of Contribution (\$)
12/01/2023	Barrera, John		\$25.00
	Contributor address; City; State; Zip Code		
	Lytle, TX 78052		
	pation / Job title (See Instructions)	Employer (See Instructions)
Nurse Practi	tioner		
Date	Full name of contributor 🛛 out-of-state PAC (ID	#:)	Amount of Contribution (\$)
09/30/2023	Bartek, Suzanne		\$100.00
	Contributor address; City; State; Zip Code		
	Plano, TX 75075		
Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of Contribution (\$)
09/30/2023	Becton-Crouse, Mary		\$50.00
	Contributor address; City; State; Zip Code		
	Krum, TX 76249		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	
Nurse Practi)
Date			Amount of Contribution (\$)
10/30/2023	Full name of contributor out-of-state PAC (ID Becton-Crouse, Mary	#:)	\$50.00 \$
10/00/2020			
	Contributor address; City; State; Zip Code		
	Krum, TX 76249		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Nurse Practi			

	The Instru	ction Guide explains how to complete thi	is form.	1 Total pages Schedule A1: Sch: 5/89 Rpt: 13/104
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		e Practitioners PAC		00070132
4	Date	5 Full name of contributor Out-of-state PAC (II	ID#:)	7 Amount of Contribution (\$)
	11/30/2023	Becton-Crouse, Mary	1	\$50.00
	I	6 Contributor address; City; State; Zip Code		1
		Krum, TX 76249		
8		upation / Job title (See Instructions)	9 Employer (See Instructions	\$)
	Nurse Practi	tioner		
	Date	Full name of contributor 🔲 out-of-state PAC (II	ID#:)	Amount of Contribution (\$)
	07/16/2023	Blanco, Christina	1	\$65.00
	I	Contributor address; City; State; Zip Code		•
			1	
		El Paso, TX 79912	1	
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	۲ <u>ــــــــــــــــــــــــــــــــــــ</u>
	Nurse Practi			
⊨	Date	Full name of contributor	ID#:)	Amount of Contribution (\$)
	08/16/2023	Blanco, Christina	J#	\$65.00
	00,20.2	Contributor address; City; State; Zip Code	J	•
			1	
		El Paso, TX 79912	1	
\vdash	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
	Nurse Practi			,
╞	Date	Full name of contributor Out-of-state PAC (II	ID#:)	Amount of Contribution (\$)
	09/16/2023	Blanco, Christina	J#	\$65.00
	00/10/2020			
		Contributor address; City; State; Zip Code	1	
			1	
		El Paso, TX 79912		
\vdash	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
	Nurse Practi	,		,
⊢	Date	Full name of contributor Out-of-state PAC (II		Amount of Contribution (\$)
	10/16/2023	Blanco, Christina	J#	\$65.00
		Contributor address; City; State; Zip Code	J	
		Continuation dualess, City, State, Lip Code	1	
			1	
		El Paso, TX 79912	1	
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
	Nurse Practi			<i>''</i>
\vdash				

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 6/89 Rpt: 14/104
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		Practitioners PAC		00070132
4	Date	5 Full name of contributor Dut-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
	11/06/2023	Blanco, Christina		\$75.00
		6 Contributor address; City; State; Zip Code		
		El Paso, TX 79912		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
	Nurse Practi	tioner		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	11/16/2023	Blanco, Christina		\$65.00
		Contributor address; City; State; Zip Code		
		El Paso, TX 79912		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
	Nurse Practi	tioner		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	12/16/2023	Blanco, Christina		\$65.00
		Contributor address; City; State; Zip Code		
		El Paso, TX 79912		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Nurse Practi	tioner		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	07/24/2023	Blount, Gina		\$50.00
		Contributor address; City; State; Zip Code		•
		Irving, TX 75061		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Nurse Practi	tioner		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	08/24/2023	Blount, Gina		\$50.00
		Contributor address; City; State; Zip Code		•
		Irving, TX 75061		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)
	Nurse Practi	tioner		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 7/89 Rpt: 15/104	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
	e Practitioners PAC		00070132	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
09/24/2023	Blount, Gina		\$5	50.00
	6 Contributor address; City; State; Zip Code			
	Irving, TX 75061			
	ipation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/24/2023	Blount, Gina		\$5	50.00
	Contributor address; City; State; Zip Code			
	Irving, TX 75061			
	ipation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/24/2023	Blount, Gina		\$5	50.00
	Contributor address; City; State; Zip Code			
	Irving, TX 75061			
Principal occu Nurse Practi	Ipation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	00
11/06/2023	Bogan, Carolyn		\$ <i>1</i>	75.00
	Contributor address; City; State; Zip Code			
	Lorena, TX 76655			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi			, ,	
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
11/08/2023	Bridgeford, Heather	,		75.00
	Contributor address; City; State; Zip Code		I	
	San Antonio, TX 78254			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			

The Instru		form	1 Total pages Schedule A1:	
	iction Guide explains how to complete this f	orm.	Sch: 8/89 Rpt: 16/104	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	_
11/05/2023				\$75.00
	6 Contributor address; City; State; Zip Code			
	Flower Mound, TX 75022			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi	itioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/11/2023	Brooks, Vicki			\$100.00
	Contributor address; City; State; Zip Code			
Dringing oog	Mineral Wells, TX 76067		<u> </u>	
Principal occu Nurse Practi	upation / Job title (See Instructions)	Employer (See Instructions))	
		<u> </u>	to the Constructions (A)	
Date 08/11/2023	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	\$100.00
00/11/2023	· · · · · · · · · · · · · · · · · · ·			ΦT00.00
	Contributor address; City; State; Zip Code			
	Mineral Wells, TX 76067			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	itioner			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
09/11/2023	Brooks, Vicki			\$100.00
	Contributor address; City; State; Zip Code			
	Mineral Wells, TX 76067			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi)	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)	
10/11/2023		,		\$100.00
-	Contributor address; City; State; Zip Code			·
	Mineral Wells, TX 76067			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	itioner			

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 9/89 Rpt: 17/104
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	e Practitioners PAC		00070132
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
11/11/2023	Brooks, Vicki		\$100.0
	6 Contributor address; City; State; Zip Code		1
	Mineral Wells, TX 76067		
8 Principal occu	1	9 Employer (See Instructions	<u> </u> s)
Nurse Practi			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/11/2023	Brooks, Vicki		\$100.0
	Contributor address; City; State; Zip Code		1
	Mineral Wells, TX 76067		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Nurse Practi	tioner		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/01/2023	Browning-Taylor, Mary		\$600.0
	Contributor address; City; State; Zip Code		1
	Corpus Christi, TX 78410		
-	pation / Job title (See Instructions)	Employer (See Instructions	3)
Nurse Practi			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/08/2023	Bullard, Lynn		\$50.0
	Contributor address; City; State; Zip Code		1
	Karnes City, TX 78118		
	pation / Job title (See Instructions)	Employer (See Instructions	5)
Nurse Practi	tioner		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/30/2023	Bullard, Lynn		\$75.0
	Contributor address; City; State; Zip Code		1
	Karnes City, TX 78118		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Nurse Practi	tioner		

The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 10/89 Rpt: 18/104	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	Practitioners PAC		00070132	0.07
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
11/05/2023	Burns, Lashonda		\$	\$75.00
	6 Contributor address; City; State; Zip Code			
	Arlington, TX 76015			
	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi	tioner	MCNT		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/08/2023	Cain, Patience		\$	\$75.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78230			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/08/2023	Cain, Patience		\$	\$75.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78230			
-	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/08/2023	Cain, Patience		\$	\$75.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78230			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/08/2023	Cain, Patience		\$	\$75.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78230			
-	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			

The Instru	ction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: Sch: 11/89 Rpt: 19/104
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	e Practitioners PAC		00070132
4 Date	5 Full name of contributor out-of-state PAC (II)	7 Amount of Contribution (\$)
11/08/2023	Cain, Patience		\$75.00
	6 Contributor address; City; State; Zip Code		1
	San Antonio, TX 78230		
-	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)
Nurse Practi	tioner		
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of Contribution (\$)
12/08/2023	Cain, Patience		\$75.00
	Contributor address; City; State; Zip Code		1
	San Antonio, TX 78230	<u> </u>	<u> </u>
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Nurse Practi			
Date	—	D#:)	Amount of Contribution (\$)
09/30/2023	Cain, Richard		\$300.00
	Contributor address; City; State; Zip Code		
	Livingston, TX 77351		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	~\
Nurse Practi			5)
Date		D#·)	Amount of Contribution (\$)
08/03/2023	Carter-Griffin, Essence	D#:)	\$50.00
0010012020			φυσιου
	Contributor address; City; State; Zip Code		
	Arlington, TX 76005		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Nurse Practi	tioner		
Date	Full name of contributor out-of-state PAC (IE	 D#:	Amount of Contribution (\$)
09/03/2023	Carter-Griffin, Essence		\$50.00
	Contributor address; City; State; Zip Code		1
	Arlington, TX 76005		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Nurse Practi	tioner		

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 12/89 Rpt: 20/104	
2 FILER NAME			3 Filer ID (Ethics Commission F	ilers)
	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
10/03/2023				\$50.00
	6 Contributor address; City; State; Zip Code			
	Arlington, TX 76005			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	
Nurse Pract	itioner			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
11/03/2023	Carter-Griffin, Essence			\$50.00
	Contributor address; City; State; Zip Code			
	Arlington, TX 76005			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Pract	itioner			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
12/03/2023	Carter-Griffin, Essence			\$50.00
	Contributor address; City; State; Zip Code			
	Arlington, TX 76005			
	upation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Pract	itioner			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
07/03/2023	Carter-Griffin, Essence			\$50.00
	Contributor address; City; State; Zip Code			
	Arlington, TX 76005			
-	upation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Pract	itioner			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
07/29/2023	Carver, Lea Ann			\$50.00
	Contributor address; City; State; Zip Code			
	Fair Oaks Ranch, TX 78015			
	upation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Pract	ationer			

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 13/89 Rpt: 21/104	
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
	e Practitioners PAC		00070132	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
08/29/2023	Carver, Lea Ann			\$50.00
	6 Contributor address; City; State; Zip Code			
	Fair Oaks Ranch, TX 78015		<u> </u>	
-		9 Employer (See Instructions))	
Nurse Practi	itioner			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
09/29/2023	Carver, Lea Ann			\$50.00
	Contributor address; City; State; Zip Code			
	Fair Oaks Ranch, TX 78015			
-	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	itioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/29/2023	Carver, Lea Ann			\$50.00
	Contributor address; City; State; Zip Code			
	Fair Oaks Ranch, TX 78015			
-	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/29/2023	Carver, Lea Ann			\$50.00
	Contributor address; City; State; Zip Code			
	Fair Oaks Ranch, TX 78015			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/29/2023	Carver, Lea Ann	/		\$50.00
12/20/2020	Contributor address; City; State; Zip Code			φου.υς
	Continuation address, City, State, Lip Code			
	Fair Oaks Ranch, TX 78015			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi			'	
1				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 14/89 Rpt: 22/104
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Nurse	Practitioners PAC		00070132
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
09/30/2023	Cates, Sharon		\$100.00
	6 Contributor address; City; State; Zip Code		
	Sweetwater, TX 79556		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))
Nurse Practi	tioner		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/14/2023	Cawi, Irene		\$50.00
	Contributor address; City; State; Zip Code		
	Midland, TX 79711		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	
Nurse Practi	tioner		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/05/2023	Cerreta, Emily		\$75.00
	Contributor address; City; State; Zip Code		
	Katy, TX 77494		
	pation / Job title (See Instructions)	Employer (See Instructions	
Nurse Practi			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/06/2023	Chapman, Barbara		\$75.00
	Contributor address; City; State; Zip Code		
	Richardson, TX 75082		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	
Nurse Practi)
		<u> </u>	Amount of Contribution (\$)
Date 10/01/2023	Full name of contributor out-of-state PAC (ID#: Chawla, Kim)	\$100.00
10/01/2023	Contributor address; City; State; Zip Code		\$100.00
	Contributor address, City, State, Zip Code		
	Arlington, TX 76016		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Nurse Practi			
		1	

The Instru	iction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 15/89 Rpt: 23/104
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	e Practitioners PAC		00070132
4 Date	5 Full name of contributor out-of-state PAC (ID#	:)	7 Amount of Contribution (\$)
11/08/2023			\$75.00
	6 Contributor address; City; State; Zip Code		
	Round Rock, TX 78665		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)
Nurse Pract	itioner		
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
11/08/2023	Clarke, Brenda		\$75.00
	Contributor address; City; State; Zip Code		
	College Station, TX 77845		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)
Nurse Pract	itioner		
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
07/07/2023	Clements, Kristine		\$50.00
	Contributor address; City; State; Zip Code		
	Spring, TX 77373		
	upation / Job title (See Instructions)	Employer (See Instructions)
Nurse Pract	.itioner		
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
08/07/2023	Clements, Kristine		\$50.00
	Contributor address; City; State; Zip Code		
Driv vinal and	Spring, TX 77373		
Principal occu Nurse Pract	upation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#)	:)	Amount of Contribution (\$)
09/07/2023			\$50.00
	Contributor address; City; State; Zip Code		
	Chring TV 77979		
Dringing ogg	Spring, TX 77373		
Principal occu Nurse Pract	upation / Job title (See Instructions)	Employer (See Instructions)
INUISE FIACE			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 16/89 Rpt: 24/104	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
	e Practitioners PAC		00070132	11
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
10/07/2023	Clements, Kristine			\$50.00
	6 Contributor address; City; State; Zip Code			
	Spring, TX 77373			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/07/2023	Clements, Kristine			\$50.00
	Contributor address; City; State; Zip Code			
	Spring, TX 77373			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/07/2023	Clements, Kristine			\$50.00
	Contributor address; City; State; Zip Code			
	Spring, TX 77373			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/26/2023	Cook, Jeannie			\$100.00
	Contributor address; City; State; Zip Code			
	Plano, TX 75023			
	ipation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/26/2023	Cook, Jeannie			\$100.00
	Contributor address; City; State; Zip Code			
	Plano, TX 75023	<u> </u>		
-	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/89 Rpt: 25/104	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
-		Practitioners PAC			00070132	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/26/2023	Cook, Jeannie				\$100.00
		6 Contributor address; City; State; Zip Code		1		
	Deinsinglasse	Plano, TX 75023				
8	Nurse Practi	pation / Job title (See Instructions) tioner	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/26/2023	Cook, Jeannie				\$100.00
		Contributor address; City; State; Zip Code		1		
		Plano, TX 75023				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Nurse Practi	tioner				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/26/2023	Cook, Jeannie				\$100.00
		Contributor address; City; State; Zip Code				
		Plano, TX 75023				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	Nurse Practi			-)		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/26/2023	Cook, Jeannie				\$100.00
		Contributor address; City; State; Zip Code		ł		
		Plano, TX 75023				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Nurse Practi	tioner				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/30/2023	Crook, Debra				\$50.00
		Contributor address; City; State; Zip Code		1		
		Freeport TV 77541				
\vdash	Dringing	Freeport, TX 77541	Employer (Coolingtouting	<u> </u>		
	Nurse Practi	pation / Job title (See Instructions) tioner	Employer (See Instructions	>)		
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The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 18/89 Rpt: 26/104	
2 FILER NAME			3 Filer ID (Ethics Commission F	ilers)
	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
10/30/2023				\$50.00
	6 Contributor address; City; State; Zip Code			
	Freeport, TX 77541			
	upation / Job title (See Instructions)	9 Employer (See Instructions)	
Nurse Pract	itioner	<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
11/06/2023	Crook, Debra			\$75.00
	Contributor address; City; State; Zip Code			
	Freeport, TX 77541	1	、 、	
	upation / Job title (See Instructions)	Employer (See Instructions	.)	
Nurse Pract		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/30/2023	Crook, Debra			\$50.00
	Contributor address; City; State; Zip Code			
	Freeport TV 775/1			
Dringing occ	Freeport, TX 77541	Employer (See Instructions		
Nurse Pract	upation / Job title (See Instructions) itioner	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	ተርሳ ሰብ
12/30/2023	Crook, Debra			\$50.00
	Contributor address; City; State; Zip Code			
	Freeport, TX 77541			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Nurse Pract)	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
11/08/2023	Cullers, Justin)		\$75.00
11/00/2020	Contributor address; City; State; Zip Code			ψι 0.00
	Austin, TX 78759			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>.</u>	
Nurse Pract			,	
		<u> </u>		

- 1			1 Total pages Schedule A1:	
The Instru	iction Guide explains how to complete this f	form.	Sch: 19/89 Rpt: 27/104	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
Texas Nurse	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:))	7 Amount of Contribution (\$)	
07/18/2023	·			\$60.00
	6 Contributor address; City; State; Zip Code			
	Willow Park, TX 76087			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi	itioner			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
07/27/2023	Davidson, Carol			\$10.00
	Contributor address; City; State; Zip Code			
	Louise TV 76460			
Drincinal occu	Loving, TX 76460 upation / Job title (See Instructions)	Employer (See Instructions)	\	
Nurse Practi		Employer (See Instructions))	
		<u> </u>	Amount of Contribution (ft)	
Date 08/27/2023	Full name of contributor out-of-state PAC (ID#: Davidson, Carol)	Amount of Contribution (\$)	\$10.00
0012112025	· · · · · · · · · · · · · · · · · · ·			ΦΤΟ'ΟΟ
	Contributor address; City; State; Zip Code			
	Loving, TX 76460			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	itioner			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
09/27/2023	Davidson, Carol			\$10.00
	Contributor address; City; State; Zip Code			
	Loving, TX 76460			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi			, 	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/27/2023	—			\$10.00
	Contributor address; City; State; Zip Code			
	Loving, TX 76460			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	itioner			
1				

Tł	he Instru	ction Guide explains how to co	mplete this fo	orm.	1	Total pages Schedule A1: Sch: 20/89 Rpt: 28/104	
2 FII	LER NAME				3	Filer ID (Ethics Commission	Filers)
		Practitioners PAC			-	00070132	
4 Da	ate	5 Full name of contributor out-o	of-state PAC (ID#:)	7	Amount of Contribution (\$)	
11	1/27/2023	Davidson, Carol					\$10.00
		6 Contributor address; City; State; Zip	Code				
		Loving, TX 76460					
8 Pri	rincipal occu	pation / Job title (See Instructions)		9 Employer (See Instructions)		
Νι	urse Practi	tioner					
Da	ate	Full name of contributor out-o	of-state PAC (ID#:)		Amount of Contribution (\$)	
12	2/27/2023	Davidson, Carol	· · ·				\$10.00
	-						
			Couc				
		Loving, TX 76460					
Pri	rincipal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	urse Practi				,		
	ate	Full name of contributor)		Amount of Contribution (\$)	
	7/06/2023	Davis, Sheryl	שייייייייייייייייייייייייייייייייייייי				\$25.00
	1100,2023						Ψ20.00
		Contributor address; City; State; Zip	Code				
		Weston Lakes, TX 77441					
Pri	rincinal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u>		
	urse Practi)		
			<u> </u>				
	ate		of-state PAC (ID#:)		Amount of Contribution (\$)	* 25 00
08	3/06/2023						\$25.00
		Contributor address; City; State; Zip					
		Master Lakes TV 77441					
	· · ·	Weston Lakes, TX 77441					
		pation / Job title (See Instructions)		Employer (See Instructions)		
INU	urse Practi	aoner					
Da	ate		of-state PAC (ID#:)		Amount of Contribution (\$)	
07	7/01/2023	Day, Cristi					\$50.00
		Contributor address; City; State; Zip					
		Normanna, TX 78142					
Pri	rincipal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
Νι	urse Practi	tioner					
			!				

The Instruc	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 21/89 Rpt: 29/104	
2 FILER NAME			3 Filer ID (Ethics Commission I	Filers)
	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
08/01/2023	Day, Cristi			\$50.00
	6 Contributor address; City; State; Zip Code			
	Normanna, TX 78142			
	ipation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
09/01/2023				\$50.00
	Contributor address; City; State; Zip Code			
	Normanna TV 70142			
Dringing occu	Normanna, TX 78142	Employer (Soo Instructions)	N	
Nurse Practi	ipation / Job title (See Instructions)	Employer (See Instructions))	
		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	* 50.00
10/01/2023				\$50.00
	Contributor address; City; State; Zip Code			
	Normanna, TX 78142			
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
Nurse Practi)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
11/01/2023	Day, Cristi	·/	Almount of Contribution (ψ)	\$50.00
	Contributor address; City; State; Zip Code			ΨΟΟ.ΟΟ
	Continuation address, City, State, Zip Code			
	Normanna, TX 78142			
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi			, ,	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
10/01/2023	DeVries, Doris			\$20.00
	Contributor address; City; State; Zip Code			
	El Lago, TX 77586			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			

The Instruc	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 22/89 Rpt: 30/104	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	Practitioners PAC		00070132	010)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
07/06/2023	Dean, Margaret		9	\$25.00
	6 Contributor address; City; State; Zip Code			
	Lubbock, TX 79407			
		9 Employer (See Instructions))	
Nurse Practit	.ioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/06/2023	Dean, Margaret		9	\$25.00
	Contributor address; City; State; Zip Code			
	Lubbock, TX 79407			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Practit	ioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/06/2023	Dean, Margaret		9	\$25.00
	Contributor address; City; State; Zip Code			
	Lubbock, TX 79407			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Practit	loner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	_
10/06/2023	Dean, Margaret		\$	\$25.00
	Contributor address; City; State; Zip Code			
	I			
	Lubbock, TX 79407		、	
	pation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Practit				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/06/2023	Dean, Margaret		9	\$25.00
	Contributor address; City; State; Zip Code			
	I			
	Lubbock, TX 79407			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Practit	loner			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 23/89 Rpt: 31/104	
2 FILER NAME			3 Filer ID (Ethics Commission F	Filers)
	e Practitioners PAC		00070132	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
12/06/2023	Dean, Margaret			\$25.00
	6 Contributor address; City; State; Zip Code			
	Lubbock, TX 79407			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Pract	itioner			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
07/22/2023	Deutschendorf, Danielle			\$25.00
	Contributor address; City; State; Zip Code			
	Pflugerville, TX 78660			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	i)	
Nurse Pract	itioner			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
08/22/2023	Deutschendorf, Danielle			\$25.00
	Contributor address; City; State; Zip Code			
	Pflugerville, TX 78660			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	·)	
Nurse Pract	itioner			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
09/22/2023	Deutschendorf, Danielle			\$25.00
	Contributor address; City; State; Zip Code			
	Pflugerville, TX 78660			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)	
Nurse Pract	itioner			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
10/22/2023	Deutschendorf, Danielle	,		\$25.00
	Contributor address; City; State; Zip Code			•
	Pflugerville, TX 78660			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)		
Nurse Pract			,	
-		<u> </u>		

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	The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 24/89 Rpt: 32/104
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		e Practitioners PAC		00070132
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	11/22/2023	Deutschendorf, Danielle		\$25.00
		6 Contributor address; City; State; Zip Code		1
		Pflugerville, TX 78660		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	۲ <u>ــــــــــــــــــــــــــــــــــــ</u>
	Nurse Practi	tioner		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
	12/22/2023	Deutschendorf, Danielle	/	\$25.00
	10,000			
		Contributor address; City; State; Zip Code		
		Pflugerville, TX 78660		
\vdash	Dringingloogu			-
		ipation / Job title (See Instructions)	Employer (See Instructions)	3)
	Nurse Practi			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	11/08/2023	Dickens, James		\$75.00
		Contributor address; City; State; Zip Code		1
		Denton, TX 76210		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	š)
	Nurse Practi	tioner		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	07/26/2023	Doyal, Michael		\$25.00
		Contributor address; City; State; Zip Code		4
		Amarillo, TX 79109		
⊢	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>
	Nurse Practi			· ·
⊨	Date		<u> </u>	Amount of Contribution (\$)
	08/26/2023	Full name of contributor out-of-state PAC (ID#: Doyal, Michael)	\$25.00
	00/20/2023	-		ψ23.00
		Contributor address; City; State; Zip Code		
		Amarillo, TX 79109		<u> </u>
		ipation / Job title (See Instructions)	Employer (See Instructions)	\$)
	Nurse Practi	tioner		
			<u> </u>	

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 25/89 Rpt: 33/104	
2 FILER NAME			3 Filer ID (Ethics Commission Fil	lers)
	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
09/26/2023				\$25.00
	6 Contributor address; City; State; Zip Code			
	Amarillo, TX 79109			
8 Principal occu Nurse Pract	upation / Job title (See Instructions)	9 Employer (See Instructions)	
		\	Amount of Contribution (ft)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	¢05 00
10/26/2023				\$25.00
	Contributor address; City; State; Zip Code			
	Amarillo, TX 79109			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Pract			,	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
11/08/2023	Doyal, Michael)		\$75.00
	Contributor address; City; State; Zip Code			
	Amarillo, TX 79109			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Pract	itioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/26/2023	Doyal, Michael			\$25.00
	Contributor address; City; State; Zip Code			
	Amarillo, TX 79109			
	upation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Pract				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	·
12/26/2023				\$25.00
	Contributor address; City; State; Zip Code			
	Amarillo, TX 79109			
Bringinal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Pract		Employer (See instructions)	

The Instruc	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 26/89 Rpt: 34/104	
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
11/05/2023	Dunman, Carol			\$75.00
	6 Contributor address; City; State; Zip Code			
	Garland, TX 75042			
8 Principal occu		9 Employer (See Instructions))	
Nurse Practit			/ 	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/22/2023	Engelman, Kimberly			\$50.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78249		-	
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	±=2.00
08/22/2023				\$50.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78249			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit			'	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/22/2023	Engelman, Kimberly			\$50.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78249			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	_
10/22/2023	Engelman, Kimberly			\$50.00
	Contributor address; City; State; Zip Code			
	Can Antonia TV 70240			
Bringinal occu	San Antonio, TX 78249	Employer (See Instructions)	N	
Nurse Practif	pation / Job title (See Instructions) tioner	Employer (See Instructions))	
1				

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 27/89 Rpt: 35/104	
2 FILER NAME			3 Filer ID (Ethics Commission I	Filers)
	Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
11/22/2023	Engelman, Kimberly			\$50.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78249			
	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Nurse Practit	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/22/2023	Engelman, Kimberly			\$50.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78249			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Practit	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/18/2023	Farwell, Christopher			\$25.00
	Contributor address; City; State; Zip Code			
	Huntsville, TX 77340			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Practit	tioner			
Date	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)	
09/30/2023	Flint, Juanita			\$60.00
	Contributor address; City; State; Zip Code			
	Plano, TX 75075			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Practit	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/30/2023	Flint, Juanita			\$60.00
	Contributor address; City; State; Zip Code			
	Plano, TX 75075			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Practit	lioner			

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 28/89 Rpt: 36/104	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Texas Nurse Practitioners PAC			00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)	
11/30/2023				\$60.00
	6 Contributor address; City; State; Zip Code			
	Plano, TX 75075			
	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practiti	ioner			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
12/30/2023	Flint, Juanita			\$60.00
	Contributor address; City; State; Zip Code			
	Plano, TX 75075			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practiti	ioner			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
10/01/2023	Fowler, Sharon			\$300.00
	Contributor address; City; State; Zip Code			
	-			
	Bedford, TX 76021			
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Nurse Practiti	ioner			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
07/19/2023	Francis, Peggy			\$85.00
	Contributor address; City; State; Zip Code			
	Conroe, TX 77384			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practiti	ioner			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
08/19/2023	Francis, Peggy			\$85.00
	Contributor address; City; State; Zip Code			
	Conroe, TX 77384			
Principal occupation / Job title (See Instructions)		Employer (See Instructions))	
Nurse Practitioner				
		<u> </u>		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 29/89 Rpt: 37/104	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
09/19/2023	Francis, Peggy			\$85.00
	6 Contributor address; City; State; Zip Code			
	Conroe, TX 77384			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi			,	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/19/2023	Francis, Peggy			\$85.00
	Contributor address; City; State; Zip Code			
	Conroe, TX 77384			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/19/2023				\$85.00
	Contributor address; City; State; Zip Code			
	Conroe, TX 77384			
Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
Nurse Practi)	
		<u> </u>	Amount of Contribution (\$)	
Date 12/19/2023)	Amount of Contribution (\$)	\$85.00
1211312020	Francis, Peggy			Φ00.00
	Contributor address; City; State; Zip Code			
	Conroe, TX 77384			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/01/2023	Friudenberg, Melinda			\$300.00
	Contributor address; City; State; Zip Code			
	Richwood, TX 77531			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 30/89 Rpt: 38/104	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
	Practitioners PAC		00070132	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
11/06/2023	Friudenberg, Melinda		\$75	5.00
	6 Contributor address; City; State; Zip Code			
	Richwood, TX 77531			
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practit	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/08/2023	Garcia, Martha		\$50	0.00
	Contributor address; City; State; Zip Code			
	Harlingen, TX 78550			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/08/2023	Garcia, Martha		\$50	0.00
	Contributor address; City; State; Zip Code			
	Harlingen, TX 78550			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit	ioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/08/2023	Garcia, Martha		\$50	0.00
	Contributor address; City; State; Zip Code			
	Harlingen, TX 78550			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit	lioner	<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/08/2023	Garcia, Martha		\$50	0.00
	Contributor address; City; State; Zip Code			
	Harlingen, TX 78550			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit	loner			

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 31/89 Rpt: 39/104	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
11/08/2023	Garcia, Martha			\$50.00
	6 Contributor address; City; State; Zip Code			
	Harlingen, TX 78550			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/08/2023	Garcia, Martha			\$50.00
	Contributor address; City; State; Zip Code			
	Harlingen, TX 78550			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/10/2023	Gigliotti, Elizabeth			\$60.00
	Contributor address; City; State; Zip Code			
	Katy, TX 77494	1 – <u>(2 kastrustian</u>		
	ipation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	±
08/10/2023	Gigliotti, Elizabeth			\$60.00
	Contributor address; City; State; Zip Code			
	Katy, TX 77494			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/10/2023	Gigliotti, Elizabeth			\$60.00
	Contributor address; City; State; Zip Code			
	Katy, TX 77494			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 32/89 Rpt: 40/104	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
	Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
10/10/2023	Gigliotti, Elizabeth			\$60.00
	6 Contributor address; City; State; Zip Code			
	Katy, TX 77494			
	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practit	ioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/05/2023	Gigliotti, Elizabeth			\$75.00
	Contributor address; City; State; Zip Code			
	Katy, TX 77494			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit	ioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/10/2023	Gigliotti, Elizabeth			\$60.00
	Contributor address; City; State; Zip Code			
	I			
	Katy, TX 77494			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit	loner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/10/2023	Gigliotti, Elizabeth			\$60.00
	Contributor address; City; State; Zip Code			
	Katy, TX 77494		-	
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/16/2023	Ginapp, Lisa			\$25.00
	Contributor address; City; State; Zip Code			
Drive sized a serve	League City, TX 77573		<u> </u>	
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit				
				ľ

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 33/89 Rpt: 41/104	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
	Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
08/16/2023	Ginapp, Lisa			\$25.00
	6 Contributor address; City; State; Zip Code			
	League City, TX 77573			
		9 Employer (See Instructions))	
Nurse Practit	ioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/16/2023	Ginapp, Lisa			\$25.00
	Contributor address; City; State; Zip Code			
	League City, TX 77573			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit	.ioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/16/2023	Ginapp, Lisa			\$25.00
	Contributor address; City; State; Zip Code			
	League City, TX 77573			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit	ioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/16/2023	Ginapp, Lisa			\$25.00
	Contributor address; City; State; Zip Code			
	League City, TX 77573			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit	ioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/16/2023	Ginapp, Lisa			\$25.00
	Contributor address; City; State; Zip Code			
	League City, TX 77573			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit	ioner			

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 34/89 Rpt: 42/104	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
09/29/2023	Grace, Beth			\$75.00
	6 Contributor address; City; State; Zip Code			
	College Station, TX 77845			
	ipation / Job title (See Instructions)	9 Employer (See Instructions))	
nurse practit	ioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/01/2023	Grogan, Sherry			\$100.00
	Contributor address; City; State; Zip Code			
	Missouri City, TX 77459			
	ipation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/01/2023	Grogan, Sherry			\$100.00
	Contributor address; City; State; Zip Code			
Duin singly a serie	Missouri City, TX 77459		<u> </u>	
Principal occu Nurse Practi	ipation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	÷100.00
09/01/2023	Grogan, Sherry			\$100.00
	Contributor address; City; State; Zip Code			
	Missouri City, TX 77459			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi			'	
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
10/01/2023	Grogan, Sherry	/	,	\$100.00
	Contributor address; City; State; Zip Code			
	Missouri City, TX 77459			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 35/89 Rpt: 43/104
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Nurse	e Practitioners PAC		00070132
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
11/01/2023	Grogan, Sherry		\$100.00
	6 Contributor address; City; State; Zip Code		
	Missouri City, TX 77459		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)
Nurse Pract	tioner		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
12/01/2023	Grogan, Sherry		\$100.00
	Contributor address; City; State; Zip Code		
	Missouri City, TX 77459		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Nurse Pract	tioner		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/28/2023	Gustafson, Jennifer		\$25.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78734	i	
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Nurse Pract			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/28/2023	Gustafson, Jennifer		\$25.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78734		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Nurse Pract			,
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/28/2023	Gustafson, Jennifer	,	\$25.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78734		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions) S)
Nurse Pract			

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 36/89 Rpt: 44/104	
2 FILER NAME			3 Filer ID (Ethics Commission F	ilers)
	e Practitioners PAC		00070132	/
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
10/28/2023	· ·			\$25.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78734			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	
Nurse Pract	itioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/28/2023	Gustafson, Jennifer			\$25.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78734			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Pract	itioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/28/2023	Gustafson, Jennifer		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$25.00
	Contributor address; City; State; Zip Code			+ - -
	Austin, TX 78734			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Pract	itioner			
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/16/2023	Halligan, Beverly	······································		\$25.00
	Contributor address; City; State; Zip Code			
	Cherokee Village, TX 72529			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Pract	itioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/05/2023	Harrison, Lutricia	,		\$75.00
	Contributor address; City; State; Zip Code			
	Spring, TX 76082			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Pract			,	

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The Instru	ction Guide explains how to co	mplete this fo	orm.	1	Total pages Schedule A1: Sch: 37/89 Rpt: 45/104	
2 FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Practitioners PAC				00070132	,
4 Date	5 Full name of contributor out-	of-state PAC (ID#:)	7	Amount of Contribution (\$)	
09/29/2023	Heid, Holly					\$1,200.00
	6 Contributor address; City; State; Zip					
	Arlington, TX 76013					
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	;)		
Nurse Practi	tioner					
Date	Full name of contributor out-	of-state PAC (ID#:)		Amount of Contribution (\$)	
11/08/2023	Heid, Holly					\$75.00
	Contributor address; City; State; Zip					
	Arlington, TX 76013					
Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
Nurse Practi	tioner					
Date	Full name of contributor out-	of-state PAC (ID#:)		Amount of Contribution (\$)	
07/30/2023	Hendrick, Blaine					\$50.00
	Contributor address; City; State; Zip	Code				
	McAllen, TX 78504					
Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
Nurse Practi	tioner					
Date	Full name of contributor	of-state PAC (ID#:)		Amount of Contribution (\$)	
08/30/2023	Hendrick, Blaine					\$50.00
	Contributor address; City; State; Zip	Code				
	McAllen, TX 78504					
	pation / Job title (See Instructions)		Employer (See Instructions)		
Nurse Practi	tioner					
Date	Full name of contributor 🛛 out-	of-state PAC (ID#:)		Amount of Contribution (\$)	
09/30/2023	Hendrick, Blaine					\$50.00
	Contributor address; City; State; Zip	Code				
	McAllen, TX 78504					
	pation / Job title (See Instructions)		Employer (See Instructions)		
Nurse Practi	tioner					

	The Instru	ction Guide explains how to cor	nplete this fo	rm.	1	Total pages Schedule A1: Sch: 38/89 Rpt: 46/104	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		Practitioners PAC				00070132	,
4	Date	5 Full name of contributor out-o	f-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/30/2023	Hendrick, Blaine					\$50.00
		6 Contributor address; City; State; Zip C	Code		1		
		McAllen, TX 78504					
8	Principal occu	pation / Job title (See Instructions)	!	9 Employer (See Instructions	5)		
	Nurse Practi	tioner					
	Date	Full name of contributor out-o	-state PAC (ID#:)		Amount of Contribution (\$)	
	11/30/2023	Hendrick, Blaine					\$50.00
		Contributor address; City; State; Zip C					
		McAllen, TX 78504					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Nurse Practi	tioner					
F	Date	Full name of contributor out-o	f-state PAC (ID#:)		Amount of Contribution (\$)	
	12/30/2023	Hendrick, Blaine					\$50.00
		Contributor address; City; State; Zip C			1		
		McAllen, TX 78504					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Nurse Practi	tioner					
	Date	Full name of contributor 🛛 out-o	f-state PAC (ID#:)		Amount of Contribution (\$)	
	07/04/2023	Hicks, Tracy					\$100.00
		Contributor address; City; State; Zip C			1		
		Henderson, TX 75652					
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Nurse Practi	tioner					
	Date	Full name of contributor 🛛 out-o	f-state PAC (ID#:)		Amount of Contribution (\$)	
	08/04/2023	Hicks, Tracy					\$100.00
		Contributor address; City; State; Zip C			1		
L		Henderson, TX 75652					
I		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Nurse Practi	tioner					
1							

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 39/89 Rpt: 47/104	
2 FILER NAME			3 Filer ID (Ethics Commissio	n Filers)
	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
09/04/2023	Hicks, Tracy			\$100.00
	6 Contributor address; City; State; Zip Code			
	Henderson, TX 75652			
	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Pract	itioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/04/2023	Hicks, Tracy			\$100.00
	Contributor address; City; State; Zip Code			
	Henderson, TX 75652			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Pract				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/04/2023	Hicks, Tracy			\$100.00
	Contributor address; City; State; Zip Code			
	Henderson, TX 75652			
Principal occu Nurse Practi	upation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/08/2023	Hicks, Tracy			\$75.00
	Contributor address; City; State; Zip Code			
	Henderson, TX 75652			
Bringinal occu	upation / Job title (See Instructions)	Employor (Soo Instructions)	N	
Nurse Practi		Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	¢100.00
12/04/2023	Hicks, Tracy			\$100.00
	Contributor address; City; State; Zip Code			
	Henderson, TX 75652			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	\	
Nurse Practi)	

The Instru	uction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 40/89 Rpt: 48/104	
2 FILER NAME			3 Filer ID (Ethics Commission I	Filers)
	e Practitioners PAC		00070132	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
11/06/2023				\$75.00
	6 Contributor address; City; State; Zip Code			
	El Paso, TX 79936			
-	upation / Job title (See Instructions)	9 Employer (See Instructions		
Nurse Prac	titioner			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
11/08/2023	Hoang, Tram			\$75.00
	Contributor address; City; State; Zip Code			
	Katy, TX 77494			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Prac	titioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/24/2023		,	(+)	\$50.00
	Contributor address; City; State; Zip Code			+00.00
	Contributor address, City, State, Zip Code			
	Houston, TX 77077			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	 ;)	
Nurse Prac			,	
Date		\	Amount of Contribution (\$)	
08/24/2023)		\$50.00
00/24/2023	-			Φ00.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77077			
Dringinglass			\	
Nurse Prac	upation / Job title (See Instructions)	Employer (See Instructions)	
Nuise Plac				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
09/24/2023	Hodge, Deborah			\$50.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77077			
	upation / Job title (See Instructions)	Employer (See Instructions		
Nurse Prac	titioner			
		•		

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 41/89 Rpt: 49/104	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
10/24/2023	Hodge, Deborah		\$50	0.00
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77077			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practit	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/24/2023	Hodge, Deborah		\$50	0.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77077			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/24/2023	Hodge, Deborah		\$50	0.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77077			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit	lioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/01/2023	Hudson, Lori		\$50	0.00
	Contributor address; City; State; Zip Code			
	Harker Heights, TX 76548			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/01/2023	Hudson, Lori		\$50	00.(
	Contributor address; City; State; Zip Code			
	Harker Heights, TX 76548			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit	tioner			
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 42/89 Rpt: 50/104
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Nurse	e Practitioners PAC		00070132
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/01/2023	Hudson, Lori		\$50.00
	6 Contributor address; City; State; Zip Code		
	Harker Heights, TX 76548		
	upation / Job title (See Instructions)	9 Employer (See Instructions))
Nurse Practi	itioner		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/01/2023	Hudson, Lori		\$50.00
	Contributor address; City; State; Zip Code		
	Harker Heights, TX 76548		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))
Nurse Practi			
Date	Full name of contributor out-of-state PAC (ID#:_	\	Amount of Contribution (\$)
11/01/2023	Hudson, Lori)	\$50.00
11/01/2020	Contributor address; City; State; Zip Code		400100
	Harker Heights, TX 76548		
	upation / Job title (See Instructions)	Employer (See Instructions))
Nurse Practi			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
12/01/2023	Hudson, Lori		\$50.00
	Contributor address; City; State; Zip Code		
	Harker Heights, TX 76548		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))
Nurse Practi)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/05/2023	Huffman, Allison	,	\$75.00
	Contributor address; City; State; Zip Code		
	Grapevine, TX 76051		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))
Nurse Practi	itioner		
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The Inst	ruction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 43/89 Rpt: 51/104	
2 FILER NAM	1E		3 Filer ID (Ethics Commission Fi	ilers)
	rse Practitioners PAC		00070132	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
09/30/202	3 Jackson, Cody			\$50.00
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77091			
	cupation / Job title (See Instructions)	9 Employer (See Instructions)	
Nurse Pra	ctitioner			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
10/30/202				\$50.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77091			
-	cupation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Pra	ctitioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/30/202	3 Jackson, Cody			\$50.00
	Contributor address; City; State; Zip Code			
D inside the	Houston, TX 77091		、	
Principal oc Nurse Pra	cupation / Job title (See Instructions)	Employer (See Instructions)	
		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	* = 0 00
12/30/202				\$50.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77091			
Principal oc	L cupation / Job title (See Instructions)	Employer (See Instructions	;)	
Nurse Pra	ctitioner			
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/04/202				\$50.00
	Contributor address; City; State; Zip Code			
	······································			
	El Paso, TX 79905			
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	·)	
Nurse Pra	ctitioner			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 44/89 Rpt: 52/104
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Practitioners PAC		00070132
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
08/04/2023	Jesse, Ann		\$50.0
	6 Contributor address; City; State; Zip Code		
	El Paso, TX 79905		
Nurse Practi	ipation / Job title (See Instructions) itioner	9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/04/2023	Jesse, Ann		\$50.0
	Contributor address; City; State; Zip Code		
	El Paso, TX 79905		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Nurse Practi	itioner		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/04/2023	Jesse, Ann		\$50.0
	Contributor address; City; State; Zip Code		
	El Paso, TX 79905		
-	ipation / Job title (See Instructions)	Employer (See Instructions)
Nurse Practi			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/04/2023	Jesse, Ann		\$50.0
	Contributor address; City; State; Zip Code		
	El Paso, TX 79905		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Nurse Practi			
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
12/04/2023	Jesse, Ann	,	\$50.0
	Contributor address; City; State; Zip Code		
	El Paso, TX 79905		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Nurse Practi	itioner		

Texas Nurse Practitioners PAC 00070132 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 07/08/2023 Jessup, Anna \$25.0 6 Contributor address; City; State; Zip Code Round Rock, TX 78665
Texas Nurse Practitioners PAC 00070132 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) \$25.0 8 Principal occupation / Job title (See Instructions) Nurse Practitioner 9 Employer (See Instructions) Amount of Contribution (\$) \$25.0 Date 08/08/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$25.0 08/08/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$25.0 Principal occupation / Job title (See Instructions) Nurse Practitioner Contributor address; City; State; Zip Code Amount of Contribution (\$) \$25.0 Date Round Rock, TX 78665 Employer (See Instructions) Nurse Practitioner Amount of Contribution (\$) \$25.0 Date O9/08/2023 Full name of contributor out-of-state PAC (ID#:) Jessup, Anna Amount of Contribution (\$) \$25.0 O9/08/2023 Full name of contributor out-of-state PAC (ID#:) Jessup, Anna Amount of Contribution (\$) \$25.0 09/08/2023 Gon
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 07/08/2023 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) \$25.0 8 Principal occupation / Job title (See Instructions) Nurse Practitioner 9 Employer (See Instructions) Amount of Contribution (\$) \$25.0 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$25.0 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$25.0 08/08/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$25.0 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$25.0 Nurse Practitioner Contributor address; City; State; Zip Code Employer (See Instructions) Amount of Contribution (\$) \$25.0 Date Full name of contributor out-of-state PAC (ID#:
07/08/2023 Jessup, Anna \$25.0 6 Contributor address; City; State; Zip Code Round Rock, TX 78665 8 Principal occupation / Job title (See Instructions) Nurse Practitioner 9 Employer (See Instructions) Date Full name of contributor
6 Contributor address; City; State; Zip Code Round Rock, TX 78665 8 Principal occupation / Job title (See Instructions) Nurse Practitioner 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Jessup, Anna Amount of Contribution (\$) Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code \$25.0 Principal occupation / Job title (See Instructions) Nurse Practitioner Employer (See Instructions) \$25.0 Principal occupation / Job title (See Instructions) Nurse Practitioner Employer (See Instructions) \$25.0 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$25.0 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$25.0 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$25.0 09/08/2023 Jessup, Anna Contributor address; City; State; Zip Code \$25.0
Round Rock, TX 78665 Principal occupation / Job title (See Instructions) Nurse Practitioner 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/08/2023 Jessup, Anna
8 Principal occupation / Job title (See Instructions) Nurse Practitioner 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/08/2023 Jessup, Anna \$25.0 Contributor address; City; State; Zip Code Round Rock, TX 78665 Principal occupation / Job title (See Instructions) Nurse Practitioner Employer (See Instructions) Employer (See Instructions) Nurse Practitioner Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) O9/08/2023 Jessup, Anna \$25.0 Contributor address; City; State; Zip Code Amount of Contribution (\$) Sesup, Anna sesup, Anna \$25.0 O9/08/2023 Jessup, Anna \$25.0 Contributor address; City; State; Zip Code Amount of Contribution (\$)
8 Principal occupation / Job title (See Instructions) Nurse Practitioner 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/08/2023 Jessup, Anna \$25.0 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Nurse Practitioner Employer (See Instructions) \$25.0 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/08/2023 Jessup, Anna contributor address; City; State; Zip Code Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/08/2023 Jessup, Anna contributor address; City; State; Zip Code Amount of Contribution (\$)
8 Principal occupation / Job title (See Instructions) Nurse Practitioner 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/08/2023 Jessup, Anna \$25.0 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Nurse Practitioner Employer (See Instructions) \$25.0 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/08/2023 Jessup, Anna contributor address; City; State; Zip Code Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/08/2023 Jessup, Anna contributor address; City; State; Zip Code Amount of Contribution (\$)
Nurse Practitioner Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/08/2023 Jessup, Anna \$25.0 Contributor address; City; State; Zip Code Full name of contributor address; City; State; Zip Code Amount of Contribution (\$) Round Rock, TX 78665 Employer (See Instructions) Employer (See Instructions) Nurse Practitioner Full name of contributor
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/08/2023 Jessup, Anna \$25.0 Contributor address; City; State; Zip Code \$25.0 Round Rock, TX 78665 Employer (See Instructions) Nurse Practitioner Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) O9/08/2023 Jessup, Anna \$25.0
08/08/2023 Jessup, Anna \$25.0 Contributor address; City; State; Zip Code \$25.0 Round Rock, TX 78665 \$25.0 Principal occupation / Job title (See Instructions) Nurse Practitioner Employer (See Instructions) Date Full name of contributor
Contributor address; City; State; Zip Code Round Rock, TX 78665 Principal occupation / Job title (See Instructions) Nurse Practitioner Date Full name of contributor Og/08/2023 Jessup, Anna Contributor address; City; State; Zip Code Amount of Contribution (\$) \$25.0
Round Rock, TX 78665 Principal occupation / Job title (See Instructions) Nurse Practitioner Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/08/2023 Jessup, Anna \$25.0 Contributor address; City; State; Zip Code Full code State; Zip Code
Principal occupation / Job title (See Instructions) Nurse Practitioner Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 09/08/2023 Jessup, Anna Contributor address; City; State; Zip Code Amount of Contribution (\$)
Principal occupation / Job title (See Instructions) Nurse Practitioner Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/08/2023 Jessup, Anna \$25.0 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code State
Nurse Practitioner Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/08/2023 Jessup, Anna \$25.0 Contributor address; City; State; Zip Code State; Zip Code
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/08/2023 Jessup, Anna \$25.0 Contributor address; City; State; Zip Code \$25.0
09/08/2023 Jessup, Anna \$25.0 Contributor address; City; State; Zip Code
Contributor address; City; State; Zip Code
Contributor address; City; State; Zip Code
Round Rock. TX 78665
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Principal occupation / Job title (See Instructions) Employer (See Instructions) Nurse Practitioner
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
10/08/2023 Jessup, Anna \$25.0
Contributor address; City; State; Zip Code
Round Rock, TX 78665
Principal occupation / Job title (See Instructions) Employer (See Instructions)
Nurse Practitioner
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
11/08/2023 Jessup, Anna \$25.0
Contributor address; City; State; Zip Code
Round Rock, TX 78665
Principal occupation / Job title (See Instructions) Employer (See Instructions)

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 46/89 Rpt: 54/104	
2 FILER NAME			3 Filer ID (Ethics Commission Fil	lers)
	e Practitioners PAC		00070132	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
12/08/2023	Jessup, Anna			\$25.00
	6 Contributor address; City; State; Zip Code			
	Round Rock, TX 78665			
	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi	itioner			
Date	Full name of contributor out-of-state PAC (ID#:_	:)	Amount of Contribution (\$)	
07/17/2023	Johnson, Barbara			\$45.00
	Contributor address; City; State; Zip Code			
	Southlake, TX 76092			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	itioner			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
09/29/2023	Johnson, Barbara		\$	100.00
	Contributor address; City; State; Zip Code			
	Southlake, TX 76092			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/17/2023	Jones, Verna			\$25.00
	Contributor address; City; State; Zip Code			
	Sugarland, TX 77498			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	itioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/30/2023	Key, Stephanie		\$	300.00
	Contributor address; City; State; Zip Code			
	Round Rock, TX 78681			
	upation / Job title (See Instructions)	Employer (See Instructions)	.)	
Nurse Practi	itioner			
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The Instru	iction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 47/89 Rpt: 55/104	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
Texas Nurse	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
10/05/2023			\$5	50.00
	6 Contributor address; City; State; Zip Code			
	Frisco, TX 75035			
8 Princinal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)		
Nurse Pract) 	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/05/2023			\$7	75.00
	Contributor address; City; State; Zip Code			
Drizpipal agai	San Antonio, TX 78254		<u> </u>	
Principal occu Nurse Pract	upation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
07/27/2023			ዋር	50.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78247			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Pract	itioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/27/2023	Krueger, Cindy		\$5	50.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78247			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Pract		proj = (=== , , , , , , , , , , , , , , , ,)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
09/27/2023				50.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78247			
-	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Pract	itioner			

			1 Total pages Schedule A1:
The Instruction	on Guide explains how to complete	e this form.	Sch: 48/89 Rpt: 56/104
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Nurse Pr	actitioners PAC		00070132
4 Date 5	Full name of contributor out-of-state P	PAC (ID#:)	7 Amount of Contribution (\$)
10/27/2023	Krueger, Cindy		\$50.00
6	Contributor address; City; State; Zip Code		
	San Antonio, TX 78247		
8 Principal occupati	ion / Job title (See Instructions)	9 Employer (See Instruction	l IS)
Nurse Practition			
Date	Full name of contributor out-of-state P	PAC (ID#:)	Amount of Contribution (\$)
11/27/2023	Krueger, Cindy		\$50.00
			•
	San Antonio, TX 78247		
	ion / Job title (See Instructions)	Employer (See Instruction	is)
Nurse Practition	ier		
Date	Full name of contributor out-of-state P	^AC (ID#:)	Amount of Contribution (\$)
12/27/2023	Krueger, Cindy		\$50.00
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78247		
Principal occupati	ion / Job title (See Instructions)	Employer (See Instruction	
Nurse Practition			5)
Date	Full name of contributor 🛛 out-of-state P		Amount of Contribution (\$)
07/04/2023	Kucera, Jennifer	Ας (ισπ,	\$72.00
	Contributor address; City; State; Zip Code		
	Van Cleck, TX 77482		
	ion / Job title (See Instructions)	Employer (See Instruction	s)
Nurse Practition	ier		
Date	Full name of contributor out-of-state P	PAC (ID#:)	Amount of Contribution (\$)
08/04/2023	Kucera, Jennifer		\$72.00
	Contributor address; City; State; Zip Code		
	Van Clack TV 77492		
Bringingl occupati	Van Cleck, TX 77482	Employor (See Instruction	
Nurse Practition	ion / Job title (See Instructions) ner	Employer (See Instruction	S)

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 49/89 Rpt: 57/104	
2 FILER NAME			3 Filer ID (Ethics Commission F	Filers)
	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
09/04/2023	Kucera, Jennifer			\$72.00
	6 Contributor address; City; State; Zip Code			
	Van Cleck, TX 77482			
		9 Employer (See Instructions))	
Nurse Practi				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/04/2023	Kucera, Jennifer			\$72.00
	Contributor address; City; State; Zip Code			
	Van Cleck, TX 77482			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/04/2023	Kucera, Jennifer			\$72.00
	Contributor address; City; State; Zip Code			
	Van Cleck, TX 77482			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/08/2023	Kucera, Jennifer			\$75.00
	Contributor address; City; State; Zip Code			
	Van Cleck, TX 77482			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/04/2023	Kucera, Jennifer			\$72.00
	Contributor address; City; State; Zip Code			
	Van Cleck, TX 77482			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			

The Instru	iction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 50/89 Rpt: 58/104	
2 FILER NAME			3 Filer ID (Ethics Commissior	n Filers)
Texas Nurse	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
09/29/2023	Loney, Dorota			\$75.00
	6 Contributor address; City; State; Zip Code			
	Little Elm, TX 75068			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi	itioner			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
07/01/2023	Lopez, April			\$416.00
	Contributor address; City; State; Zip Code			
	McAllen, TX 78501			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	itioner			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
08/01/2023	Lopez, April			\$416.00
	McAllen, TX 78501			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	itioner			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
09/01/2023	Lopez, April			\$416.00
	Contributor address; City; State; Zip Code			
	McAllen, TX 78501			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	itioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/01/2023	Lopez, April			\$416.00
	Contributor address; City; State; Zip Code			
	McAllen, TX 78501			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	itioner			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 51/89 Rpt: 59/104	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		e Practitioners PAC			00070132	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/01/2023	Lopez, April				\$416.00
		6 Contributor address; City; State; Zip Code		1		
		McAllen, TX 78501				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Nurse Practi	tioner				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/01/2023	Lopez, April				\$416.00
		McAllen, TX 78501				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ;)		
	Nurse Practi			,		
╞━				<u> </u>	Amount of Contribution (\$)	
	Date 07/05/2023	Full name of contributor out-of-state PAC (ID#: Lord, Sarah)			\$25.00
	0110312023					⊅ ∠3.00
		Contributor address; City; State; Zip Code				
		Austin TV 70715				
	Deir sinal agou	Austin, TX 78745	Environ (Cas Instructions	Ĺ		
		Ipation / Job title (See Instructions)	Employer (See Instructions	5)		
Nurse Practitioner						
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/05/2023	Lord, Sarah				\$25.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78745				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Nurse Practi	tioner				
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/05/2023	Lord, Sarah				\$25.00
		Contributor address; City; State; Zip Code				
		······································				
		Austin, TX 78745				
\vdash	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	1 5)		
	Nurse Practi			,		
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 52/89 Rpt: 60/104	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
10/05/2023	Lord, Sarah			\$25.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78745			
	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/05/2023	Lord, Sarah			\$25.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78745			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/05/2023	Lord, Sarah			\$25.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78745			
	ipation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/08/2023	Lowe, Marci			\$75.00
	Contributor address; City; State; Zip Code			
	Carrollton, TX 75006			
-	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/21/2023	Lufsey, Stephanie			\$100.00
	Contributor address; City; State; Zip Code			
	Palestine, TX 75801		、 、	
	Ipation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 53/89 Rpt: 61/104
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Texas Nurse Practitioners PAC	00070132
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
07/03/2023 Luttrell, MaryBeth	\$50.00
6 Contributor address; City; State; Zip Code	
San Angelo, TX 76904	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions	s)
Nurse Practitioner	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/03/2023 Luttrell, MaryBeth	\$50.00
Contributor address; City; State; Zip Code	
San Angelo, TX 76904	
Principal occupation / Job title (See Instructions) Employer (See Instructions	s)
Nurse Practitioner	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/03/2023 Luttrell, MaryBeth	\$50.00
Contributor address; City; State; Zip Code	
San Angelo, TX 76904	
Principal occupation / Job title (See Instructions) Employer (See Instructions	s)
Nurse Practitioner	-
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/03/2023 Luttrell, MaryBeth	\$50.00
Contributor address; City; State; Zip Code	
San Angelo, TX 76904	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	s)
Nurse Practitioner	5)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/10/2023 Lux, Cathy	\$100.00
Contributor address; City; State; Zip Code	
Continuation address, City, State, Zip Code	
Dallas, TX 75220	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	s)
Nurse Practitioner	-,

The Instru	iction Guide explains how to complete thi	is form.	1 Total pages Schedule A1: Sch: 54/89 Rpt: 62/104	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	e Practitioners PAC		00070132	
4 Date		D#:)	7 Amount of Contribution (\$)	
08/10/2023	Lux, Cathy		\$2	100.00
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75220			
-	upation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Nurse Prac	itioner			
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of Contribution (\$)	
09/10/2023			\$1	100.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75220			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Nurse Prac	itioner			
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of Contribution (\$)	
10/10/2023			\$1	100.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75220			
-	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Nurse Prac	itioner			
Date	Full name of contributor Out-of-state PAC (II	D#:)	Amount of Contribution (\$)	
11/05/2023	Lux, Cathy		S	\$75.00
	Contributor address; City; State; Zip Code			
B i destas	Dallas, TX 75220		、 、	
Principal occ Nurse Prac	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Date	Full name of contributor Out-of-state PAC (II	D#:)	Amount of Contribution (\$)	
11/10/2023			\$1	100.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75220	1		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Nurse Prac	itioner			

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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 55/89 Rpt: 63/104	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
-		e Practitioners PAC		-	00070132	
4	Date 12/10/2023	5 Full name of contributor out-of-state PAC (ID#: Lux, Cathy		7	Amount of Contribution (\$)	\$100.00
		6 Contributor address; City; State; Zip Code				
		Dallas, TX 75220				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Nurse Practi	tioner				
	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	11/05/2023	Lyons, Julie				\$75.00
		Contributor address; City; State; Zip Code		1		
		Richardson, TX 75082				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Nurse Practi	tioner				
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/27/2023	McArthur, Kimberly			· · ·	\$100.00
	-					
		Bovina, TX 79009				
	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Nurse Practi					
	Date	Full name of contributor Out-of-state PAC (ID#:)	1	Amount of Contribution (\$)	
	08/27/2023	McArthur, Kimberly	/			\$100.00
	00/2112020	-				Ψ100.00
		Contributor address; City; State; Zip Code				
		Bovina, TX 79009				
_	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ג)		
	Nurse Practi		p.oj (,		
	Date	Full name of contributor out-of-state PAC (ID#:		1	Amount of Contribution (\$)	
	09/27/2023	McArthur, Kimberly	/			\$100.00
	0012112020	-				Ψ100.00
		Contributor address; City; State; Zip Code				
		Bovina, TX 79009				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	Nurse Practi			"		
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The Instru	uction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 56/89 Rpt: 64/104	
2 FILER NAME	Ē		3 Filer ID (Ethics Commission	Filers)
	se Practitioners PAC		00070132	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
10/27/2023				\$100.00
	6 Contributor address; City; State; Zip Code			
	Bovina, TX 79009			
	cupation / Job title (See Instructions)	9 Employer (See Instructions		
Nurse Prac	titioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/27/2023				\$100.00
	Contributor address; City; State; Zip Code			
	Bovina, TX 79009			
	supation / Job title (See Instructions)	Employer (See Instructions		_
Nurse Prac	titioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/27/2023				\$100.00
	Contributor address; City; State; Zip Code			
	Bovina, TX 79009			
-	cupation / Job title (See Instructions)	Employer (See Instructions	;)	
Nurse Prac	titioner			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	_
11/06/2023	McCoy, Sandy			\$75.00
	Contributor address; City; State; Zip Code			
	Plano, TX 75075			
Dringinal occ	cupation / Job title (See Instructions)	Employer (See Instructions		
Nurse Prac		Baylor University Medica		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	÷05 00
07/21/2023				\$25.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78240			
Drincinal occ	cupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Nurse Prac			<i>)</i>	
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 57/89 Rpt: 65/104	
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
07/29/2023	McDonald, Susan			\$25.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78240			
	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/21/2023	McDonald, Susan			\$25.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78240			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/29/2023	McDonald, Susan			\$25.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78240			
	upation / Job title (See Instructions)	Employer (See Instructions))	_
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/21/2023	McDonald, Susan			\$25.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78240			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/29/2023	McDonald, Susan			\$25.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78240	,]		
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			

			1 Total pages Schedule A1:
The Instru	ction Guide explains how to complete this	s form.	Sch: 58/89 Rpt: 66/104
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Nurse	e Practitioners PAC		00070132
4 Date	5 Full name of contributor out-of-state PAC (ID)#:)	7 Amount of Contribution (\$)
10/21/2023	McDonald, Susan		\$25.0
	6 Contributor address; City; State; Zip Code		
	San Antonio, TX 78240		
8 Principal occu	I upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>
Nurse Pract	itioner		
Date	Full name of contributor out-of-state PAC (ID	D#:)	Amount of Contribution (\$)
10/29/2023	McDonald, Susan		\$25.0
	Contributor address; City; State; Zip Code		
Drincinal occu	San Antonio, TX 78240 upation / Job title (See Instructions)	Employer (See Instructions	
Nurse Practi		Employer (See Instructions	<i>b</i>)
Date	Full name of contributor Out-of-state PAC (ID	<u> </u>	Amount of Contribution (\$)
11/21/2023	McDonald, Susan	J#)	\$25.0
<u>++</u> , <u>-</u>	Contributor address; City; State; Zip Code		
	San Antonio, TX 78240		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Nurse Pract			
Date	Full name of contributor out-of-state PAC (ID)#:)	Amount of Contribution (\$)
11/29/2023	McDonald, Susan		\$25.0
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78240		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Nurse Pract			
Date	Full name of contributor out-of-state PAC (ID)#:)	Amount of Contribution (\$)
12/21/2023	McDonald, Susan		\$25.0
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78240		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Nurse Pract			,

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 59/89 Rpt: 67/104	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	e Practitioners PAC		00070132	/
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
12/29/2023	McDonald, Susan			\$25.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78240			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/05/2023	McDonald, Toni			\$75.00
	Contributor address; City; State; Zip Code			
	Crockett, TX 75835			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	itioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/08/2023	McDougall, Debbie	,		\$25.00
	Boyd, TX 76023			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/08/2023	McDougall, Debbie			\$25.00
	Contributor address; City; State; Zip Code			
	Boyd, TX 76023			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	itioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/08/2023	McDougall, Debbie	,		\$25.00
	Contributor address; City; State; Zip Code			
	Boyd, TX 76023			
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi				

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 60/89 Rpt: 68/104	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		e Practitioners PAC			00070132	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/08/2023	McDougall, Debbie				\$25.00
	1	6 Contributor address; City; State; Zip Code		1		
	I	1				
	I	1				
		Boyd, TX 76023				
8		upation / Job title (See Instructions)	9 Employer (See Instructions)	3)		
	Nurse Practi	tioner				
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/08/2023	McDougall, Debbie				\$25.00
	I	Contributor address; City; State; Zip Code		1		
	I	1				
	l	1				
		Boyd, TX 76023				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Nurse Practi	tioner				
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/08/2023	McDougall, Debbie				\$25.00
		Contributor address; City; State; Zip Code		1		
	I	1				
	I	1				
		Boyd, TX 76023				
		upation / Job title (See Instructions)	Employer (See Instructions)	3)		
	Nurse Practi	tioner				
	Date	Full name of contributor out-of-state PAC (ID#:)	Ē	Amount of Contribution (\$)	
	07/08/2023	McGuire, Eddie				\$25.00
	I	Contributor address; City; State; Zip Code		1		
	I	1				
	I	1				
		Amarillo, TX 79110				
		upation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Nurse Practi	tioner				
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/06/2023	McGuire, Eddie				\$25.00
	1	Contributor address; City; State; Zip Code		1		
	l	1				
	l	1				
		Amarillo, TX 79110				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	s)		
	Nurse Practi	tioner				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 61/89 Rpt: 69/104	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	Practitioners PAC		00070132	0.0)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
09/06/2023	McGuire, Eddie		Ş	\$25.00
	6 Contributor address; City; State; Zip Code			
	Amarillo, TX 79110			
-	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/06/2023	McGuire, Eddie		S	\$25.00
	Contributor address; City; State; Zip Code			
	Amarillo, TX 79110			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/06/2023	McGuire, Eddie		5	\$25.00
	Contributor address; City; State; Zip Code			
	Amarillo, TX 79110			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/06/2023	McGuire, Eddie		S	\$25.00
	Contributor address; City; State; Zip Code			
	Amarillo, TX 79110			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Practi	tioner			
Date	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)	
10/01/2023	McIntire, Rebecca		S	\$50.00
	Contributor address; City; State; Zip Code			
	Cisco, TX 76437			
-	pation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Practi	tioner			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 62/89 Rpt: 70/104	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
11/01/2023	McIntire, Rebecca			\$50.00
	6 Contributor address; City; State; Zip Code			
	Cisco, TX 76437			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	.)	
Nurse Pract	itioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/01/2023	McIntire, Rebecca			\$50.00
	Contributor address; City; State; Zip Code			
	Cisco, TX 76437			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Pract	itioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/07/2023	McMahan, Donna			\$100.00
	Contributor address; City; State; Zip Code			
	Woodsboro, TX 78393			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Pract	itioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/01/2023	McManus, Heather			\$100.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76132			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Pract				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/19/2023	Metzger, Robert			\$200.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75229		-	
-	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Pract	ltioner			
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The Instruc	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 63/89 Rpt: 71/104	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
08/19/2023	Metzger, Robert			\$200.00
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75229			
-		9 Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/19/2023	Metzger, Robert			\$200.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75229			
	ipation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/19/2023	Metzger, Robert			\$200.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75229		<u>.</u>	
	ipation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	÷75.00
11/06/2023	Metzger, Robert			\$75.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75229			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi			'	
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
11/19/2023	Metzger, Robert	/	· ····································	\$200.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75229			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			

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The Instru	iction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 64/89 Rpt: 72/104	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
Texas Nurse	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of Contribution (\$)	
12/19/2023				\$200.00
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75229			
	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi				
Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)	
11/08/2023	Miller, Valerie			\$75.00
	Contributor address; City; State; Zip Code			
	Abilene, TX 79606			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	itioner			
Date	Full name of contributor out-of-state PAC (ID#)	Amount of Contribution (\$)	
12/08/2023				\$25.00
	Contributor address; City; State; Zip Code			
	Tahoka, TX 79373			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	itioner	<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
09/29/2023	Mosley, Margaret			\$416.00
1	Contributor address; City; State; Zip Code			
1				
	Willis, TX 77318			
Principal occu Nurse Practi	upation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor Out-of-state PAC (ID#)	:)	Amount of Contribution (\$)	
10/29/2023				\$416.00
1	Contributor address; City; State; Zip Code			
1				
1				
Drivering	Willis, TX 77318			
-	upation / Job title (See Instructions)	Employer (See Instructions)	1	
Nurse Practi	ltioner			
1				
1				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 65/89 Rpt: 73/104	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
	Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
11/07/2023	Mosley, Margaret			\$75.00
	6 Contributor address; City; State; Zip Code			
	Willis, TX 77318			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/30/2023	Mosley, Margaret			\$416.00
	Contributor address; City; State; Zip Code			
	Willis, TX 77318			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/30/2023	Mosley, Margaret			\$416.00
	Contributor address; City; State; Zip Code			
	• •			
	Willis, TX 77318			
-	pation / Job title (See Instructions)	Employer (See Instructions)		
Nurse Practi				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/06/2023	Natividad, Pedro			\$75.00
	Contributor address; City; State; Zip Code			
	El Paso, TX 79904-2429			
	pation / Job title (See Instructions)	Employer (See Instructions)		
Nurse practit	tioner	Thomas Medical/Wellme	d	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/30/2023	Newton, Lisa			\$25.00
	Contributor address; City; State; Zip Code			
	,			
	Spring Branch, TX 78070			
-	pation / Job title (See Instructions)	Employer (See Instructions)		
Nurse Practi	tioner			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 66/89 Rpt: 74/104	
2 FILER NAME			3 Filer ID (Ethics Commission Fil	lers)
Texas Nurse	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
10/30/2023	Newton, Lisa			\$25.00
	6 Contributor address; City; State; Zip Code			
	Spring Branch, TX 78070			
	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi	itioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/05/2023	Newton, Lisa			\$75.00
	Contributor address; City; State; Zip Code			
	Spring Branch, TX 78070	 	-	
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/30/2023	Newton, Lisa			\$25.00
	Contributor address; City; State; Zip Code			
	Spring Branch, TX 78070			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi)	
		<u> </u>	Amount of Contribution (ft)	
Date 12/30/2023	Full name of contributor out-of-state PAC (ID#: Newton, Lisa)	Amount of Contribution (\$)	\$25.00
12/30/2023	Contributor address; City; State; Zip Code			Ψ23.00
	Contributor address, City, State, Zip Code			
	Spring Branch, TX 78070			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	itioner			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
10/14/2023	Nunez, Aidee		\$	200.00
	Contributor address; City; State; Zip Code			
	Edinburg, TX 78542			
	ipation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	itioner			
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The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 67/89 Rpt: 75/104	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
	Practitioners PAC		00070132	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
07/04/2023	Ostrander, Peggy			\$175.00
	6 Contributor address; City; State; Zip Code			
	Plano, TX 75074			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/04/2023	Ostrander, Peggy			\$175.00
	Contributor address; City; State; Zip Code			
	Plano, TX 75074			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/04/2023	Ostrander, Peggy			\$175.00
	Contributor address; City; State; Zip Code			
T 1 1 1 1 1 1 1 1	Plano, TX 75074	1 _ (2 astro-tions)	<u>.</u>	
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	+
10/04/2023	Ostrander, Peggy			\$175.00
	Contributor address; City; State; Zip Code			
	Plano, TX 75074			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	· · · · · · · · · · · · · · · · · · ·		'	
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
11/04/2023	Ostrander, Peggy			\$175.00
	Contributor address; City; State; Zip Code			
	Plano, TX 75074			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
		1		

	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 68/89 Rpt: 76/104	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		e Practitioners PAC				00070132	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	11/08/2023	Ostrander, Peggy					\$75.00
		6 Contributor address; City; St	tate; Zip Code				
		Plano, TX 75074					
8	Principal occu	upation / Job title (See Instructions	s)	9 Employer (See Instructions)	<u> </u> נ)		
Ľ	Nurse Practi		·/		,		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/04/2023	Ostrander, Peggy					\$175.00
	I	Contributor address; City; St					
		Plano, TX 75074					
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions)	;)		
	Nurse Practi	itioner					
F	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/08/2023	Palermo, Katy					\$75.00
	I	Contributor address; City; St	tate; Zip Code				
			· .				
		Needville, TX 77461					
	Principal occu	upation / Job title (See Instructions	3)	Employer (See Instructions)	5)		
	Nurse Practi	tioner					
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/05/2023	Parks, Paula	_				\$75.00
	I	Contributor address; City; St	tate; Zip Code				
		Wichita Falls, TX 76310					
	Principal occu	upation / Job title (See Instructions	3)	Employer (See Instructions)	5)		
	Nurse Practi	tioner					
F	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/05/2023	Paul, Jacob	_				\$75.00
	I	Contributor address; City; St	tate; Zip Code				
		Austin, TX 78735					
⊢	Principal occu	upation / Job title (See Instructions	 ۶)	Employer (See Instructions)	;)		
	Nurse Practi		,				
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6 Contributor address; City; State; Zip Code 7 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 0 Perez, Erin	2 FILER NAME Texas Nurse Practiti 4 Date 5 Full 11/08/2023 Pec 6 Control 6 Control Frie 8 Principal occupation / S Nurse Practitioner Date Full Full 11/06/2023 Pere	oners PAC name of contributor	ID#:) 9 Employer (See Instructions)	Sch: 69/89 Rpt: 77/104 3 Filer ID (Ethics Commission 00070132 7 Amount of Contribution (\$))	Filers) \$75.00
Texas Nurse Practitioners PAC 00070132 4 Date 5 Full name of contributor out-of-state PAC (DB:) 7 Amount of Contribution (\$) Peck, Jessica 6 Contributor address; City, State, Zip Code 7 Amount of Contribution (\$) 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (DD:) Amount of Contribution (\$) 11/06/2023 Full name of contributor out-of-state PAC (DD:) Amount of Contribution (\$) 11/06/2023 Full name of contributor address; City, State, Zip Code Amount of Contribution (\$) 11/06/2023 Perez, Erin Contributor address; City, State, Zip Code Amount of Contribution (\$) 11/06/2023 Perez, Jaime Contributor address; City, State, Zip Code Amount of Contribution (\$) 11/07/2023 Perez, Jaime Contributor address; City, State, Zip Code Amount of Contribution (\$) 11/06/2023 Perez, Jaime Contributor address; City, State, Zip Code Amount of Contribution (\$) 11/06/2023 Perez, Jaime Contributor address; City, State, Zip Code Amount of Contribution (\$) 11/06/2023 Phemister, Jill	Texas Nurse Practiti 4 Date 5 Full 11/08/2023 Pec 6 Control Frie 8 Principal occupation / S Nurse Practitioner Full Date Full 11/06/2023 Pere	name of contributor k, Jessica tributor address; City; State; Zip Code ndswood, TX 77546 Job title (See Instructions) name of contributor out-of-state PAC (ez, Erin	ID#:) 9 Employer (See Instructions)	00070132 7 Amount of Contribution (\$))	
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6 Contributor address; City; State; Zip Code 7 Friendswood, TX 77546 8 Principal occupation / Job title (See Instructions) 9 Date Full name of contributor	B Principal occupation / 3 Nurse Practitioner Date Full 11/06/2023 Pere	tributor address; City; State; Zip Code ndswood, TX 77546 Job title (See Instructions) name of contributor out-of-state PAC (ez, Erin	9 Employer (See Instructions		\$75.00
6 Contributor address; City; State; Zip Code 7 Friendswood, TX 77546 8 Principal occupation / Job title (See Instructions) Nurse Practitioner 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (DB:	8 Principal occupation / 3 Nurse Practitioner Date Full 11/06/2023 Pere	tributor address; City; State; Zip Code ndswood, TX 77546 Dob title (See Instructions) name of contributor out-of-state PAC (ez, Erin	9 Employer (See Instructions		
8 Principal occupation / Job title (See Instructions) Nurse Practitioner 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/06/2023 Perez, Erin S75 Contributor address; City; State; Zip Code Employer (See Instructions) \$75 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$75 Nurse Practitioner Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$75 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$75 11/07/2023 Perez, Jaime Employer (See Instructions) \$75 Nurse Practitioner Employer (See Instructions) \$75 Nurse Practitioner Out-of-state PAC (ID#:) Amount of Contribution (\$) 11/06/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/06/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) <t< td=""><td>8 Principal occupation / 3 Nurse Practitioner Date Full 11/06/2023 Pere</td><td>Dob title (See Instructions) name of contributor out-of-state PAC (ez, Erin</td><td></td><td></td><td></td></t<>	8 Principal occupation / 3 Nurse Practitioner Date Full 11/06/2023 Pere	Dob title (See Instructions) name of contributor out-of-state PAC (ez, Erin			
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Principal occupation / Job title (See Instructions) Nurse Practitioner Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 11/07/2023 Perez, Jaime Amount of Contribution (\$) 2010 Perez, Jaime \$75 Contributor address; City; State; Zip Code Ropesville, TX 79358 Principal occupation / Job title (See Instructions) Nurse Practitioner Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Nurse Practitioner out-of-state PAC (ID#:) Amount of Contributor out-of-state PAC (ID#:) 11/06/2023 Full name of contributor out-of-state PAC (ID#:) 11/06/2023 Phemister, Jill Amount of Contribution (\$) Contributor address; City; State; Zip Code Lubbock, TX 79424 Principal occupation / Job title (See Instructions) Employer (See Instructions) Nurse Practitioner Employer (See Instructions)	4				
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Contributor address; City; State; Zip Code Ropesville, TX 79358 Principal occupation / Job title (See Instructions) Nurse Practitioner Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 11/06/2023 Phemister, Jill Amount of Contribution (\$) Contributor address; City; State; Zip Code Amount of Contribution (\$) Lubbock, TX 79424 Employer (See Instructions) Nurse Practitioner Employer (See Instructions)			ID#:)	Amount of Contribution (\$)	ቀ75 00
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Principal occupation / Job title (See Instructions) Nurse Practitioner Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 11/06/2023 Phemister, Jill Contributor address; City; State; Zip Code Amount of Contribution (\$) Lubbock, TX 79424 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Nurse Practitioner Employer (See Instructions)	Con	ributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions) Nurse Practitioner Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/06/2023 Phemister, Jill \$75 Contributor address; City; State; Zip Code Imployer (See Instructions) \$75 Lubbock, TX 79424 Employer (See Instructions) Employer (See Instructions) Nurse Practitioner Employer (See Instructions) Employer (See Instructions)					
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Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/06/2023 Phemister, Jill \$75 Contributor address; City; State; Zip Code \$75 Lubbock, TX 79424 Lubbock, TX 79424 Principal occupation / Job title (See Instructions) Employer (See Instructions) Nurse Practitioner Employer (See Instructions)	Principal occupation / .	Job title (See Instructions)	Employer (See Instructions)	
11/06/2023 Phemister, Jill \$75 Contributor address; City; State; Zip Code Lubbock, TX 79424 Principal occupation / Job title (See Instructions) Employer (See Instructions) Nurse Practitioner Employer (See Instructions)	Nurse Practitioner				
Contributor address; City; State; Zip Code Lubbock, TX 79424 Principal occupation / Job title (See Instructions) Nurse Practitioner	Date Full	name of contributor 🛛 out-of-state PAC ([ID#:)	Amount of Contribution (\$)	
Lubbock, TX 79424 Principal occupation / Job title (See Instructions) Employer (See Instructions) Nurse Practitioner Employer (See Instructions)	11/06/2023 Phe	mister, Jill			\$75.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Nurse Practitioner	Con	tributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions) Nurse Practitioner					
Principal occupation / Job title (See Instructions) Employer (See Instructions) Nurse Practitioner					
Nurse Practitioner					
		ob title (See Instructions)	Employer (See Instructions		
Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$)					
			ID#:)	Amount of Contribution (\$)	+== 00
					\$50.00
Contributor address; City; State; Zip Code	Cont	ributor address; City; State; Zip Code			
San Antonio, TX 78256	San	Antonio TX 78256			
			Employer (See Instructions))	
	Nurse Practitioner)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Employer (See Instructions)					

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 70/89 Rpt: 78/104	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
08/08/2023	Quigley, Sharon			\$50.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78256			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/08/2023	Quigley, Sharon			\$50.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78256			
-	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/08/2023	Quigley, Sharon			\$50.00
	Contributor address; City; State; Zip Code			
D in sin al assu	San Antonio, TX 78256		、 、	
Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	#F0 00
11/08/2023	Quigley, Sharon			\$50.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78256			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Practi				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/08/2023	Quigley, Sharon	,		\$50.00
	Contributor address; City; State; Zip Code			4
	San Antonio, TX 78256			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			

The Instru	iction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 71/89 Rpt: 79/104
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	e Practitioners PAC		00070132
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/29/2023	Raabe, Adrian		\$88.00
	6 Contributor address; City; State; Zip Code		1
	North Richland Hills, TX 76180		
	upation / Job title (See Instructions)	9 Employer (See Instructions	»)
Nurse Pract	itioner		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/29/2023	Raabe, Adrian		\$88.00
	Contributor address; City; State; Zip Code		
	North Richland Hills, TX 76180		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Nurse Pract			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/29/2023	Raabe, Adrian		\$88.00
	Contributor address; City; State; Zip Code		1
	North Richland Hills, TX 76180	1	<u> </u>
	upation / Job title (See Instructions)	Employer (See Instructions	;)
Nurse Pract			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/29/2023	Raabe, Adrian		\$88.00
	Contributor address; City; State; Zip Code		
	North Richland Hills, TX 76180		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Nurse Pract			<i>י</i> י
Date		<u> </u>	Amount of Contribution (\$)
11/06/2023)	\$75.00
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	Contributor address; City; State; Zip Code		
	Dallas, TX 75243		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Nurse Pract			<i>''</i>
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The Instruction	Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 72/89 Rpt: 80/104	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
Texas Nurse Prac	titioners PAC		00070132	-,
4 Date 5 Fu	ull name of contributor 🔲 out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
11/08/2023 R	eveles, Kathryn		\$7	75.00
6 Co	ontributor address; City; State; Zip Code			
	umble, TX 77634			
		9 Employer (See Instructions)	
Nurse Practitioner		UTEP)	
		-		
	—)	Amount of Contribution (\$)	75 00
			\$7	75.00
C	ontributor address; City; State; Zip Code			
	ollege Station, TX 77845			
	/ Job title (See Instructions)	Employer (See Instructions	<u>\</u>	
Nurse Practitioner)	
	ull name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	00.00
			ቅር	30.00
	ontributor address; City; State; Zip Code			
	arker Heights, TX 76548			
	/ Job title (See Instructions)	Employer (See Instructions)	
Nurse Practitioner				
		、 、	Amount of Contribution (\$)	
	ull name of contributor out-of-state PAC (ID#: oberts, Rick)		50.00
			Ψ.	50.00
	ontributor address; City; State; Zip Code			
н	ouston, TX 77006			
Principal occupation	/ Job title (See Instructions)	Employer (See Instructions)	
Nurse Practitioner	, ,		,	
Date Fi	ull name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	oberts, Rick	,		50.00
	ontributor address; City; State; Zip Code			
н	ouston, TX 77006			
Principal occupation	/ Job title (See Instructions)	Employer (See Instructions)	
Nurse Practitioner				

The Instru	ction Guide explains how to complete	this form.	1 Total pages Schedule A1: Sch: 73/89 Rpt: 81/104
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Nurse	Practitioners PAC		00070132
4 Date	5 Full name of contributor out-of-state PA	AC (ID#:)	7 Amount of Contribution (\$)
09/12/2023	Roberts, Rick		\$50.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77006	<u> </u>	
	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
Nurse Practi			
Date		AC (ID#:)	Amount of Contribution (\$)
10/12/2023	Roberts, Rick		\$50.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77006		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<)
Nurse Practi			5)
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of Contribution (\$)
11/12/2023	Roberts, Rick	۹C (ID#)	\$50.00
±±, ±=, = • = -			
	Houston, TX 77006		
-	pation / Job title (See Instructions)	Employer (See Instructions	s)
Nurse Practi			
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of Contribution (\$)
12/12/2023	Roberts, Rick		\$50.00
	Contributor address; City; State; Zip Code		1
	Houston TV 77006		
Dringing oggu	Houston, TX 77006 Ipation / Job title (See Instructions)	Employer (See Instruction)	
Nurse Practi	,	Employer (See Instructions	5)
Date 11/06/2023	Full name of contributor Out-of-state PA	\C (ID#:)	Amount of Contribution (\$) \$75.00
11/00/2020	-		
	Contributor address; City; State; Zip Code		
	Bryan, TX 77803		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Nurse Practi	tioner	Kathleen Roblyer APRN	N PMHNP LLC
		1	

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 74/89 Rpt: 82/104	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#	t:)	7 Amount of Contribution (\$)	
07/21/2023	Rodriguez, Delores		\$	\$10.00
	6 Contributor address; City; State; Zip Code			
	Laredo, TX 78043			
	pation / Job title (See Instructions)	9 Employer (See Instructions	()	
Nurse Practi				
Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)	
08/21/2023	Rodriguez, Delores		9	\$10.00
	Contributor address; City; State; Zip Code			
Dringing oog	Laredo, TX 78043		х х	
Principal occu Nurse Practi	pation / Job title (See Instructions) tioner	Employer (See Instructions)	
			Δ	
Date 09/21/2023		t:)	Amount of Contribution (\$)	\$10.00
DAISTISOSO			4	\$10.00
	Contributor address; City; State; Zip Code			
	Laredo, TX 78043			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)	
10/21/2023	Rodriguez, Delores		\$	\$10.00
	Contributor address; City; State; Zip Code			
	Laredo, TX 78043			
Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions		
Nurse Practi	,		·)	
Date		μ	Amount of Contribution (\$)	
11/21/2023	Full name of contributor out-of-state PAC (ID# Rodriguez, Delores	·:)		\$10.00
	Contributor address; City; State; Zip Code		-	PT0.00
	Continuation address, Gity, State, Zip Code			
	Laredo, TX 78043			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Nurse Practi	tioner			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 75/89 Rpt: 83/104	
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
	Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
12/21/2023	Rodriguez, Delores			\$10.00
	6 Contributor address; City; State; Zip Code			
	Laredo, TX 78043			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/08/2023	Roszak, Abigail			\$75.00
	Contributor address; City; State; Zip Code			
	Pearland, TX 77584			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/16/2023	Ryan, Connie			\$25.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78723			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/29/2023	Schmidt, Kathryn			\$50.00
	Contributor address; City; State; Zip Code			
	Round Rock, TX 78665			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Practi	tioner			
Date	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)	
11/07/2023	Schwartz, Patricia			\$15.00
	Contributor address; City; State; Zip Code			
	Spring, TX 77382			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Practi	tioner			

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 76/89 Rpt: 84/104	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
Texas Nurse	e Practitioners PAC		00070132	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
11/06/2023	Seliga, Katie			\$75.00
	6 Contributor address; City; State; Zip Code			
	Aledo, TX 76008			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi	itioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/29/2023	Selzer, Cari			\$50.00
	Contributor address; City; State; Zip Code			
	Colleyville, TX 76034			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	itioner			
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/29/2023	Selzer, Cari		• •	\$50.00
	Colleyville, TX 76034			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	itioner			
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/29/2023	Selzer, Cari	/		\$50.00
	Contributor address; City; State; Zip Code			
	Colleyville, TX 76034			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	itioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/29/2023	Selzer, Cari	······································	· ····································	\$50.00
-	Contributor address; City; State; Zip Code			• -
	Colleyville, TX 76034			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi			,	

The Instr	ruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 77/89 Rpt: 85/104	
2 FILER NAM	 1E		3 Filer ID (Ethics Commission	ו Filers)
	rse Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
07/30/202				\$25.00
	6 Contributor address; City; State; Zip Code			
	Wylie, TX 75098			
	cupation / Job title (See Instructions)	9 Employer (See Instructions	<i>;</i>)	
Nurse Pra	ctitioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/30/202				\$25.00
	Contributor address; City; State; Zip Code			
	Wylie, TX 75098			
	cupation / Job title (See Instructions)	Employer (See Instructions	;)	
Nurse Pra	ctitioner			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
11/06/202				\$75.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75248	1		
-	cupation / Job title (See Instructions)	Employer (See Instructions	.)	
Nurse Pra				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	_
08/30/202	3 Spiegelberg, Jessica			\$150.00
	Contributor address; City; State; Zip Code			
	Lubbock, TX 79413			
Dringingligg				
Nurse Pra	cupation / Job title (See Instructions)	Employer (See Instructions	.)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	* 50.00
07/07/202				\$50.00
	Contributor address; City; State; Zip Code			
	North Richland Hills, TX 76182			
Drincinal oc	cupation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Nurse Pra)	
Nuiserra				

The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 78/89 Rpt: 86/104	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor Dut-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
08/07/2023	St. Pierre, Diane			\$50.00
	6 Contributor address; City; State; Zip Code			
	North Richland Hills, TX 76182			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi		<u> </u>	·	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/07/2023	St. Pierre, Diane			\$50.00
	Contributor address; City; State; Zip Code			
	North Richland Hills, TX 76182			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/07/2023	St. Pierre, Diane			\$50.00
	Contributor address; City; State; Zip Code			
	North Richland Hills, TX 76182			
-	ipation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/07/2023	St. Pierre, Diane			\$50.00
	Contributor address; City; State; Zip Code			
	North Richland Hills, TX 76182			
-	ipation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/07/2023	St. Pierre, Diane			\$50.00
	Contributor address; City; State; Zip Code			
	North Richland Hills, TX 76182			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
		<u> </u>		

The Instru	ction Guide explains how to complete	this form.	1 Total pages Schedule A1: Sch: 79/89 Rpt: 87/104
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	e Practitioners PAC		00070132
4 Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of Contribution (\$)
07/28/2023	Stewart, Dovie		\$50.00
	6 Contributor address; City; State; Zip Code		1
	Freer, TX 78357		
-	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)
Nurse Practi	tioner		
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of Contribution (\$)
08/28/2023	Stewart, Dovie		\$50.00
	Contributor address; City; State; Zip Code		1
	Freer, TX 78357		
	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Nurse Practi			
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of Contribution (\$)
09/28/2023	Stewart, Dovie		\$50.00
	Contributor address; City; State; Zip Code		
	Freer, TX 78357		
Drincinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	~
Nurse Practi			5)
		· · · · · · · · · · · · · · · · · · ·	
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of Contribution (\$)
10/28/2023	Stewart, Dovie		\$50.00
	Contributor address; City; State; Zip Code		
	Freer, TX 78357		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	s)
Nurse Practi			
Date	Full name of contributor Out-of-state PAG	 C. (ID#:)	Amount of Contribution (\$)
11/28/2023	Stewart, Dovie		\$50.00
	Contributor address; City; State; Zip Code		
	Freer, TX 78357		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Nurse Practi	tioner		
		1	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 80/89 Rpt: 88/104
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Practitioners PAC		00070132
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/28/2023	Stewart, Dovie		\$50.0
	6 Contributor address; City; State; Zip Code		1
	Freer, TX 78357		
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Nurse Practi	tioner		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/05/2023	Taylor, Kate		\$25.0
	Contributor address; City; State; Zip Code		
	Fort Worth TV 76100		
Dringingl occu	Fort Worth, TX 76109	Employer (See Instructions	
Nurse Practi	pation / Job title (See Instructions) tioner	Employer (See Instructions	5)
		\	Amount of Contribution (ft)
Date 11/05/2023	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$) \$75.0
11/05/2023			φ/Ο.
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76109		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)
Nurse Practi	tioner		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/05/2023	Taylor, Kate		\$25.0
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76109	1	
-	pation / Job title (See Instructions)	Employer (See Instructions	3)
Nurse Practi			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/20/2023	Taylor, Margaret		\$25.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78748		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Nurse Practi			<i></i>

The Instruc	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 81/89 Rpt: 89/104	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
09/30/2023	Terrell, Suzanne			\$200.00
	6 Contributor address; City; State; Zip Code			
	Quitman, TX 75783			
-		9 Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/06/2023	Thompson, Krysta			\$75.00
	Contributor address; City; State; Zip Code			
	Lake Jackson, TX 77566			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/01/2023	Tiller, Sonja			\$100.00
	Contributor address; City; State; Zip Code			
	Troup, TX 75789			
-	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/01/2023	Tiller, Sonja			\$100.00
	Contributor address; City; State; Zip Code			
	Troup, TX 75789			
-	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/01/2023	Tiller, Sonja			\$100.00
	Contributor address; City; State; Zip Code			
	Troup, TX 75789			
-	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi				

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 82/89 Rpt: 90/104	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	e Practitioners PAC		00070132	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
10/01/2023	Tiller, Sonja			\$100.00
	6 Contributor address; City; State; Zip Code			
	Troup, TX 75789			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/01/2023	Tiller, Sonja			\$100.00
	Contributor address; City; State; Zip Code			
	Troup, TX 75789			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/01/2023	Tiller, Sonja			\$100.00
	Contributor address; City; State; Zip Code			
- · · · · · · · · · · · · · · · · · · ·	Troup, TX 75789	The second se		
Principal occu Nurse Practi	Ipation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	405 00
07/27/2023	Tompkins, Meredith			\$25.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78703			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/27/2023	Tompkins, Meredith)		\$25.00
00/1//2020	Contributor address; City; State; Zip Code			+20100
	Austin, TX 78703			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi				

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	The Instru	ction Guide explains how to comp	lete this fo	orm.	1	Total pages Schedule A1: Sch: 83/89 Rpt: 91/104	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		Practitioners PAC				00070132	,
4	Date	5 Full name of contributor out-of-st	ate PAC (ID#:)	7	Amount of Contribution (\$)	
	09/27/2023	Tompkins, Meredith					\$25.00
		6 Contributor address; City; State; Zip Coc			1		
		Austin, TX 78703					
8	Principal occu	pation / Job title (See Instructions)	1	9 Employer (See Instructions	5)		
	Nurse Practi	tioner					
	Date	Full name of contributor 🛛 out-of-st	ate PAC (ID#:)		Amount of Contribution (\$)	
	10/27/2023	Tompkins, Meredith					\$25.00
		Contributor address; City; State; Zip Coc					
		Austin, TX 78703					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Nurse Practi	tioner					
F	Date	Full name of contributor 🛛 out-of-st	ate PAC (ID#:)		Amount of Contribution (\$)	
	11/27/2023	Tompkins, Meredith					\$25.00
		Contributor address; City; State; Zip Coc					
		Austin, TX 78703					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Nurse Practi	tioner					
	Date	Full name of contributor 🔲 out-of-st	ate PAC (ID#:)		Amount of Contribution (\$)	
	12/27/2023	Tompkins, Meredith					\$25.00
		Contributor address; City; State; Zip Coc			1		
		Austin, TX 78703					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Nurse Practi	tioner					
	Date		ate PAC (ID#:)		Amount of Contribution (\$)	
	07/27/2023	Tran, Sandy					\$100.00
		Contributor address; City; State; Zip Coc					
	<u> </u>	El Paso, TX 79912			Ĺ		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
∟	Nurse Practi						
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The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 84/89 Rpt: 92/104
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	e Practitioners PAC		00070132
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
11/06/2023	Vallie-Porter, Cheryl		\$75.00
	6 Contributor address; City; State; Zip Code		
	Midland, TX 79707		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))
Nurse Practi	tioner		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/05/2023	Villa, Jose		\$75.00
	Contributor address; City; State; Zip Code		
	······································		
	San Antonio, TX 78254		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))
Nurse Practi	tioner		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/30/2023	Vinton, Elizabeth		\$500.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75218		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))
Nurse Practi			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/29/2023	Wahlenmaier, Victor		\$40.00
	Contributor address; City; State; Zip Code		
	Burleson, TX 76028		
	pation / Job title (See Instructions)	Employer (See Instructions))
Nurse Practi	tioner		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/29/2023	Wahlenmaier, Victoria		\$40.00
	Contributor address; City; State; Zip Code		
	Burleson, TX 76028		
-	pation / Job title (See Instructions)	Employer (See Instructions))
Nurse Practi	tioner		

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	The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 85/89 Rpt: 93/104
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		e Practitioners PAC		00070132
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	11/29/2023	Wahlenmaier, Victoria		\$40.00
		6 Contributor address; City; State; Zip Code		
		Burleson, TX 76028		
8		upation / Job title (See Instructions)	9 Employer (See Instructions)	3)
	Nurse Practi	tioner		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	12/29/2023	Wahlenmaier, Victoria		\$40.00
		Contributor address; City; State; Zip Code		
		Burleson, TX 76028		
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> \$)
	Nurse Practi		- r - y - x - ,	<i>,</i>
⊨	Data	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
	Date		/	
	11/08/2023	Weidman-Johnson, Marie		\$75.00
		Contributor address; City; State; Zip Code		
		Pearland, TX 77584		<u> </u>
		upation / Job title (See Instructions)	Employer (See Instructions)	;)
	Nurse Practi	.tioner		
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	07/04/2023	Weston, Cindy		\$50.00
		Contributor address; City; State; Zip Code		
		College Station, TX 77845		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	\$)
	Nurse Practi	itioner		
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	08/04/2023	Weston, Cindy		\$50.00
	00,0	Contributor address; City; State; Zip Code		· · ·
		Bryan, TX 77807		
┝	Dringing occu		Employer (See Instructions	
		upation / Job title (See Instructions)	Employer (See Instructions)	;)
	Nurse Practi	tioner		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 86/89 Rpt: 94/104	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
	Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
09/04/2023	Weston, Cindy			\$50.00
	6 Contributor address; City; State; Zip Code			
	Bryan, TX 77807			
	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/04/2023	Weston, Cindy			\$50.00
	Contributor address; City; State; Zip Code			
	Bryan, TX 77807			
	ipation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/04/2023	Weston, Cindy			\$50.00
	Contributor address; City; State; Zip Code			
	Bryan, TX 77807			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/04/2023	Weston, Cindy			\$50.00
	Contributor address; City; State; Zip Code			
	Bryan, TX 77807			
	ipation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Practi	tioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/01/2023	Williams, Shelia			\$25.00
	Contributor address; City; State; Zip Code			
	Tyler, TX 75706			
	ipation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Practi	tioner			

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 87/89 Rpt: 95/104	
2 FILER NAME			3 Filer ID (Ethics Commission F	ilers)
	e Practitioners PAC		00070132	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
08/01/2023	· · ·			\$25.00
	6 Contributor address; City; State; Zip Code			
	Tyler, TX 75706			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Nurse Practi	itioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/01/2023	Williams, Shelia			\$25.00
	Contributor address; City; State; Zip Code			
	Tyler, TX 75706			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Nurse Practi	ítioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/01/2023	Williams, Shelia			\$25.00
	Contributor address; City; State; Zip Code			
	Tyler, TX 75706			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	itioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/01/2023	Williams, Shelia			\$25.00
	Contributor address; City; State; Zip Code			
	Tyler, TX 75706			
-	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	rtioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/01/2023	Williams, Shelia			\$25.00
	Contributor address; City; State; Zip Code			
	Tyler, TX 75706			
-	upation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practi	itioner			

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 88/89 Rpt: 96/104	
2 FILER NAME			3 Filer ID (Ethics Commission Fil	lers)
	Practitioners PAC		00070132	10.0,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
07/26/2023	Wines, Kendall			\$25.00
	6 Contributor address; City; State; Zip Code			
	Lubbock, TX 79424			
		9 Employer (See Instructions))	
Nurse Practit	ioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/26/2023	Wines, Kendall			\$25.00
	Contributor address; City; State; Zip Code			
	Lubbock, TX 79424			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit	ioner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/26/2023	Wines, Kendall			\$25.00
	Contributor address; City; State; Zip Code			
	I			
	Lubbock, TX 79424			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit	loner			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/26/2023	Wines, Kendall			\$25.00
	Contributor address; City; State; Zip Code			
	Lubbock, TX 79424	(2	、	
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/26/2023	Wines, Kendall			\$25.00
	Contributor address; City; State; Zip Code			
	Likkool TV 70424			
Drive size Lesson	Lubbock, TX 79424		、	
	pation / Job title (See Instructions)	Employer (See Instructions))	
Nurse Practit	loner			

MONETARY POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form.

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 89/89 Rpt: 97/104		
2	FILER NAME	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Nurse Practitioners PAC					00070132	
4	Date	te 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)		
	12/26/2023	Wines, Kendall					\$25.00
		6 Contributor address; City; State; Zip Code			1		
		Lubbock, TX 79424	_				
8	-	Principal occupation / Job title (See Instructions) 9 Employer (See Instruction		Employer (See Instructions	5)		
	Nurse Practi	Nurse Practitioner					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/01/2023	Wingfield, Kristin					\$100.00
		Contributor address; City; State; Zip Code					
		College Station, TX 77845					
				Employer (See Instructions	5)		
	Nurse Practitioner						
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/08/2023	Zdanuk, Jan					\$75.00
		Contributor address; City; State; Zip Code					
	Westworth Village, TX 76114				Ĺ		
Principal occupation / Job title (See Instructions)			1	Employer (See Instructions	5)		
	Nurse Practitioner			VPA			

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

L						
	The Instruction Guide explains how to complete this form.			1 Total pages Schedule C4: Sch: 1/1 Rpt: 98/104		
2	FILER NAME			Filer ID	(Ethics Commission Filers)	
	Texas Nurse Practitioners PAC			00070132		
4	Date	5 Corporation / Labor Organization name	6	Amount (\$)		
	07/01/2023	Texas Nurse Practitioners			1,200.00	
	Date	Corporation / Labor Organization name		Amount (\$)		
	08/01/2023	Texas Nurse Practitioners			1,200.00	
┢	Date	Corporation / Labor Organization name		Amount (\$)		
	09/01/2023	Texas Nurse Practitioners			1,200.00	
	Date	Corporation / Labor Organization name		Amount (\$)		
	09/30/2023	Texas Nurse Practitioners			3,491.71	
F	Date	Corporation / Labor Organization name		Amount (\$)		
	10/01/2023	Texas Nurse Practitioners			1,200.00	
	Date	Corporation / Labor Organization name		Amount (\$)		
	11/01/2023	Texas Nurse Practitioners			1,200.00	
	Date	Corporation / Labor Organization name		Amount (\$)		
	12/01/2023	Texas Nurse Practitioners			1,200.00	
_						

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 1/6 Rpt: 99/104	Texas Nurse Practitioners PAC 00070132				
4 Date	5 Payee name				
12/05/2023	Briscoe Cain for Texas Campaign				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$1,500.00	PO Box 7				
Expenditure from corporate funds	Deer Park, TX 77536				
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAC primary election contribution. 				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
09/12/2023	Cesar Blanco Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$5,000.00	PO Box 27074				
Expenditure from corporate funds	El Paso, TX 79926				
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAC primary election contribution. 				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
12/05/2023	Cesar Blanco Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$2,500.00	PO Box 27074				
Expenditure from corporate funds	El Paso, TX 79926				
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAC primary election contribution. 				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 2/6 Rpt: 100/104	Texas Nurse Practitioners PAC 00070132					
4 Date	5 Payee name					
12/05/2023	Drew Darby Campaign					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$1,000.00	P.O. Box 3284					
Expenditure from corporate funds	San Angelo, TX 76902					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee PAC primary election contribution.					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
12/05/2023	Dustin Burrows Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,500.00	P.O. Box 2569					
Expenditure from corporate funds	Lubbock, TX 79408					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAC primary election contribution. 					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
12/05/2023	Friends of Cecil Bell Jr.					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,000.00	PO Box 819					
Expenditure from corporate funds	Magnolia, TX 77355					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee PAC primary election contribution.					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District r - Gift/Awards/Memorials Expense Printing Expense Travel Out of District					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 3/6 Rpt: 101/104	Texas Nurse Practitioners PAC 00070132					
4 Date	5 Payee name					
09/12/2023	Gina Hinojosa Campaign					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$500.00	P.O. Box 300095					
Expenditure from corporate funds	Austin, TX 78703					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By					
	Candidate/Officeholder/Political Committee					
	PAC primary election contribution.					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
12/05/2023	Jacey Jetton Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,000.00	1723 Hearthside Ct					
Φ1,000.00						
Expenditure from corporate funds	Richmond, TX 77406					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By					
EXPENDITORE	Candidate/Officeholder/Political Committee					
	PAC primary election contribution.					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
12/05/2023	Jeff Leach Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,000.00	P.O. Box 866186					
Expenditure from corporate funds	Plano, TX 75086					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By					
EAFENDITUKE	Candidate/Officeholder/Political Committee					
	PAC primary election contribution.					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 4/6 Rpt: 102/104	Texas Nurse Practitioners PAC 00070132				
4 Date	5 Payee name				
12/01/2023	Lacey Hull Campaign				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$1,000.00	P.O. Box 19231				
Expenditure from corporate funds	Houston, TX 77224				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee PAC primary election contribution.				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
12/05/2023	Mark Dorazio Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$500.00	PO Box 461341				
Expenditure from corporate funds	San Antonio, TX 78246				
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAC primary election contribution. 				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
12/05/2023	Matt Shaheen Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,000.00	3917 Malton Dr				
Expenditure from corporate funds	Plano, TX 75025				
PURPOSE OF	 (a) Category (See Categories listed at the top of this schedule) (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. 				
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee PAC primary election contribution.				
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 5/6 Rpt: 103/104	Texas Nurse Practitioners PAC 00070132				
4 Date	5 Payee name				
12/05/2023	Morgan LaMantia Campaign				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$2,500.00	1324 E. Madison				
Expenditure from corporate funds	Brownsville, TX 78520				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By				
	Candidate/Officeholder/Political Committee				
	PAC primary election contribution.				
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OF					
Date	Payee name				
12/05/2023	Ryan Guillen Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,000.00	5346 E. US HWY 83, Bdg A, STE 5-A				
φ1,000.00	3040 E. 03 HWT 03, Bug A, 31E 3 A				
Expenditure from corporate funds	Rio Grande City, TX 78582				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By				
EXPENDITORE	Candidate/Officeholder/Political Committee				
	PAC primary election contribution.				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
10/20/2023	Sarah Eckhardt Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,000.00	PO Box 301586				
Expenditure from corporate funds	Austin, TX 78703				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By				
	Candidate/Officeholder/Political Committee				
	PAC primary election contribution.				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Glft/Awards/Memorials Expense Printing Expense Travel Of District				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 6/6 Rpt: 104/104	Texas Nurse Practitioners PAC 00070132				
4 Date	5 Payee name				
10/13/2023	Stephanie Klick Campaign				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$1,000.00	PO Box 7592				
Expenditure from corporate funds	Fort Worth, TX 76111				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By				
	Candidate/Officeholder/Political Committee				
	PAC primary election contribution.				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
12/05/2023	Stephanie Klick Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$2,500.00	PO Box 7592				
\$2,000.00					
Expenditure from corporate funds	Fort Worth, TX 76111				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By				
	Candidate/Officeholder/Political Committee				
	PAC primary election contribution.				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
10/20/2023	Texas Legislative Black Caucus				
Amount (\$)	Payee address; City; State; Zip Code				
\$2,500.00	1108 Lavaca Street, Suite 110, PMB 171				
φ2,300.00					
Expenditure from corporate funds	Austin, TX 78701				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By				
	Candidate/Officeholder/Political Committee				
	Sponsorship for TLBC annual fundraiser.				
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held				