

**GENERAL-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM GPAC
COVER SHEET PG 1**

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00070132	2 Total pages filed: 104
3 COMMITTEE NAME Texas Nurse Practitioners PAC		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/16/2024 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4425 S. Mopac Expy., Bldg. 3, Ste. 405 Austin, TX 78735		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Emily S.	MI MI
	NICKNAME	LAST Eastin	SUFFIX
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4425 S. Mopac Expy., Bldg. 3, Ste. 405 Austin, TX 78735		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4425 S. Mopac Expy., Bldg. 3, Ste. 405 Austin, TX 78735		
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 291-6224	EXTENSION
9 REPORT TYPE	<input checked="checked" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/01/2023 THROUGH 12/31/2023		
11 ELECTION	ELECTION DATE Month Day Year 03/05/2024	ELECTION TYPE <input checked="checked" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Texas Nurse Practitioners PAC	13 Filer ID (Ethics Commission Filers) 00070132
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Gina Hinajosa State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 43,110.71
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 28,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 70,323.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Mrs. Emily S. Eastin

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

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12 COMMITTEE NAME Texas Nurse Practitioners PAC	13 Filer ID (Ethics Commission Filers) 00070132
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Lacey Hull State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Mark Dorazio State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Cecil Bell State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

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12 COMMITTEE NAME Texas Nurse Practitioners PAC		13 Filer ID (Ethics Commission Filers) 00070132
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Jacey Jetton State Representative B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Ryan Guillen State Representative B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Matt Shaheen State Representative B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
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12 COMMITTEE NAME Texas Nurse Practitioners PAC	13 Filer ID (Ethics Commission Filers) 00070132
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates <small>(Identify by name or, if applicable, classify by party.)</small>	A. Supported Rep. Briscoe Cain State Representative
		B. Opposed
	2. Measures <small>(Describe by date and location of election and nature of issue.)</small>	A. Supported
		B. Opposed
	3. Officeholders Assisted <small>(Identify by name or, if applicable, classify by party.)</small>	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates <small>(Identify by name or, if applicable, classify by party.)</small>	A. Supported Sen. Morgan LaMantia State Senator
		B. Opposed
	2. Measures <small>(Describe by date and location of election and nature of issue.)</small>	A. Supported
		B. Opposed
	3. Officeholders Assisted <small>(Identify by name or, if applicable, classify by party.)</small>	

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
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17 COMMITTEE NAME Texas Nurse Practitioners PAC		18 Filer ID 00070132	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT	
NAME OF SCHEDULE			
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	32,419.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	10,691.71
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	28,000.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/89 Rpt: 9/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 10/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adell, Shekofeh <hr/> 6 Contributor address; City; State; Zip Code Nacogdoches, TX 75965	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 07/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alleman, Monica <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alleman, Monica <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alleman, Monica <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alleman, Monica <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/89 Rpt: 10/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 11/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alleman, Monica <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78748	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alleman, Monica <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarez, Hector <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78526	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amador, Claudia <hr/> Contributor address; City; State; Zip Code Victoria, TX 77904	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Belinda <hr/> Contributor address; City; State; Zip Code Marshall, TX 75672	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/89 Rpt: 11/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 11/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnett, Adam <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78249	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 07/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, John <hr/> Contributor address; City; State; Zip Code Lytle, TX 78052	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, John <hr/> Contributor address; City; State; Zip Code Lytle, TX 78052	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, John <hr/> Contributor address; City; State; Zip Code Lytle, TX 78052	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, John <hr/> Contributor address; City; State; Zip Code Lytle, TX 78052	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/89 Rpt: 12/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 11/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, John <hr/> 6 Contributor address; City; State; Zip Code Lytle, TX 78052	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, John <hr/> Contributor address; City; State; Zip Code Lytle, TX 78052	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartek, Suzanne <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becton-Crouse, Mary <hr/> Contributor address; City; State; Zip Code Krum, TX 76249	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becton-Crouse, Mary <hr/> Contributor address; City; State; Zip Code Krum, TX 76249	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/89 Rpt: 13/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becton-Crouse, Mary <hr/> 6 Contributor address; City; State; Zip Code Krum, TX 76249	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 07/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanco, Christina <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanco, Christina <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanco, Christina <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanco, Christina <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/89 Rpt: 14/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanco, Christina	7 Amount of Contribution (\$) \$75.00
6 Contributor address; City; State; Zip Code El Paso, TX 79912		
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanco, Christina	Amount of Contribution (\$) \$65.00
Contributor address; City; State; Zip Code El Paso, TX 79912		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanco, Christina	Amount of Contribution (\$) \$65.00
Contributor address; City; State; Zip Code El Paso, TX 79912		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blount, Gina	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Irving, TX 75061		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blount, Gina	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Irving, TX 75061		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/89 Rpt: 15/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 09/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blount, Gina <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75061	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blount, Gina <hr/> Contributor address; City; State; Zip Code Irving, TX 75061	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blount, Gina <hr/> Contributor address; City; State; Zip Code Irving, TX 75061	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bogan, Carolyn <hr/> Contributor address; City; State; Zip Code Lorena, TX 76655	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridgeford, Heather <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78254	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/89 Rpt: 16/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 11/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Britton, Robin	7 Amount of Contribution (\$) \$75.00
	6 Contributor address; City; State; Zip Code Flower Mound, TX 75022	
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Vicki	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Mineral Wells, TX 76067	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Vicki	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Mineral Wells, TX 76067	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Vicki	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Mineral Wells, TX 76067	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Vicki	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Mineral Wells, TX 76067	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/89 Rpt: 17/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 11/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Vicki <hr/> 6 Contributor address; City; State; Zip Code Mineral Wells, TX 76067	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Vicki <hr/> Contributor address; City; State; Zip Code Mineral Wells, TX 76067	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browning-Taylor, Mary <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78410	Amount of Contribution (\$) \$600.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bullard, Lynn <hr/> Contributor address; City; State; Zip Code Karnes City, TX 78118	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bullard, Lynn <hr/> Contributor address; City; State; Zip Code Karnes City, TX 78118	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/89 Rpt: 18/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 11/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Lashonda <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76015	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions) MCNT
Date 07/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Patience <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Patience <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Patience <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Patience <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/89 Rpt: 19/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 11/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Patience <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78230	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Patience <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Richard <hr/> Contributor address; City; State; Zip Code Livingston, TX 77351	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter-Griffin, Essence <hr/> Contributor address; City; State; Zip Code Arlington, TX 76005	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter-Griffin, Essence <hr/> Contributor address; City; State; Zip Code Arlington, TX 76005	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/89 Rpt: 20/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 10/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter-Griffin, Essence <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76005	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 11/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter-Griffin, Essence <hr/> Contributor address; City; State; Zip Code Arlington, TX 76005	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter-Griffin, Essence <hr/> Contributor address; City; State; Zip Code Arlington, TX 76005	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter-Griffin, Essence <hr/> Contributor address; City; State; Zip Code Arlington, TX 76005	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carver, Lea Ann <hr/> Contributor address; City; State; Zip Code Fair Oaks Ranch, TX 78015	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/89 Rpt: 21/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 08/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carver, Lea Ann	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Fair Oaks Ranch, TX 78015	
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carver, Lea Ann	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Fair Oaks Ranch, TX 78015	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carver, Lea Ann	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Fair Oaks Ranch, TX 78015	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carver, Lea Ann	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Fair Oaks Ranch, TX 78015	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carver, Lea Ann	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Fair Oaks Ranch, TX 78015	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/89 Rpt: 23/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 11/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Heather <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78665	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clarke, Brenda <hr/> Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clements, Kristine <hr/> Contributor address; City; State; Zip Code Spring, TX 77373	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clements, Kristine <hr/> Contributor address; City; State; Zip Code Spring, TX 77373	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clements, Kristine <hr/> Contributor address; City; State; Zip Code Spring, TX 77373	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/89 Rpt: 24/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 10/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clements, Kristine	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Spring, TX 77373	
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clements, Kristine	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Spring, TX 77373	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clements, Kristine	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Spring, TX 77373	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Jeannie	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Plano, TX 75023	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Jeannie	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Plano, TX 75023	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/89 Rpt: 25/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 09/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Jeannie	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Plano, TX 75023		
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Jeannie	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Plano, TX 75023		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Jeannie	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Plano, TX 75023		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Jeannie	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Plano, TX 75023		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crook, Debra	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Freeport, TX 77541		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/89 Rpt: 26/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crook, Debra <hr/> 6 Contributor address; City; State; Zip Code Freeport, TX 77541	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crook, Debra <hr/> Contributor address; City; State; Zip Code Freeport, TX 77541	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crook, Debra <hr/> Contributor address; City; State; Zip Code Freeport, TX 77541	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crook, Debra <hr/> Contributor address; City; State; Zip Code Freeport, TX 77541	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cullers, Justin <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/89 Rpt: 27/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 07/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dalton, Lisa <hr/> 6 Contributor address; City; State; Zip Code Willow Park, TX 76087	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 07/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Carol <hr/> Contributor address; City; State; Zip Code Loving, TX 76460	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Carol <hr/> Contributor address; City; State; Zip Code Loving, TX 76460	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Carol <hr/> Contributor address; City; State; Zip Code Loving, TX 76460	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Carol <hr/> Contributor address; City; State; Zip Code Loving, TX 76460	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/89 Rpt: 28/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Carol <hr/> 6 Contributor address; City; State; Zip Code Loving, TX 76460	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Carol <hr/> Contributor address; City; State; Zip Code Loving, TX 76460	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Sheryl <hr/> Contributor address; City; State; Zip Code Weston Lakes, TX 77441	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Sheryl <hr/> Contributor address; City; State; Zip Code Weston Lakes, TX 77441	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Cristi <hr/> Contributor address; City; State; Zip Code Normanna, TX 78142	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/89 Rpt: 29/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 08/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Cristi <hr/> 6 Contributor address; City; State; Zip Code Normanna, TX 78142	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 09/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Cristi <hr/> Contributor address; City; State; Zip Code Normanna, TX 78142	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Cristi <hr/> Contributor address; City; State; Zip Code Normanna, TX 78142	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Cristi <hr/> Contributor address; City; State; Zip Code Normanna, TX 78142	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeVries, Doris <hr/> Contributor address; City; State; Zip Code El Lago, TX 77586	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/89 Rpt: 30/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 07/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, Margaret <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79407	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 08/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, Margaret <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79407	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, Margaret <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79407	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, Margaret <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79407	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, Margaret <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79407	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/89 Rpt: 31/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 12/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, Margaret <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79407	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 07/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deutschendorf, Danielle <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deutschendorf, Danielle <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deutschendorf, Danielle <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deutschendorf, Danielle <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/89 Rpt: 32/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 11/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deutschendorf, Danielle <hr/> 6 Contributor address; City; State; Zip Code Pflugerville, TX 78660	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deutschendorf, Danielle <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dickens, James <hr/> Contributor address; City; State; Zip Code Denton, TX 76210	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyal, Michael <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyal, Michael <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/89 Rpt: 33/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 09/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyal, Michael 6 Contributor address; City; State; Zip Code Amarillo, TX 79109	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyal, Michael Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyal, Michael Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyal, Michael Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyal, Michael Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/89 Rpt: 34/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 11/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunman, Carol <hr/> 6 Contributor address; City; State; Zip Code Garland, TX 75042	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 07/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelman, Kimberly <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelman, Kimberly <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelman, Kimberly <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelman, Kimberly <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/89 Rpt: 35/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 11/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelman, Kimberly <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78249	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelman, Kimberly <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farwell, Christopher <hr/> Contributor address; City; State; Zip Code Huntsville, TX 77340	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flint, Juanita <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flint, Juanita <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/89 Rpt: 37/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 09/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francis, Peggy <hr/> 6 Contributor address; City; State; Zip Code Conroe, TX 77384	7 Amount of Contribution (\$) \$85.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 10/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francis, Peggy <hr/> Contributor address; City; State; Zip Code Conroe, TX 77384	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francis, Peggy <hr/> Contributor address; City; State; Zip Code Conroe, TX 77384	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francis, Peggy <hr/> Contributor address; City; State; Zip Code Conroe, TX 77384	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friudenberg, Melinda <hr/> Contributor address; City; State; Zip Code Richwood, TX 77531	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/89 Rpt: 38/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friudenberg, Melinda <hr/> 6 Contributor address; City; State; Zip Code Richwood, TX 77531	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 07/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Martha <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Martha <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Martha <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Martha <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/89 Rpt: 39/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 11/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Martha <hr/> 6 Contributor address; City; State; Zip Code Harlingen, TX 78550	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Martha <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gigliotti, Elizabeth <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gigliotti, Elizabeth <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gigliotti, Elizabeth <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/89 Rpt: 40/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gigliotti, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77494	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 11/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gigliotti, Elizabeth <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gigliotti, Elizabeth <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gigliotti, Elizabeth <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ginapp, Lisa <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/89 Rpt: 41/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 08/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ginapp, Lisa <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 09/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ginapp, Lisa <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ginapp, Lisa <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ginapp, Lisa <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ginapp, Lisa <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/89 Rpt: 42/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 09/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grace, Beth <hr/> 6 Contributor address; City; State; Zip Code College Station, TX 77845	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) nurse practitioner		9 Employer (See Instructions)
Date 07/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grogan, Sherry <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grogan, Sherry <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grogan, Sherry <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grogan, Sherry <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/89 Rpt: 43/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 11/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grogan, Sherry <hr/> 6 Contributor address; City; State; Zip Code Missouri City, TX 77459	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grogan, Sherry <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustafson, Jennifer <hr/> Contributor address; City; State; Zip Code Austin, TX 78734	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustafson, Jennifer <hr/> Contributor address; City; State; Zip Code Austin, TX 78734	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustafson, Jennifer <hr/> Contributor address; City; State; Zip Code Austin, TX 78734	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/89 Rpt: 44/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 10/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustafson, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78734	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustafson, Jennifer <hr/> Contributor address; City; State; Zip Code Austin, TX 78734	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustafson, Jennifer <hr/> Contributor address; City; State; Zip Code Austin, TX 78734	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halligan, Beverly <hr/> Contributor address; City; State; Zip Code Cherokee Village, TX 72529	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Lutricia <hr/> Contributor address; City; State; Zip Code Spring, TX 76082	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/89 Rpt: 45/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 09/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heid, Holly <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76013	7 Amount of Contribution (\$) \$1,200.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heid, Holly <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendrick, Blaine <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendrick, Blaine <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendrick, Blaine <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/89 Rpt: 46/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendrick, Blaine <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendrick, Blaine <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendrick, Blaine <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Tracy <hr/> Contributor address; City; State; Zip Code Henderson, TX 75652	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Tracy <hr/> Contributor address; City; State; Zip Code Henderson, TX 75652	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/89 Rpt: 47/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Tracy <hr/> 6 Contributor address; City; State; Zip Code Henderson, TX 75652	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Tracy <hr/> Contributor address; City; State; Zip Code Henderson, TX 75652	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Tracy <hr/> Contributor address; City; State; Zip Code Henderson, TX 75652	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Tracy <hr/> Contributor address; City; State; Zip Code Henderson, TX 75652	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Tracy <hr/> Contributor address; City; State; Zip Code Henderson, TX 75652	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/89 Rpt: 48/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hildenbrand, Gabriela <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79936	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoang, Tram <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodge, Deborah <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodge, Deborah <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodge, Deborah <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/89 Rpt: 49/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 10/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodge, Deborah <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77077	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 11/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodge, Deborah <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodge, Deborah <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Lori <hr/> Contributor address; City; State; Zip Code Harker Heights, TX 76548	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Lori <hr/> Contributor address; City; State; Zip Code Harker Heights, TX 76548	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/89 Rpt: 50/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 09/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Lori <hr/> 6 Contributor address; City; State; Zip Code Harker Heights, TX 76548	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 10/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Lori <hr/> Contributor address; City; State; Zip Code Harker Heights, TX 76548	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Lori <hr/> Contributor address; City; State; Zip Code Harker Heights, TX 76548	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Lori <hr/> Contributor address; City; State; Zip Code Harker Heights, TX 76548	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffman, Allison <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/89 Rpt: 51/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 09/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Cody	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Houston, TX 77091	
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Cody	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77091	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Cody	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77091	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Cody	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77091	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesse, Ann	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code El Paso, TX 79905	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/89 Rpt: 52/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 08/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesse, Ann <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79905	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesse, Ann <hr/> Contributor address; City; State; Zip Code El Paso, TX 79905	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesse, Ann <hr/> Contributor address; City; State; Zip Code El Paso, TX 79905	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesse, Ann <hr/> Contributor address; City; State; Zip Code El Paso, TX 79905	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesse, Ann <hr/> Contributor address; City; State; Zip Code El Paso, TX 79905	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/89 Rpt: 53/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 07/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessup, Anna <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78665	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 08/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessup, Anna <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessup, Anna <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessup, Anna <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessup, Anna <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/89 Rpt: 54/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 12/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessup, Anna <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78665	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Barbara <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Barbara <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Verna <hr/> Contributor address; City; State; Zip Code Sugarland, TX 77498	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Key, Stephanie <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/89 Rpt: 55/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 10/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knapp, James <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75035	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 11/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kohn, Gloria <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78254	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Cindy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78247	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Cindy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78247	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Cindy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78247	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/89 Rpt: 56/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 10/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Cindy <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78247	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Cindy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78247	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Cindy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78247	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kucera, Jennifer <hr/> Contributor address; City; State; Zip Code Van Cleck, TX 77482	Amount of Contribution (\$) \$72.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kucera, Jennifer <hr/> Contributor address; City; State; Zip Code Van Cleck, TX 77482	Amount of Contribution (\$) \$72.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/89 Rpt: 57/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kucera, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Van Cleck, TX 77482	7 Amount of Contribution (\$) \$72.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kucera, Jennifer <hr/> Contributor address; City; State; Zip Code Van Cleck, TX 77482	Amount of Contribution (\$) \$72.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kucera, Jennifer <hr/> Contributor address; City; State; Zip Code Van Cleck, TX 77482	Amount of Contribution (\$) \$72.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kucera, Jennifer <hr/> Contributor address; City; State; Zip Code Van Cleck, TX 77482	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kucera, Jennifer <hr/> Contributor address; City; State; Zip Code Van Cleck, TX 77482	Amount of Contribution (\$) \$72.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/89 Rpt: 58/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 09/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loney, Dorota <hr/> 6 Contributor address; City; State; Zip Code Little Elm, TX 75068	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 07/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, April <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501	Amount of Contribution (\$) \$416.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, April <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501	Amount of Contribution (\$) \$416.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, April <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501	Amount of Contribution (\$) \$416.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, April <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501	Amount of Contribution (\$) \$416.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/89 Rpt: 59/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 11/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, April <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78501	7 Amount of Contribution (\$) \$416.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, April <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501	Amount of Contribution (\$) \$416.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lord, Sarah <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lord, Sarah <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lord, Sarah <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/89 Rpt: 60/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 10/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lord, Sarah	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Austin, TX 78745		
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 11/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lord, Sarah	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78745		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lord, Sarah	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78745		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Marci	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code Carrollton, TX 75006		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lufsey, Stephanie	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Palestine, TX 75801		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/89 Rpt: 62/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 08/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lux, Cathy <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75220	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 09/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lux, Cathy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lux, Cathy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lux, Cathy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lux, Cathy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/89 Rpt: 63/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 12/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lux, Cathy <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75220	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 11/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyons, Julie <hr/> Contributor address; City; State; Zip Code Richardson, TX 75082	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McArthur, Kimberly <hr/> Contributor address; City; State; Zip Code Bovina, TX 79009	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McArthur, Kimberly <hr/> Contributor address; City; State; Zip Code Bovina, TX 79009	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McArthur, Kimberly <hr/> Contributor address; City; State; Zip Code Bovina, TX 79009	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/89 Rpt: 64/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 10/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McArthur, Kimberly <hr/> 6 Contributor address; City; State; Zip Code Bovina, TX 79009	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McArthur, Kimberly <hr/> Contributor address; City; State; Zip Code Bovina, TX 79009	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McArthur, Kimberly <hr/> Contributor address; City; State; Zip Code Bovina, TX 79009	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCoy, Sandy <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) Baylor University Medical Center
Date 07/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/89 Rpt: 65/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 07/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78240	
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 08/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Antonio, TX 78240	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Antonio, TX 78240	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Antonio, TX 78240	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Antonio, TX 78240	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/89 Rpt: 66/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 10/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78240	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 10/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/89 Rpt: 67/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 12/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78240	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 11/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Toni <hr/> Contributor address; City; State; Zip Code Crockett, TX 75835	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDougall, Debbie <hr/> Contributor address; City; State; Zip Code Boyd, TX 76023	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDougall, Debbie <hr/> Contributor address; City; State; Zip Code Boyd, TX 76023	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDougall, Debbie <hr/> Contributor address; City; State; Zip Code Boyd, TX 76023	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/89 Rpt: 68/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 10/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDougall, Debbie <hr/> 6 Contributor address; City; State; Zip Code Boyd, TX 76023	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDougall, Debbie <hr/> Contributor address; City; State; Zip Code Boyd, TX 76023	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDougall, Debbie <hr/> Contributor address; City; State; Zip Code Boyd, TX 76023	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuire, Eddie <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79110	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuire, Eddie <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79110	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/89 Rpt: 69/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 09/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuire, Eddie <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79110	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 10/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuire, Eddie <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79110	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuire, Eddie <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79110	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuire, Eddie <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79110	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntire, Rebecca <hr/> Contributor address; City; State; Zip Code Cisco, TX 76437	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 11/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntire, Rebecca <hr/> 6 Contributor address; City; State; Zip Code Cisco, TX 76437	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntire, Rebecca <hr/> Contributor address; City; State; Zip Code Cisco, TX 76437	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahan, Donna <hr/> Contributor address; City; State; Zip Code Woodsboro, TX 78393	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McManus, Heather <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metzger, Robert <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/89 Rpt: 71/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 08/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metzger, Robert <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75229	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 09/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metzger, Robert <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metzger, Robert <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metzger, Robert <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metzger, Robert <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/89 Rpt: 72/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 12/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metzger, Robert <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75229	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Valerie <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molina, Anais <hr/> Contributor address; City; State; Zip Code Tahoka, TX 79373	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Margaret <hr/> Contributor address; City; State; Zip Code Willis, TX 77318	Amount of Contribution (\$) \$416.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Margaret <hr/> Contributor address; City; State; Zip Code Willis, TX 77318	Amount of Contribution (\$) \$416.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/89 Rpt: 73/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 11/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Margaret	7 Amount of Contribution (\$) \$75.00
	6 Contributor address; City; State; Zip Code Willis, TX 77318	
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Margaret	Amount of Contribution (\$) \$416.00
	Contributor address; City; State; Zip Code Willis, TX 77318	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Margaret	Amount of Contribution (\$) \$416.00
	Contributor address; City; State; Zip Code Willis, TX 77318	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Natividad, Pedro	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code El Paso, TX 79904-2429	
Principal occupation / Job title (See Instructions) Nurse practitioner		Employer (See Instructions) Thomas Medical/Wellmed
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newton, Lisa	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Spring Branch, TX 78070	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/89 Rpt: 74/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newton, Lisa <hr/> 6 Contributor address; City; State; Zip Code Spring Branch, TX 78070	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 11/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newton, Lisa <hr/> Contributor address; City; State; Zip Code Spring Branch, TX 78070	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newton, Lisa <hr/> Contributor address; City; State; Zip Code Spring Branch, TX 78070	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newton, Lisa <hr/> Contributor address; City; State; Zip Code Spring Branch, TX 78070	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nunez, Aidee <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78542	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/89 Rpt: 75/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 07/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrander, Peggy <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75074	7 Amount of Contribution (\$) \$175.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 08/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrander, Peggy <hr/> Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$175.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrander, Peggy <hr/> Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$175.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrander, Peggy <hr/> Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$175.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrander, Peggy <hr/> Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$175.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/89 Rpt: 76/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 11/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrander, Peggy <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75074	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrander, Peggy <hr/> Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$175.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palermo, Katy <hr/> Contributor address; City; State; Zip Code Needville, TX 77461	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Paula <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76310	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul, Jacob <hr/> Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/89 Rpt: 77/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 11/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peck, Jessica <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Erin <hr/> Contributor address; City; State; Zip Code Live Oak, TX 78233	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Jaime <hr/> Contributor address; City; State; Zip Code Ropesville, TX 79358	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phemister, Jill <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quigley, Sharon <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78256	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/89 Rpt: 78/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 08/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quigley, Sharon <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78256	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quigley, Sharon <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78256	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quigley, Sharon <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78256	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quigley, Sharon <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78256	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quigley, Sharon <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78256	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/89 Rpt: 79/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 09/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raabe, Adrian <hr/> 6 Contributor address; City; State; Zip Code North Richland Hills, TX 76180	7 Amount of Contribution (\$) \$88.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 10/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raabe, Adrian <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76180	Amount of Contribution (\$) \$88.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raabe, Adrian <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76180	Amount of Contribution (\$) \$88.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raabe, Adrian <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76180	Amount of Contribution (\$) \$88.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reid, Lisa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

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2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 11/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reveles, Kathryn <hr/> 6 Contributor address; City; State; Zip Code Humble, TX 77634	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions) UTEP
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Christy <hr/> Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Elizabeth <hr/> Contributor address; City; State; Zip Code Harker Heights, TX 76548	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Rick <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Rick <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

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2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 09/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Rick <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77006	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Rick <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Rick <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Rick <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roblyer, Kathleen <hr/> Contributor address; City; State; Zip Code Bryan, TX 77803	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) Kathleen Roblyer APRN PMHNP LLC

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2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 07/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Delores <hr/> 6 Contributor address; City; State; Zip Code Laredo, TX 78043	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 08/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Delores <hr/> Contributor address; City; State; Zip Code Laredo, TX 78043	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Delores <hr/> Contributor address; City; State; Zip Code Laredo, TX 78043	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Delores <hr/> Contributor address; City; State; Zip Code Laredo, TX 78043	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Delores <hr/> Contributor address; City; State; Zip Code Laredo, TX 78043	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

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2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 12/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Delores <hr/> 6 Contributor address; City; State; Zip Code Laredo, TX 78043	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roszak, Abigail <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Connie <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmidt, Kathryn <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Patricia <hr/> Contributor address; City; State; Zip Code Spring, TX 77382	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

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2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seliga, Katie <hr/> 6 Contributor address; City; State; Zip Code Aledo, TX 76008	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selzer, Cari <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selzer, Cari <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selzer, Cari <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selzer, Cari <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

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2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 07/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirey, Deborah <hr/> 6 Contributor address; City; State; Zip Code Wylie, TX 75098	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 08/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirey, Deborah <hr/> Contributor address; City; State; Zip Code Wylie, TX 75098	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Becky <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spiegelberg, Jessica <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79413	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) St. Pierre, Diane <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76182	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/89 Rpt: 86/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) St. Pierre, Diane	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code North Richland Hills, TX 76182	
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 09/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) St. Pierre, Diane	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code North Richland Hills, TX 76182	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) St. Pierre, Diane	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code North Richland Hills, TX 76182	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) St. Pierre, Diane	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code North Richland Hills, TX 76182	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) St. Pierre, Diane	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code North Richland Hills, TX 76182	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/89 Rpt: 87/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 07/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Dovie <hr/> 6 Contributor address; City; State; Zip Code Freer, TX 78357	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Dovie <hr/> Contributor address; City; State; Zip Code Freer, TX 78357	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Dovie <hr/> Contributor address; City; State; Zip Code Freer, TX 78357	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Dovie <hr/> Contributor address; City; State; Zip Code Freer, TX 78357	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Dovie <hr/> Contributor address; City; State; Zip Code Freer, TX 78357	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

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2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 12/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Dovie	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Freer, TX 78357		
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 11/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Kate	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Fort Worth, TX 76109		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Kate	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code Fort Worth, TX 76109		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Kate	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Fort Worth, TX 76109		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Margaret	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78748		
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

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

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/89 Rpt: 90/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 10/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiller, Sonja <hr/> 6 Contributor address; City; State; Zip Code Troup, TX 75789	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiller, Sonja <hr/> Contributor address; City; State; Zip Code Troup, TX 75789	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiller, Sonja <hr/> Contributor address; City; State; Zip Code Troup, TX 75789	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tompkins, Meredith <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tompkins, Meredith <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

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2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 09/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tompkins, Meredith 6 Contributor address; City; State; Zip Code Austin, TX 78703	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tompkins, Meredith Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tompkins, Meredith Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tompkins, Meredith Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, Sandy Contributor address; City; State; Zip Code El Paso, TX 79912	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/89 Rpt: 92/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vallie-Porter, Cheryl <hr/> 6 Contributor address; City; State; Zip Code Midland, TX 79707	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 11/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villa, Jose <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78254	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vinton, Elizabeth <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wahlenmaier, Victor <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wahlenmaier, Victoria <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/89 Rpt: 93/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 11/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wahlenmaier, Victoria	7 Amount of Contribution (\$) \$40.00
	6 Contributor address; City; State; Zip Code Burleson, TX 76028	
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wahlenmaier, Victoria	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Burleson, TX 76028	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weidman-Johnson, Marie	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code Pearland, TX 77584	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weston, Cindy	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code College Station, TX 77845	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weston, Cindy	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Bryan, TX 77807	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/89 Rpt: 94/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weston, Cindy <hr/> 6 Contributor address; City; State; Zip Code Bryan, TX 77807	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weston, Cindy <hr/> Contributor address; City; State; Zip Code Bryan, TX 77807	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weston, Cindy <hr/> Contributor address; City; State; Zip Code Bryan, TX 77807	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weston, Cindy <hr/> Contributor address; City; State; Zip Code Bryan, TX 77807	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Shelia <hr/> Contributor address; City; State; Zip Code Tyler, TX 75706	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/89 Rpt: 95/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 08/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Shelia <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75706	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 09/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Shelia <hr/> Contributor address; City; State; Zip Code Tyler, TX 75706	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Shelia <hr/> Contributor address; City; State; Zip Code Tyler, TX 75706	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Shelia <hr/> Contributor address; City; State; Zip Code Tyler, TX 75706	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Shelia <hr/> Contributor address; City; State; Zip Code Tyler, TX 75706	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/89 Rpt: 96/104
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 07/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wines, Kendall <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79424	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 08/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wines, Kendall <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wines, Kendall <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wines, Kendall <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wines, Kendall <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/6 Rpt: 99/104	2 FILER NAME Texas Nurse Practitioners PAC	3 Filer ID (Ethics Commission Filers) 00070132
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4 Date 12/05/2023	5 Payee name Briscoe Cain for Texas Campaign
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6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 7 Deer Park, TX 77536
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC primary election contribution.
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/12/2023	Payee name Cesar Blanco Campaign
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Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 27074 El Paso, TX 79926
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC primary election contribution.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/05/2023	Payee name Cesar Blanco Campaign
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Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 27074 El Paso, TX 79926
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC primary election contribution.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/6 Rpt: 101/104	2 FILER NAME Texas Nurse Practitioners PAC	3 Filer ID (Ethics Commission Filers) 00070132
4 Date 09/12/2023	5 Payee name Gina Hinojosa Campaign	
6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 300095 Austin, TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC primary election contribution.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/05/2023	Payee name Jacey Jetton Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1723 Hearthside Ct Richmond, TX 77406	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC primary election contribution.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/05/2023	Payee name Jeff Leach Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 866186 Plano, TX 75086	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC primary election contribution.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/6 Rpt: 103/104	2 FILER NAME Texas Nurse Practitioners PAC	3 Filer ID (Ethics Commission Filers) 00070132
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4 Date 12/05/2023	5 Payee name Morgan LaMantia Campaign
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6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1324 E. Madison Brownsville, TX 78520
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC primary election contribution.
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/05/2023	Payee name Ryan Guillen Campaign
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5346 E. US HWY 83, Bdg A, STE 5-A Rio Grande City, TX 78582
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC primary election contribution.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/20/2023	Payee name Sarah Eckhardt Campaign
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 301586 Austin, TX 78703
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC primary election contribution.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/6 Rpt: 104/104	2 FILER NAME Texas Nurse Practitioners PAC	3 Filer ID (Ethics Commission Filers) 00070132
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4 Date 10/13/2023	5 Payee name Stephanie Klick Campaign
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6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 7592 Fort Worth, TX 76111
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC primary election contribution.
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/05/2023	Payee name Stephanie Klick Campaign
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Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 7592 Fort Worth, TX 76111
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC primary election contribution.
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/20/2023	Payee name Texas Legislative Black Caucus
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Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1108 Lavaca Street, Suite 110, PMB 171 Austin, TX 78701
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship for TLBC annual fundraiser.
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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