

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00070132	<b>2 Total pages filed:</b> 18
<b>3 COMMITTEE NAME</b> Texas Nurse Practitioners PAC		<b>OFFICE USE ONLY</b>	
		Date Received <b>ELECTRONICALLY FILED</b> 02/26/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>4 COMMITTEE ADDRESS</b>  <input type="checkbox"/> Change of Address	<b>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</b> 4425 S. Mopac Expy., Bldg. 3, Ste. 405  Austin, TX 78735		
<b>5 CAMPAIGN TREASURER NAME</b>	<b>MS / MRS / MR FIRST MI</b> Mrs. Emily S.		
	<b>NICKNAME LAST SUFFIX</b> Eastin		
<b>6 CAMPAIGN TREASURER STREET ADDRESS</b> <small>(Residence or Business)</small>	<b>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</b> 4425 S. Mopac Expy., Bldg. 3, Ste. 405  Austin, TX 78735		
<b>7 CAMPAIGN TREASURER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	<b>STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</b> 4425 S. Mopac Expy., Bldg. 3, Ste. 405  Austin, TX 78735		
<b>8 CAMPAIGN TREASURER PHONE</b>	<b>AREA CODE PHONE NUMBER EXTENSION</b> (512) 291-6224		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
<b>10 PERIOD COVERED</b>	Month Day Year      Month Day Year 01/26/2024      THROUGH      02/24/2024		
<b>11 ELECTION</b>	<b>ELECTION DATE ELECTION TYPE</b> Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 03/05/2024 <input type="checkbox"/> General <input type="checkbox"/> Special		

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# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

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

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,752.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 10,040.61
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 67,283.55
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 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

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

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

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
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<b>17 COMMITTEE NAME</b> Texas Nurse Practitioners PAC		<b>18 Filer ID</b> 00070132	(Ethics Commission Filers)
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	3,552.00
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	\$	1,200.00
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
9.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	10,040.61
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**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/10 Rpt: 5/18
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 02/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alleman, Monica	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code  Austin, TX 78748	
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 02/16/2024	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 02/11/2024	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 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cain, Patience	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78230	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carter-Griffin, Essence	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Arlington, TX 76005	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/10 Rpt: 6/18
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 01/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carver, Lea Ann <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fair Oaks Ranch, TX 78015	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 02/07/2024	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 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cook, Jeannie <hr/> Contributor address; City; State; Zip Code  Plano, TX 75023	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/30/2024	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 02/06/2024	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**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 3/10 Rpt: 7/18
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 02/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Deutschendorf, Danielle	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code  Pflugerville, TX 78660	
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Doyal, Michael	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Amarillo, TX 79109	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Engelman, Kimberly	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78249	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flint, Juanita	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code  Plano, TX 75075	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flint, Juanita	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Plano, TX 75075	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 4/10 Rpt: 8/18
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 02/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Francis, Peggy	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code  Conroe, TX 77384	
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Martha	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Harlingen, TX 78550	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gigliotti, Elizabeth	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code  Katy, TX 77494	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ginapp, Lisa	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  League City, TX 77573	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grogan, Sherry	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Missouri City, TX 77459	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 5/10 Rpt: 9/18
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 01/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gustafson, Jennifer	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code  Austin, TX 78734	
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hendrick, Blaine	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hicks, Tracy	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Henderson, TX 75652	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hodge, Deborah	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Houston, TX 77077	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hudson, Lori	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Harker Heights, TX 76548	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 6/10 Rpt: 10/18
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 01/30/2024	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 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Janak, Deborah	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Weimar, TX 78962	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/04/2024	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)
Date 02/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kucera, Jennifer	Amount of Contribution (\$) \$72.00
	Contributor address; City; State; Zip Code  Van Cleck, TX 77482	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, April	Amount of Contribution (\$) \$416.00
	Contributor address; City; State; Zip Code  McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/10 Rpt: 11/18
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 02/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lord, Sarah <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78745	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 02/10/2024	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 01/27/2024	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 02/21/2024	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 02/01/2024	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**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 8/10 Rpt: 12/18
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 02/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Metzger, Robert	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code  Dallas, TX 75229	
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 01/30/2024	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 01/30/2024	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)
Date 02/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ostrander, Peggy	Amount of Contribution (\$) \$175.00
	Contributor address; City; State; Zip Code  Plano, TX 75074	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Quigley, Sharon	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78256	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 9/10 Rpt: 13/18
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 01/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Raabe, Adrian	7 Amount of Contribution (\$) \$88.00
	6 Contributor address; City; State; Zip Code  North Richland Hills, TX 76180	
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roberts, Rick	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Houston, TX 77006	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Delores	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Laredo, TX 78043	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Selzer, Cari	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Colleyville, TX 76034	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Soni, Pina	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Trophy Club, TX 76262	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) Pinnacle Pain Medicine

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/10 Rpt: 14/18
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 01/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stewart, Dovie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Freer, TX 78357	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 01/29/2024	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)
Date 02/04/2024	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 02/01/2024	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 01/26/2024	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)

**NON-MONETARY SUPPORT FROM CORPORATION  
OR LABOR ORGANIZATION**

**SCHEDULE C4**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C4: Sch: 1/1 Rpt: 15/18
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 02/01/2024	<b>5</b> Corporation / Labor Organization name Texas Nurse Practitioners	<b>6</b> Amount (\$) 1,200.00

# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 16/18
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)



# 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.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 17/18	<b>2</b> FILER NAME Texas Nurse Practitioners PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00070132
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<b>4</b> Date 02/22/2024	<b>5</b> Payee name Capital Printing
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<b>6</b> Amount (\$) \$1,790.61  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 17548  Austin, TX 78760
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Postage	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage for member donor solicitation mailing.
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/28/2024	Payee name Erin Zwiener for Texas House
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Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 184  Driftwood, TX 78619
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TNP PAC primary 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 02/01/2024	Payee name Molly for Texas
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Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 667238  Houston, TX 77266
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TNP PAC primary 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.

<b>1</b> Total pages Schedule F1: Sch: 2/2 Rpt: 18/18	<b>2</b> FILER NAME Texas Nurse Practitioners PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00070132
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<b>4</b> Date 01/28/2024	<b>5</b> Payee name Texans for Dade
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<b>6</b> Amount (\$) \$5,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 848  Nederland, TX 77627
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TNP PAC primary contribution.
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/01/2024	Payee name Texas Democratic Party
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Amount (\$) \$2,250.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 15707  Austin, TX 78761
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Book sponsorship/placement.	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texas Democratic Convention
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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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