FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00070132 3 COMMITTEE NAME **OFFICE USE ONLY Texas Nurse Practitioners PAC** Date Received **ELECTRONICALLY FILED** 07/09/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 4425 S. Mopac Expy., Bldg. 3, Ste. 405 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78735 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Emily S. NAME NICKNAME LAST **SUFFIX** Eastin STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4425 S. Mopac Expy., Bldg. 3, Ste. 405 STREET **ADDRESS** (Residence or Business) Austin, TX 78735 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 4425 S. Mopac Expy., Bldg. 3, Ste. 405 MAILING **ADDRESS** Austin, TX 78735 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 291-6224 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 05/19/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Other Primary Runoff 11/05/2024 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Nurse Practition	ers PAC		00070132	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Molly Cook State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	7,519.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	2,740.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	59,772.73
OUTSTANDING LOAN TOTALS	I	AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u>'</u>		·	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mrs. Emil	ly S. Eastin	
		Signature of Ca	mpaign Treasu	rer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tl	his the	day
		which, witness my hand and seal of office.		
Signature of officer ac	lministering oath	Printed name of officer administering oath	Title of office	cer administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 3 of 25

12 COMM	IITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas	Nurse Practitione	ers PAC			00070132	
14 COMM	NITTEE	1. Candidates	A. Supported	Brent Hagenbuch State Senator		
ACTIV	'ITY	(Identify by name or, if				
		applicable, classify by party.)				
(Attach	n lists on plain		B. Opposed			
paper 1	to complete this		В. Оррозси			
report	if necessary.)					
		2. Measures	A. Supported			
		(Describe by date and	A. Supported			
		location of election and nature of issue.)				
		nature or issue.)	D. Opposed			
			B. Opposed			
		0. Office leading				
		Officeholders Assisted				
		(Identify by name or, if				
		applicable, classify by party.)				
	IITTEE	1. Candidates	A. Supported	Rep. Stephanie Klick State Rep	resentative	
ACTIV	TTY	(Identify by name or, if applicable, classify by party.)				
		applicable, classify by party.)				
(Attach	n lists on plain		B. Opposed			
	to complete this if necessary.)					
Торот	ii iiooccaa y.)					
		2. Measures	A. Supported			
		(Describe by date and				
		location of election and nature of issue.)				
			B. Opposed			
		3. Officeholders				
		Assisted				
		(Identify by name or, if applicable, classify by party.)				
COMM	MITTEE	Candidates		Don Cany VanDagyar State Do	procentative	
ACTIV				Rep. Gary VanDeaver State Re	presentative	
		(Identify by name or, if applicable, classify by party.)				
(Attach	ı lists on plain		B. Opposed			
paper 1	to complete this		B. Opposed			
report	if necessary.)					
		2 Magazza	A Cura a mt a -1			
		Measures (Describe by date and	A. Supported			
		location of election and				
		nature of issue.)	D 0			
			B. Opposed			
		0.05				
		Officeholders Assisted				
		(Identify by name or, if				
		applicable, classify by party.)				

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

ers PAC 1. Candidates (Identify by name or, if applicable, classify by party.)	A Supported		13 Filer ID 00070132	(Ethics Commission Filers)
Candidates (Identify by name or, if	Λ Supported		I 00070132	
(Identify by name or, if	A Supported			
applicable, classily by party.)		Rep. Dade Phelan State Repres	sentative	
	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.)				
Candidates (Identify by name or, if	A. Supported	Rep. John Kuempel State Repre	esentative	
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders Assisted (Identify by name or, if				
	(Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted	2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Rep. John Kuempel State Representation of election and location of election and nature of issue.) B. Opposed A. Supported Rep. John Kuempel State Representation of election and location of election and nature of issue.) B. Opposed A. Supported Rep. John Kuempel State Representation of election and location of election a	2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Rep. John Kuempel State Representative B. Opposed A. Supported Rep. John Kuempel State Representative B. Opposed A. Supported B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by name or, if application of election and nature of issue.) B. Opposed

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			5	of 25
17 COMMITTEE NAME Texas Nurse Practition	ners PAC	18 Filer ID 00070132	(Ethics Commission Fi	lers)
19 SCHEDULE SUBTOTAL NAME OF SCHEDULE	.s		SUBTOTAL AMO	OUNT
1. X SCHEDULE	E A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6	5,319.00
2. SCHEDULE	E A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3. SCHEDULE	B: PLEDGED CONTRIBUTIONS		\$	
4. SCHEDULE ORGANIZA	E C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO)R	\$	
	E C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA GANIZATION	ATION OR	\$	
6. SCHEDULE	E C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7. X SCHEDULE ORGANIZA	E C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR TION		\$ 1	1,200.00
8. SCHEDULE	E D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9. SCHEDULE	E E: LOANS		\$	
10. X SCHEDULE	E F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 2	2,740.70
11. SCHEDULE	F F2: UNPAID INCURRED OBLIGATIONS		\$	
12. SCHEDULE	E F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13. SCHEDULE	F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14. SCHEDULE	E I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15. SCHEDULE TO FILER	EK: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I	RETURNED	\$	

	MONET	ARY POLITICAL CONTR	IBUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comp	lete this for	m.	1	Total pages Schedule A1: Sch: 1/16 Rpt: 6/25	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 05/20/2024	 Full name of contributor out-of-sta Alleman, Monica Contributor address; City; State; Zip Cod 			7	Amount of Contribution (\$)	\$25.00
_	<u> </u>	Austin, TX 78748			<u></u>		
8	Nurse Practi	pation / Job title (See Instructions) ioner	9	Employer (See Instructions	5)		
	Date 06/20/2024	Alleman, Monica Contributor address; City; State; Zip Cod				Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78748 Dation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Nurse Practi	ioner					
	Date 06/16/2024	Full name of contributor out-of-sta Blanco, Christina Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$)	\$65.00
		El Paso, TX 79912					
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/28/2024	Bridhid, Gannon				Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/11/2024	Brooks, Vicki)		Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
			1				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/16 Rpt: 7/25	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	Filers)
4	Date 06/08/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$75.00
_		San Antonio, TX 78230				
8	Principal occu Nurse Practi		9 Employer (See Instructions	i)		
	Date 06/03/2024	Full name of contributor out-of-state PAC (ID#:_ Carter-Griffin, Essence Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Dringing aggr	Arlington, TX 76005	Employer (See Instructions	_		
	Nurse Practi	pation / Job title (See Instructions) ioner	Employer (See Instructions)		
	Date 05/29/2024	Full name of contributor			Amount of Contribution (\$)	\$50.00
		Fair Oaks Ranch, TX 78015				
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	()		
	Date 06/29/2024	Full name of contributor out-of-state PAC (ID#:_Carver, Lea Ann Contributor address; City; State; Zip Code Fair Oaks Ranch, TX 78015			Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 06/07/2024	Full name of contributor out-of-state PAC (ID#:_ Clements, Kristine Contributor address; City; State; Zip Code Spring, TX 77373			Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/16 Rpt: 8/25	
2	FILER NAME Texas Nurse	e Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 05/26/2024	5 Full name of contributor out-of-state PAC (ID#:_ Cook, Jeannie 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00
0	Dringing occu	Plano, TX 75023	Employer (See Instructions			
8	Nurse Practi	pation / Job title (See Instructions) tioner	9 Employer (See Instructions)		
	Date 06/26/2024	Full name of contributor out-of-state PAC (ID#:_ Cook, Jeannie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	Plano, TX 75023 pation / Job title (See Instructions)	Employer (See Instructions)		
Nurse Practitioner						
	Date 05/29/2024	Full name of contributor out-of-state PAC (ID#:_ Crook, Debra Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Freeport, TX 77541				
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner	Employer (See Instructions)		
	Date 06/29/2024	Full name of contributor out-of-state PAC (ID#:_ Crook, Debra Contributor address; City; State; Zip Code Freeport, TX 77541			Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/27/2024	Full name of contributor out-of-state PAC (ID#: Davidson, Carol Contributor address; City; State; Zip Code Loving, TX 76460			Amount of Contribution (\$)	\$10.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 4/16 Rpt: 9/25	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 06/27/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
_	Deinsinal assu	Loving, TX 76460	Contractions			
8	Nurse Practi	pation / Job title (See Instructions) ioner	9 Employer (See Instructions	5)		
	Date 05/22/2024	Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$25.00
	Principal occu	Pflugerville, TX 78660 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Nurse Practi			,		
	Date 06/22/2024	Full name of contributor out-of-state PAC (ID#: Deutschendorf, Danielle Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$25.00
		Pflugerville, TX 78660				
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 05/26/2024	Full name of contributor out-of-state PAC (ID#: Doyal, Michael Contributor address; City; State; Zip Code Amarillo, TX 79109)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 06/26/2024	Full name of contributor out-of-state PAC (ID#: Doyal, Michael Contributor address; City; State; Zip Code Amarillo, TX 79109			Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 5/16 Rpt: 10/25	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 05/27/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$300.00
	Dringing Loon	Garland, TX 75042	0 Employer (Con Instructions	<u></u>		
8	Nurse Practi	pation / Job title (See Instructions) ioner	9 Employer (See Instructions	·)		
	Date 05/22/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	San Antonio, TX 78249 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Nurse Practi			,		
	Date 06/22/2024	Full name of contributor out-of-state PAC (ID# Engelman, Kimberly Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		San Antonio, TX 78249				
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 05/29/2024	Full name of contributor out-of-state PAC (ID# Flint, Juanita Contributor address; City; State; Zip Code Plano, TX 75075)		Amount of Contribution (\$)	\$60.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 06/04/2024	Full name of contributor out-of-state PAC (ID#Flint, Juanita Contributor address; City; State; Zip Code Plano, TX 75075			Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
			•			

	MONET	ARY POLITICAL CO	ONTRIBUTION	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to	o complete this for	m.	1	Total pages Schedule A1: Sch: 6/16 Rpt: 11/25	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	Filers)
4	Date 06/29/2024	5 Full name of contributor Flint, Juanita6 Contributor address; City; State			7	Amount of Contribution (\$)	\$60.00
_		Plano, TX 75075	1-				
8	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner	9	Employer (See Instructions	5)		
	Date 05/21/2024	Full name of contributor Francis, Peggy Contributor address; City; State)		Amount of Contribution (\$)	\$50.00
	Principal occu	Conroe, TX 77384 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Nurse Practi			p.o) o. (000o. 00.00.	,		
	Date 06/25/2024	Full name of contributor Fuhrmann, Jill Contributor address; City; State)		Amount of Contribution (\$)	\$25.00
		Gainesville, TX 76240					
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u>		
	Date 06/08/2024	Full name of contributor Garcia, Martha Contributor address; City; State Harlingen, TX 78550	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u>		
	Date 06/10/2024	Full name of contributor Gigliotti, Elizabeth Contributor address; City; State Katy, TX 77494	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$60.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			L				

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 7/16 Rpt: 12/25	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 05/28/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Austin, TX 78734 pation / Job title (See Instructions)	9 Employer (See Instructions	;) 		
•	Nurse Practi		mproyer (eee meadeanne	,		
	Date 06/28/2024	Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78734 pation / Job title (See Instructions)	Employer (See Instructions	:) 		
	Nurse Practi		Employer (See mandellons	,,		
	Date 05/29/2024	Full name of contributor out-of-state PAC (ID Hendrick, Blaine Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$50.00
		McAllen, TX 78504				
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date 06/29/2024	Full name of contributor out-of-state PAC (IE Hendrick, Blaine Contributor address; City; State; Zip Code McAllen, TX 78504)#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 06/04/2024	Full name of contributor out-of-state PAC (ID Hicks, Tracy Contributor address; City; State; Zip Code Henderson, TX 75652	D#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
			,			

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/16 Rpt: 13/25	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	ı Filers)
4	Date 05/24/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Houston, TX 77077 pation / Job title (See Instructions)	9 Employer (See Instructions) ()		
	Nurse Practi		Employer (ede meadeann	,		
	Date 06/24/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Houston, TX 77077 pation / Job title (See Instructions)	Employer (See Instructions	<u>.</u>		
	Nurse Practi			,		
	Date 06/01/2024	Full name of contributor out-of-state PAC (ID#:_ Hudson, Lori Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Harker Heights, TX 76548				
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/04/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	El Paso, TX 79905 pation / Job title (See Instructions) ioner	Employer (See Instructions	<u> </u>		
	Date 06/08/2024	Full name of contributor out-of-state PAC (ID#:_ Jessup, Anna Contributor address; City; State; Zip Code Round Rock, TX 78665			Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			<u> </u>			

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 9/16 Rpt: 14/25		
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 05/27/2024			7	Amount of Contribution (\$)	\$50.00	
Ω	Principal occu	San Antonio, TX 78247 pation / Job title (See Instructions)	ا	Employer (See Instructions			
0	Nurse Practi		٩	Employer (See Instructions)		
	Date 06/27/2024	Krueger, Cindy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	San Antonio, TX 78247 Principal occupation / Job title (See Instructions) Employer (See Instruction			Employer (See Instructions	<u> </u> ;)		
Nurse Practitioner							
	Date 06/04/2024	Full name of contributor out-of-state PAC (ID#:) Kucera, Jennifer Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$72.00	
		Van Cleck, TX 77482					
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/05/2024 Lord, Sarah Contributor address; City; State; Zip Code Austin, TX 78745			Amount of Contribution (\$)	\$25.00		
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 06/10/2024	Lux, Cathy				Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
			'				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to complet	te this for	m.	1	Total pages Schedule A1: Sch: 10/16 Rpt: 15/25	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 05/27/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
_	Deignaignal	Bovina, TX 79009	اما	Franks ou (Caa Instructions	<u></u>		
8	Nurse Practi	pation / Job title (See Instructions) ioner	9	Employer (See Instructions	5)		
	Date 06/27/2024	McArthur, Kimberly	PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	Bovina, TX 79009 pation / Job title (See Instructions)		Employer (See Instructions	·/ 		
	Nurse Practi			Employer (See mandenons)		
	Date 05/21/2024	Full name of contributor out-of-state McDonald, Susan Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$25.00
		San Antonio, TX 78240					
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 05/29/2024	Full name of contributor out-of-state McDonald, Susan Contributor address; City; State; Zip Code San Antonio, TX 78240)		Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 06/21/2024	Full name of contributor out-of-state McDonald, Susan Contributor address; City; State; Zip Code San Antonio, TX 78240)		Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	s)		
			1				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 11/16 Rpt: 16/25		
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 06/29/2024			7	Amount of Contribution (\$)	\$25.00	
_	5	San Antonio, TX 78240			<u></u>		
8	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner	9	Employer (See Instructions	5)		
	Date 06/08/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Boyd, TX 76023 coation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Nurse Practi	ioner					
	Date 05/19/2024	Full name of contributor out-of-state PAC (ID#:) Metzger, Robert Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$200.00
		Dallas, TX 75229					
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 06/19/2024				Amount of Contribution (\$)	\$200.00	
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u>		
	Date 05/29/2024	Full name of contributor out-of-state P. Mosley, Margaret Contributor address; City; State; Zip Code Willis, TX 77318				Amount of Contribution (\$)	\$416.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
			I				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 12/16 Rpt: 17/25	=	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission Filers) 00070132		
4	Date 06/29/2024	 Full name of contributor		7	Amount of Contribution (\$) \$416.00)	
8	Principal occu	Willis, TX 77318 pation / Job title (See Instructions)	9 Employer (See Instructions	·/-		_	
0	Nurse Practi		3 Employer (See instructions	·)			
	Date 06/01/2024	Full name of contributor out-of-state PAC (ID#: Natividad, Pedro Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$1,200.00	=	
	Principal occu	El Paso, TX 79904-2429 pation / Job title (See Instructions)	Employer (See Instructions	·/		_	
	Nurse practitioner Thomas Medical/Wellm						
	Date 05/29/2024	Full name of contributor out-of-state PAC (ID#:) Newton, Lisa Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$25.00)	
	Principal occu	Spring Branch, TX 78070 pation / Job title (See Instructions)	Employer (See Instructions	·/_		_	
	Nurse Practi		Employer (See instructions	')			
	Date 06/29/2024	Full name of contributor out-of-state PAC (ID#: Newton, Lisa Contributor address; City; State; Zip Code Spring Branch, TX 78070			Amount of Contribution (\$) \$25.00	=	
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner	Employer (See Instructions	5)		_	
	Date 06/04/2024	Full name of contributor out-of-state PAC (ID#: Ostrander, Peggy Contributor address; City; State; Zip Code Plano, TX 75074			Amount of Contribution (\$) \$175.00	=	
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner	Employer (See Instructions	5)		_	
			1			_	

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 13/16 Rpt: 18/25	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 06/08/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
_		San Antonio, TX 78256	1			
8	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner	9 Employer (See Instr	uctions)		
	Date 05/21/2024	Full name of contributor out-of-state PAC (ID Rodriguez, Delores Contributor address; City; State; Zip Code	#:		Amount of Contribution (\$)	\$10.00
	Principal occu	Laredo, TX 78043 pation / Job title (See Instructions)	Employer (See Instr	uctions)		
	Nurse Practi		Employer (See msu	uctions)		
	Date 06/21/2024	Full name of contributor out-of-state PAC (ID#:) Rodriguez, Delores Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Laredo, TX 78043				
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instr	uctions)		
	Date 06/01/2024	Full name of contributor out-of-state PAC (ID Sambrook, Richard Contributor address; City; State; Zip Code Kyle, TX 78640	#:		Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instr	uctions)		
	Date 06/07/2024	Full name of contributor out-of-state PAC (ID St. Pierre, Diane Contributor address; City; State; Zip Code North Richland Hills, TX 76182			Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instr	uctions)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 14/16 Rpt: 19/25		
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)	
4	Date 05/28/2024	_ `		7	Amount of Contribution (\$)	\$50.00	
_	5	Freer, TX 78357					
8	Nurse Practi	pation / Job title (See Instructions) ioner	9 Employer (See Instructions	5)			
	Date 06/28/2024	Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$50.00	
	Principal occu	Freer, TX 78357 pation / Job title (See Instructions)	Employer (See Instructions	 ;)			
	Nurse Practi	ioner					
	Date 05/25/2024	Full name of contributor out-of-state PAC (ID#:) Taylor, Kate Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00	
		Fort Worth, TX 76109					
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)			
	Date 06/25/2024	Full name of contributor out-of-state PAC (ID Taylor, Kate Contributor address; City; State; Zip Code Fort Worth, TX 76109)#:)		Amount of Contribution (\$)	\$25.00	
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>			
	Date 05/19/2024	Full name of contributor out-of-state PAC (ID Tiller, Sonja Contributor address; City; State; Zip Code Troup, TX 75789			Amount of Contribution (\$)	\$100.00	
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)			

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/16 Rpt: 20/25	
2	FILER NAME Texas Nurse	e Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 06/19/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Troup, TX 75789 pation / Job title (See Instructions)	9 Employer (See Instructions			
_	Nurse Practi		5 Employer (See manuchons	,		
	Date 05/27/2024	Full name of contributor out-of-state PAC (ID#:_ Tompkins, Meredith Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78703	Employer (See Instructions			
Principal occupation / Job title (See Instructions) Nurse Practitioner Employer (See Instructions)						
	Date 06/27/2024	Full name of contributor out-of-state PAC (ID#:_ Tompkins, Meredith Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Austin, TX 78703				
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner	Employer (See Instructions)		
	Date 05/29/2024	Full name of contributor out-of-state PAC (ID#:_ Wahlenmaier, Victoria Contributor address; City; State; Zip Code Burleson, TX 76028			Amount of Contribution (\$)	\$40.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/29/2024	Full name of contributor out-of-state PAC (ID#:_ Wahlenmaier, Victoria Contributor address; City; State; Zip Code Burleson, TX 76028)		Amount of Contribution (\$)	\$40.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner	Employer (See Instructions)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 16/16 Rpt: 21/25		
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	Filers)	
4	Date 06/04/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00	
8	Principal occu	Bryan, TX 77807 pation / Job title (See Instructions)	Employer (See Instructions)			
_	Nurse Practi Date 06/01/2024	tioner Full name of contributor out-of-state PAC (ID#: Williams, Shelia			Amount of Contribution (\$)	\$25.00	
Principal occupation / Job title (See Instructions) Nurse Practitioner Employer (See Instruction							
	Date 05/26/2024	Full name of contributor out-of-state PAC (ID#:_ Wines, Kendall Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00	
	Principal occu	Lubbock, TX 79424 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 06/26/2024	Full name of contributor out-of-state PAC (ID#: Wines, Kendall			Amount of Contribution (\$)	\$25.00	
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner	Employer (See Instructions)			

NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 22/25 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Nurse Practitioners PAC 00070132 Date 5 Corporation / Labor Organization name 6 Amount (\$) 1,200.00 06/01/2024 **Texas Nurse Practitioners**

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 Baymont

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/3 Rpt: 23/25	Texas Nurse Practitioners PAC 00070132
4 Date	5 Payee name
06/30/2024	Brent Hagenbuch Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$43.30	2800 Shoreline Dr #310
Expenditure from corporate funds	Denton, TX 76210
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Texting Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Text messages to voters in support of Brent
	Hagenbuch.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/10/2024	Cusack, Erin
Amount (\$)	Payee address; City; State; Zip Code
\$887.71	305 Haggin St.
Evpanditura from	
Expenditure from corporate funds	San Antonio, TX 78210
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense PAC related travel and travel for Democratic
	Convention.
Commission ONII V if dispose	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
06/10/2024	Cusack, Erin
Amount (\$)	Payee address; City; State; Zip Code
\$572.87	305 Haggin St.
Expenditure from	
corporate funds	San Antonio, TX 78210
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Travel for PAC and PAC events.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.,50	

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/3 Rpt: 24/25	Texas Nurse Practitioners PAC	00070132
4 Date	5 Payee name	
06/27/2024	Cusack, Erin	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$63.62	305 Haggin St.	
Expenditure from corporate funds	San Antonio, TX 78210	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Travel	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense PAC related travel and travel for Democratic
		Convention.
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	laht Office held
expenditure to benefit C/OI		ight Office field
Date	Payee name	
06/30/2024	Gary VanDeaver Campaign	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$43.30	P.O. Box 866	
- For and there from		
Expenditure from corporate funds	New Boston, TX 75570	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Texting	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORL	-	Check if Austin, TX, officeholder living expense
		Text messages to voters in support of Gary VanDeaver.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	~
experiulture to benefit 6/01	H VanDeaver, Gary (Rep.) State Re	presentative District 1 State Representative District 1
Date	Payee name	
06/30/2024	John Kuempel Campaign	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$43.30	902 E. College St.	
Expenditure from corporate funds	Seguin, TX 78155	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Texting	Check if travel outside of Texas. Complete Schedule T.
-	!	Check if Austin, TX, officeholder living expense Text messages to voters in support of John
		Kuempel.
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	laht Office held
expenditure to benefit C/OI	11	presentative District 44 State Representative District 44
	Tabilipoi, com Catalo No	precentative Biotilet 11 State Reprecentative Biotilet 11

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 Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 3/3 Rpt: 25/25	Texas Nurse Practitioners PAC 00070132				
4 Date	5 Payee name				
06/17/2024	Molly for Texas				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$1,000.00	PO Box 667238				
Expenditure from corporate funds	Houston, TX 77266				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	Candidate/Officeholder/Political Committee				
	TWI THE campaign contribution for focal fandraiser.				
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
experientiale to beliefit 6/01					
Date	Payee name				
06/30/2024	Stephanie Klick Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$43.30	PO Box 7592				
Expenditure from corporate funds	Fort Worth, TX 76111				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Texting Check if travel outside of Texas. Complete Schedule T.				
	Check if Austin, TX, officeholder living expense Text messages to voters in support of Stephanie				
	Klick.				
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·				
Date	Payee name				
06/30/2024	Texans for Dade				
Amount (\$)	Payee address; City; State; Zip Code				
\$43.30	P.O. Box 848				
Expenditure from					
corporate funds	Nederland, TX 77627				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Texting Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	Text messages to voters in support of Dade Phelan.				
	Tox modelages to vote in support of Bude i ficiali.				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI					
Jaco (Jaco (