

# 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: 72
3 COMMITTEE NAME Texas Nurse Practitioners PAC			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/07/2024 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 FIRST MI Mrs. Emily S. NICKNAME LAST SUFFIX Eastin		
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 PHONE NUMBER EXTENSION (512) 291-6224		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 07/01/2024 THROUGH Month Day Year 09/26/2024		
11 ELECTION	ELECTION DATE Month Day Year 11/05/2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

# 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
<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. Candy Noble 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
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 34,208.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 6,500.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 85,463.23
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00
<b>16 AFFIDAVIT</b>  <p>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.</p> <p style="text-align: right;">Mrs. Emily S. Eastin _____ Signature of Campaign Treasurer</p> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p> <p>_____ Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath</p>		

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**  
ADDENDUM

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<b>12 COMMITTEE NAME</b> Texas Nurse Practitioners PAC		<b>13 Filer ID</b> (Ethics Commission Filers) 00070132
<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. Mihaela Plesa 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 Rep. Lulu Flores 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.)	

**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> (Ethics Commission Filers) 00070132
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 30,608.00
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	\$ 3,600.00
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	\$ 6,500.00
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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/65 Rpt: 5/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Deanna <hr/> <b>6</b> Contributor address; City; State; Zip Code  Rusk, TX 75785	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aghimien, Amenze <hr/> Contributor address; City; State; Zip Code  Richmond, TX 77407	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed, Samia <hr/> Contributor address; City; State; Zip Code  McKinney, TX 75072	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/20/2024	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 08/20/2024	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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/65 Rpt: 6/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alleman, Monica <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78748	<b>7</b> Amount of Contribution (\$)  \$150.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alleman, Monica 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 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arellano, Shaina Contributor address; City; State; Zip Code  Arlington, TX 76012	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Stephanie Contributor address; City; State; Zip Code  Dallas, TX 75240	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baggett, Misty Contributor address; City; State; Zip Code  Lindale, TX 75771	Amount of Contribution (\$)  \$75.00
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>		<b>1</b> Total pages Schedule A1: Sch: 3/65 Rpt: 7/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bardwell, Jennifer <b>6</b> Contributor address; City; State; Zip Code Gilmer, TX 75645	<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 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barr, Martha Contributor address; City; State; Zip Code Longview, TX 75605	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bautista, Betty Contributor address; City; State; Zip Code Edinburg, TX 78539	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beall, Laurie Contributor address; City; State; Zip Code Farmers Branch, TX 75234	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Rebecca Contributor address; City; State; Zip Code Mount Vernon, TX 75457	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>		<b>1</b> Total pages Schedule A1: Sch: 4/65 Rpt: 8/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bildner, Monica <b>6</b> Contributor address; City; State; Zip Code  Irving, TX 75062	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanco, Christina 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 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanco, Christina 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 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanco, Christina 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 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanco, Christina Contributor address; City; State; Zip Code  El Paso, TX 79912	Amount of Contribution (\$)  \$75.00
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>		<b>1</b> Total pages Schedule A1: Sch: 5/65 Rpt: 9/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borgstedte, Leila <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77096	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowlin, Susan <hr/> Contributor address; City; State; Zip Code  Flower Mound, TX 75028	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowlin, Susan <hr/> Contributor address; City; State; Zip Code  Flower Mound, TX 75028	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyd, Sandra Renee <hr/> Contributor address; City; State; Zip Code  Bushland, TX 79012	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bricout, Christina <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78247	Amount of Contribution (\$)  \$35.00
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>		<b>1</b> Total pages Schedule A1: Sch: 6/65 Rpt: 10/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridgeford, Heather <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78254	<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 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridgeford, Heather 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 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Vicki 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 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Vicki 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 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Vicki 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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/65 Rpt: 11/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Vicki <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mineral Wells, TX 76067	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brownlee, Joie <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77551	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brozek, Vaughn <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76148	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bullard, Lynn <hr/> Contributor address; City; State; Zip Code  Pleasanton, TX 78064	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burbage-Vieth, Jennifer <hr/> Contributor address; City; State; Zip Code  Wichita Falls, TX 76308	Amount of Contribution (\$)  \$75.00
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>		<b>1</b> Total pages Schedule A1: Sch: 8/65 Rpt: 12/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buzombo, Eniola <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77047	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byers, Linda Contributor address; City; State; Zip Code  San Marcos, TX 78666	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) Planned Parenthood
Date 07/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Patience 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 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Patience 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 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Patience 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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/65 Rpt: 13/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calliste, Sonja <hr/> <b>6</b> Contributor address; City; State; Zip Code  Wichita Falls, TX 76306	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calloway, Susan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carson, Gay Lynne <hr/> Contributor address; City; State; Zip Code  Kyle, TX 78640	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/03/2024	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 08/03/2024	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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/65 Rpt: 14/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter-Griffin, Essence <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76005	<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 07/29/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carver, Lea Ann Contributor address; City; State; Zip Code  Fair Oaks Ranch, TX 78015	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cerreta, Emily 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)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/65 Rpt: 15/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapa-Wilson, Lydia <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78251	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapa-Wilson, Lydia Contributor address; City; State; Zip Code  San Antonio, TX 78251	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Barbara Contributor address; City; State; Zip Code  Richardson, TX 75082	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Barbara 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 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christianson-Silva, Paula Contributor address; City; State; Zip Code  San Antonio, TX 78210	Amount of Contribution (\$)  \$75.00
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>		<b>1</b> Total pages Schedule A1: Sch: 12/65 Rpt: 16/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chrostowski, Susan <b>6</b> Contributor address; City; State; Zip Code  Grand Prairie, TX 75052	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clack, Kendrick Contributor address; City; State; Zip Code  Houston, TX 77004	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clack, Kendrick Contributor address; City; State; Zip Code  Houston, TX 77004	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Heather Contributor address; City; State; Zip Code  Round Rock, TX 78665	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clarke, Brenda 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)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/65 Rpt: 17/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 07/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claros, Editha <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79936	<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 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clements, Kristine 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 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clements, Kristine 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 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clements, Kristine 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 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cline, Lara Contributor address; City; State; Zip Code  Plano, TX 75025	Amount of Contribution (\$)  \$100.00
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>		<b>1</b> Total pages Schedule A1: Sch: 14/65 Rpt: 18/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conrad, Jessica <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75703	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Emily <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/26/2024	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 08/26/2024	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 09/26/2024	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)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/65 Rpt: 19/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 07/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crook, Debra <b>6</b> Contributor address; City; State; Zip Code  Freeport, TX 77541	<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 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crook, Debra 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 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crook, Debra 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 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cullers, Justin Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curington, Teri Contributor address; City; State; Zip Code  Gilmer, TX 75644	Amount of Contribution (\$)  \$75.00
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>		<b>1</b> Total pages Schedule A1: Sch: 16/65 Rpt: 20/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 07/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Carol <hr/> <b>6</b> Contributor address; City; State; Zip Code  Loving, TX 76460	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 08/27/2024	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 09/06/2024	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 (\$)  \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeFreitas, Laura <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78628	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/07/2024	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 (\$)  \$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>		<b>1</b> Total pages Schedule A1: Sch: 17/65 Rpt: 21/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, Bridgett <b>6</b> Contributor address; City; State; Zip Code  Meyersville, TX 77974	<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 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, Bridgett Contributor address; City; State; Zip Code  Meyersville, TX 77974	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, Margaret Contributor address; City; State; Zip Code  Lubbock, TX 79407	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dell, Glenda Contributor address; City; State; Zip Code  Bartlett, TX 76511	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deutschendorf, Danielle 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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/65 Rpt: 22/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 08/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deutschendorf, Danielle <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pflugerville, TX 78660	<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 09/22/2024	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 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dittman, Sean <hr/> Contributor address; City; State; Zip Code  Cibolo, TX 78108	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doucette, Julianne <hr/> Contributor address; City; State; Zip Code  Parker, TX 75002	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/26/2024	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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/65 Rpt: 23/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 08/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyal, Michael <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79109	<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 09/17/2024	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 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dukes, Karen Contributor address; City; State; Zip Code  Killeen, TX 76542-5284	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizondo, Noelia Contributor address; City; State; Zip Code  Harlingen, TX 78552	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelman, Kimberly 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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/65 Rpt: 24/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 08/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelman, Kimberly <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78249	<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 09/22/2024	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 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erwin, Chris <hr/> Contributor address; City; State; Zip Code  Mineral Wells, TX 76067	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esquivel, Monica <hr/> Contributor address; City; State; Zip Code  Helotes, TX 78023	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faner, Maria Luisa <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79912	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) Bienvivir



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/65 Rpt: 25/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farwell, Christopher <hr/> <b>6</b> Contributor address; City; State; Zip Code  Huntsville, TX 77340	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fincher, Jillian <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75238	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/04/2024	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 (\$)  \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/29/2024	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 08/04/2024	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 (\$)  \$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>		<b>1</b> Total pages Schedule A1: Sch: 22/65 Rpt: 26/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 08/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flint, Juanita <hr/> <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75075	<b>7</b> Amount of Contribution (\$)  \$60.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 09/04/2024	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 (\$)  \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	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 (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Cindy <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79416	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Charlie <hr/> Contributor address; City; State; Zip Code  Horseshoe Bay, TX 78657	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>		<b>1</b> Total pages Schedule A1: Sch: 23/65 Rpt: 27/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuselier Ellis, Elizabeth <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bedias, TX 77831	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuselier Ellis, Elizabeth <hr/> Contributor address; City; State; Zip Code  Bedias, TX 77831	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/08/2024	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 08/08/2024	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 09/08/2024	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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/65 Rpt: 28/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia-Garza, Carmen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Angleton, TX 77515-8668	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaudette, Lauren <hr/> Contributor address; City; State; Zip Code  Nacogdoches, TX 75964-7810	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaudette, Lauren <hr/> Contributor address; City; State; Zip Code  Nacogdoches, TX 75964-7810	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/10/2024	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 08/10/2024	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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/65 Rpt: 29/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gigliotti, Elizabeth <hr/> <b>6</b> Contributor address; City; State; Zip Code  Katy, TX 77494	<b>7</b> Amount of Contribution (\$)  \$60.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 09/17/2024	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 (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Evy <hr/> Contributor address; City; State; Zip Code  Weslaco, TX 78596	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, John <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grace, Beth <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)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/65 Rpt: 30/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Lana <hr/> <b>6</b> Contributor address; City; State; Zip Code  Orange, TX 77632	<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 07/28/2024	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 08/28/2024	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 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gwin, Mark <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78216	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardaway, Virginia <hr/> Contributor address; City; State; Zip Code  Longview, TX 75602	Amount of Contribution (\$)  \$35.00
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>		<b>1</b> Total pages Schedule A1: Sch: 27/65 Rpt: 31/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardaway, Virginia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Longview, TX 75602	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 09/17/2024	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)
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey, Jennifer <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heinrich, Melissa <hr/> Contributor address; City; State; Zip Code  Plano, TX 75074	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/29/2024	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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/65 Rpt: 32/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 08/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendrick, Blaine <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<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 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hensley, Margaret <hr/> Contributor address; City; State; Zip Code  Santa Anna, TX 76878	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hext, Michelle <hr/> Contributor address; City; State; Zip Code  Lumberton, TX 77657	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/04/2024	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 08/04/2024	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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/65 Rpt: 33/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Tracy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Henderson, TX 75652	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 09/06/2024	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 (\$)  \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/24/2024	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 08/24/2024	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 09/17/2024	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 (\$)  \$75.00
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>		<b>1</b> Total pages Schedule A1: Sch: 30/65 Rpt: 34/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodge, Deborah <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77077	<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 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, LaMicha <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79423	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holder, Amy <hr/> Contributor address; City; State; Zip Code  Ponder, TX 76259	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holder, Amy <hr/> Contributor address; City; State; Zip Code  Ponder, TX 76259	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Homan, Benjamin <hr/> Contributor address; City; State; Zip Code  Alvin, TX 77511	Amount of Contribution (\$)  \$75.00
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>		<b>1</b> Total pages Schedule A1: Sch: 31/65 Rpt: 35/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hyzak, Sr. Barbara <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78209	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ivins, Shawna <hr/> Contributor address; City; State; Zip Code  Deer Park, TX 77536	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ivins, Shawna <hr/> Contributor address; City; State; Zip Code  Deer Park, TX 77536	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Evelyn <hr/> Contributor address; City; State; Zip Code  Humble, TX 77346	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffreys, Holly <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79119	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) Family Care Clinic of Panhandle

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/65 Rpt: 36/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 07/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessup, Anna <hr/> <b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78665	<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 08/08/2024	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 09/08/2024	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 09/20/2024	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 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julian, Rose <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76085	Amount of Contribution (\$)  \$2,400.00
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>		<b>1</b> Total pages Schedule A1: Sch: 33/65 Rpt: 37/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julian, Rose <hr/> <b>6</b> Contributor address; City; State; Zip Code  Weatherford, TX 76085	<b>7</b> Amount of Contribution (\$)  \$2,400.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kayongo, Tuesday <hr/> Contributor address; City; State; Zip Code  Land O Lakes, TX 34638	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Cheryl <hr/> Contributor address; City; State; Zip Code  Sweetwater, TX 79556	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Miranda <hr/> Contributor address; City; State; Zip Code  Spring, TX 77386	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Andrea <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$75.00
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>		<b>1</b> Total pages Schedule A1: Sch: 34/65 Rpt: 38/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kooper, Lauretta <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cypress, TX 77433	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kouzel, Jeannine <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78232	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krahn, Sharon <hr/> Contributor address; City; State; Zip Code  Bluegrove, TX 75254	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/27/2024	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 08/27/2024	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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/65 Rpt: 39/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 07/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kucera, Jennifer <hr/> <b>6</b> Contributor address; City; State; Zip Code  Van Cleck, TX 77482	<b>7</b> Amount of Contribution (\$)  \$72.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 08/04/2024	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 09/04/2024	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 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larson, Shelagh <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) UNT
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, April <hr/> Contributor address; City; State; Zip Code  Spring, TX 77389	Amount of Contribution (\$)  \$10.00
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>		<b>1</b> Total pages Schedule A1: Sch: 36/65 Rpt: 40/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lehde, Britni <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bryan, TX 77808	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leonardo-Zino, Gina <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78261	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/25/2024	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 08/05/2024	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 09/05/2024	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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/65 Rpt: 41/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Love, Tierra <hr/> <b>6</b> Contributor address; City; State; Zip Code  Grand Prairie, TX 75054	<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 07/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lunsford, Julie <hr/> Contributor address; City; State; Zip Code  Kerrville, TX 78028	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/10/2024	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 08/10/2024	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 09/10/2024	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)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/65 Rpt: 42/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lux, Cathy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75220	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 09/06/2024	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 (\$)  \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Juliana <hr/> Contributor address; City; State; Zip Code  Keene, TX 76031	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marrah-Pierson, Alicia <hr/> Contributor address; City; State; Zip Code  Pflugerville, TX 78660	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Aylene <hr/> Contributor address; City; State; Zip Code  Bastrop, TX 78602	Amount of Contribution (\$)  \$75.00
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>		<b>1</b> Total pages Schedule A1: Sch: 39/65 Rpt: 43/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Lizeth <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Benito, TX 78586	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Tania <hr/> Contributor address; City; State; Zip Code  Houston, TX 77006	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/27/2024	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 08/27/2024	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 09/17/2024	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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/65 Rpt: 44/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 07/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78240	<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 07/29/2024	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 08/21/2024	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 08/29/2024	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 09/21/2024	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)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/65 Rpt: 45/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Toni <hr/> <b>6</b> Contributor address; City; State; Zip Code  Crockett, TX 75835	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 07/08/2024	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 08/08/2024	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 09/08/2024	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 09/17/2024	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 (\$)  \$75.00
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>		<b>1</b> Total pages Schedule A1: Sch: 42/65 Rpt: 46/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 07/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McManus, Heather <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76132	<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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metzger, Robert 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 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metzger, Robert 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 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metzger, Robert 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 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Valerie 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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/65 Rpt: 47/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Alison <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77035	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Carole <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 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Yohantis <hr/> Contributor address; City; State; Zip Code  McKinney, TX 75071	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Rosalinda <hr/> Contributor address; City; State; Zip Code  La Marque, TX 77568	Amount of Contribution (\$)  \$1,200.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrow, Karla <hr/> Contributor address; City; State; Zip Code  Corsicana, TX 75110	Amount of Contribution (\$)  \$35.00
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>		<b>1</b> Total pages Schedule A1: Sch: 44/65 Rpt: 48/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrow-Hamm, Kristi <b>6</b> Contributor address; City; State; Zip Code  Taylor, TX 76574	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Margaret 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 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Margaret 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 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nash, Angela Contributor address; City; State; Zip Code  Houston, TX 77045	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathan, Athena Contributor address; City; State; Zip Code  El Paso, TX 79936	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>		<b>1</b> Total pages Schedule A1: Sch: 45/65 Rpt: 49/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Natividad, Pedro <hr/> <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79904-2429	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse practitioner		<b>9</b> Employer (See Instructions) Thomas Medical/Wellmed
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neretina, Larisa <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/29/2024	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 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Jennifer <hr/> Contributor address; City; State; Zip Code  Carrollton, TX 75006	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nors, Christy <hr/> Contributor address; City; State; Zip Code  West, TX 76691	Amount of Contribution (\$)  \$75.00
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>		<b>1</b> Total pages Schedule A1: Sch: 46/65 Rpt: 50/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Old Hudec, Laurita <hr/> <b>6</b> Contributor address; City; State; Zip Code  Boerne, TX 78006	<b>7</b> Amount of Contribution (\$)  \$1,200.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 07/04/2024	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 08/04/2024	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 09/04/2024	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 09/17/2024	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 (\$)  \$75.00
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>		<b>1</b> Total pages Schedule A1: Sch: 47/65 Rpt: 51/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens Horelica, Amy <hr/> <b>6</b> Contributor address; City; State; Zip Code  East Bernard, TX 77435-8414	<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 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens Horelica, Amy <hr/> Contributor address; City; State; Zip Code  East Bernard, TX 77435-8414	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	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)
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peck, Jessica <hr/> Contributor address; City; State; Zip Code  Friendswood, TX 77546	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	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)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/65 Rpt: 52/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pickle Krispin, Penny <hr/> <b>6</b> Contributor address; City; State; Zip Code  Greenville, TX 75401	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poole, Christie <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77433	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Posey, Kimberly <hr/> Contributor address; City; State; Zip Code  Trophy Club, TX 76262	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potter, Christie <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75034	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston, Leann <hr/> Contributor address; City; State; Zip Code  Childress, TX 79201	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>		<b>1</b> Total pages Schedule A1: Sch: 49/65 Rpt: 53/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 07/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Puente, Rosalba <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pharr, TX 78577	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 07/08/2024	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 08/08/2024	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 09/08/2024	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 09/06/2024	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 (\$)  \$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>		<b>1</b> Total pages Schedule A1: Sch: 50/65 Rpt: 54/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reid, Lisa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75243	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reitan, Rachel <hr/> Contributor address; City; State; Zip Code  Wichita Falls, TX 76310	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Respress, Brandon <hr/> Contributor address; City; State; Zip Code  Desoto, TX 75115	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richburg, Melanie <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79423	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rijos, Lexa <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78210	Amount of Contribution (\$)  \$75.00
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>		<b>1</b> Total pages Schedule A1: Sch: 51/65 Rpt: 55/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Tara <hr/> <b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78665	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 07/21/2024	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 08/21/2024	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 09/21/2024	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 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez Acosta, Carmela <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$35.00
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>		<b>1</b> Total pages Schedule A1: Sch: 52/65 Rpt: 56/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roth, Amber <b>6</b> Contributor address; City; State; Zip Code Amarillo, TX 79124	<b>7</b> Amount of Contribution (\$) \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruemmele, Kelly Contributor address; City; State; Zip Code Houston, TX 77059	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Aaron Contributor address; City; State; Zip Code Edinburg, TX 78541	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Aaron Contributor address; City; State; Zip Code Edinburg, TX 78541	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Martha Contributor address; City; State; Zip Code Laredo, TX 78041	Amount of Contribution (\$) \$10.00
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>		<b>1</b> Total pages Schedule A1: Sch: 53/65 Rpt: 57/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scalora, Cheryl <hr/> <b>6</b> Contributor address; City; State; Zip Code  Nacogdoches, TX 75961	<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 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scalora, Cheryl <hr/> Contributor address; City; State; Zip Code  Nacogdoches, TX 75961	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/07/2024	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 (\$)  \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shipe, Angela <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78628	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Short, Tammi <hr/> Contributor address; City; State; Zip Code  Longview, TX 75604	Amount of Contribution (\$)  \$100.00
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>		<b>1</b> Total pages Schedule A1: Sch: 54/65 Rpt: 58/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Short, Tammi <hr/> <b>6</b> Contributor address; City; State; Zip Code  Longview, TX 75604	<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 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Kathryn <hr/> Contributor address; City; State; Zip Code  Belton, TX 76513	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Kerry <hr/> Contributor address; City; State; Zip Code  Canyon Lake, TX 78133	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Tracey <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78130	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spees, Jason <hr/> Contributor address; City; State; Zip Code  Austin, TX 78747	Amount of Contribution (\$)  \$75.00
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>		<b>1</b> Total pages Schedule A1: Sch: 55/65 Rpt: 59/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 08/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spiegelberg, Jessica <b>6</b> Contributor address; City; State; Zip Code Lubbock, TX 79413	<b>7</b> Amount of Contribution (\$) \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spiegelberg, Jessica Contributor address; City; State; Zip Code Lubbock, TX 79413	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/07/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/07/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/07/2024	Full name of contributor <input type="checkbox"/> 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 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: 56/65 Rpt: 60/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 07/28/2024	<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 08/28/2024	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 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Kate <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Kate <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Kate <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	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>		<b>1</b> Total pages Schedule A1: Sch: 57/65 Rpt: 61/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Lisa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Waxahachie, TX 75167	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)

  

Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Lisa <hr/> Contributor address; City; State; Zip Code  Waxahachie, TX 75167	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

  

Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terrell, Suzanne <hr/> Contributor address; City; State; Zip Code  Quitman, TX 75783	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

  

Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terrell, Suzanne <hr/> Contributor address; City; State; Zip Code  Quitman, TX 75783	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

  

Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thiem, Tuyen <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$75.00
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>		<b>1</b> Total pages Schedule A1: Sch: 58/65 Rpt: 62/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Krysta <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lake Jackson, TX 77566	<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 09/17/2024	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 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tijerina, Erik <hr/> Contributor address; City; State; Zip Code  Gun Barrel City, TX 75156	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/19/2024	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 08/19/2024	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)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 59/65 Rpt: 63/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiller, Sonja <b>6</b> Contributor address; City; State; Zip Code  Troup, TX 75789	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomberlin, Stacy Contributor address; City; State; Zip Code  Richardson, TX 75080	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/27/2024	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 08/27/2024	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 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tsegay, Eden Contributor address; City; State; Zip Code  Richardson, TX 75082	Amount of Contribution (\$)  \$100.00
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>		<b>1</b> Total pages Schedule A1: Sch: 60/65 Rpt: 64/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Amy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Diane <hr/> Contributor address; City; State; Zip Code  Seguin, TX 78155	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uzzell, Jennifer <hr/> Contributor address; City; State; Zip Code  Magnolia, TX 77354-3528	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valle, Christina <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79932	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vallie-Porter, Cheryl <hr/> Contributor address; City; State; Zip Code  Midland, TX 79707	Amount of Contribution (\$)  \$75.00
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>		<b>1</b> Total pages Schedule A1: Sch: 61/65 Rpt: 65/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vazquez, Terri <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bulverde, TX 78163	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vazquez, Terri <hr/> Contributor address; City; State; Zip Code  Bulverde, TX 78163	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voegeli, Crystal <hr/> Contributor address; City; State; Zip Code  Orange, TX 77630	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/29/2024	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 08/29/2024	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)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 62/65 Rpt: 66/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Ashley <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abbott, TX 76621	<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 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washburn, Carrie <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 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wellborn, Jacqueline <hr/> Contributor address; City; State; Zip Code  Iredell, TX 76649	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/04/2024	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 08/04/2024	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)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 63/65 Rpt: 67/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weston, Cindy <b>6</b> Contributor address; City; State; Zip Code  Bryan, TX 77807	<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 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weston, Cindy Contributor address; City; State; Zip Code  Bryan, TX 77807	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Shelia 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 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Shelia 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 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Shelia 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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 64/65 Rpt: 68/72
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Tracy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cypress, TX 77429	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wimberly, Patricia <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78250	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 07/26/2024	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)
Date 08/26/2024	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)
Date 09/26/2024	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)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 65/65 Rpt: 69/72

2 FILER NAME

Texas Nurse Practitioners PAC

3 Filer ID (Ethics Commission Filers)  
00070132

4 Date

09/17/2024

5 Full name of contributor

Womack, Diane

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of Contribution (\$)

\$75.00

6 Contributor address; City; State; Zip Code

McKinney, TX 75072

8 Principal occupation / Job title (See Instructions)

Nurse Practitioner

9 Employer (See Instructions)

Date

09/08/2024

Full name of contributor

Wong, Belinda

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Contribution (\$)

\$35.00

Contributor address; City; State; Zip Code

San Antonio, TX 78238

Principal occupation / Job title (See Instructions)

Nurse Practitioner

Employer (See Instructions)

Date

09/17/2024

Full name of contributor

Wong, Belinda

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Contribution (\$)

\$75.00

Contributor address; City; State; Zip Code

San Antonio, TX 78238

Principal occupation / Job title (See Instructions)

Nurse Practitioner

Employer (See Instructions)

# 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: 70/72
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 07/01/2024	5 Corporation / Labor Organization name Texas Nurse Practitioners	6 Amount (\$) 1,200.00
Date 08/01/2024	Corporation / Labor Organization name Texas Nurse Practitioners	Amount (\$) 1,200.00
Date 09/01/2024	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.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 71/72	<b>2</b> FILER NAME Texas Nurse Practitioners PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 08/09/2024	<b>5</b> Payee name Candy Noble Campaign	
<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1105 E Main Street #223  Allen, TX 75002	
<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 Sponsorship for local fundraiser.
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/23/2024	Candidate/Officeholder name Payee name Lulu Flores Campaign	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 40969  Austin, TX 78704	
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 local fundraiser.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/09/2024	Candidate/Officeholder name Payee name Plesa for Texas	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 796311  Dallas, TX 75248	
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 local fundraiser.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# 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: 72/72	<b>2</b> FILER NAME Texas Nurse Practitioners PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 09/20/2024	<b>5</b> Payee name Texas House Republican Caucus PAC	
<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. BOX 13305  Austin, TX 78711	
<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 Sponsorship for annual fundraiser and retreat.
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/09/2024	Payee name Texas Legislative Black Caucus	
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	
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 Contribution for TLBC annual fundraiser.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held