#### FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00070132 3 COMMITTEE NAME **OFFICE USE ONLY Texas Nurse Practitioners PAC** Date Received **ELECTRONICALLY FILED** 10/07/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 4425 S. Mopac Expy., Bldg. 3, Ste. 405 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78735 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Emily S. NAME NICKNAME LAST **SUFFIX** Eastin STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4425 S. Mopac Expy., Bldg. 3, Ste. 405 STREET **ADDRESS** (Residence or Business) Austin, TX 78735 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 4425 S. Mopac Expy., Bldg. 3, Ste. 405 MAILING **ADDRESS** Austin, TX 78735 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 291-6224 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 09/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Other Primary Runoff 11/05/2024 χ General Special

### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME		13 Filer ID	(Ethics Commission Filers)
Texas Nurse Practitioners PAC		00070132	2
14 COMMITTEE 1. Candida (Identify by nan applicable, class	ne or, if	State Representative	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
	ate and location nature of issue.)		
	B. Opposed		
3. Officeho Assistec (Identify by nan applicable, class	d ne or, if		
TOTALS PLEDGI	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHEI ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY) re if this report qualifies for the higher itemization threshold	R THAN	0.00
	. <b>POLITICAL CONTRIBUTIONS</b> R THAN PLEDGES, LOANS, OR GUARANTEES OF	LOANS)	34,208.00
EXPENDITURE 3. TOTAL	UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
4. TOTAL	POLITICAL EXPENDITURES	\$	6,500.00
I	POLITICAL CONTRIBUTIONS MAINTAINED AS OF REPORTING PERIOD	THE LAST DAY \$	85,463.23
	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOAI AY OF THE REPORTING PERIOD	NS AS OF THE \$	0.00
16 AFFIDAVIT		<u> </u>	
	I swear, or affirm, under p true and correct and inclue under Title 15, Election Co	des all information require	
		Mrs. Emily S. Eastin	
	Sign	ature of Campaign Treas	urer
AFFIX NOTARY STAMP / SE	EAL ABOVE		
	y the said		day
of, 20	_, to certify which, witness my hand and seal of office	<del>2</del> .	
Signature of officer administering o	ath Printed name of officer administering oa	th Title of off	icer administering oath

#### **GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE**

### FORM GPAC **ADDENDUM**

				Page 3 01 72
			13 Filer ID	(Ethics Commission Filers)
ers PAC			00070132	
Candidates  (Identify by name or, if applicable, classify by party.)		Rep. Mihaela Plesa State Repre	esentative	
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
<del> </del>		Don Luly Flores, State Borress	ntativo	
		Rep. Luiu Flores State Represe	ntative	
applicable, classify by party.)				
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders Assisted				
(Identify by name or, if applicable, classify by party.)				
	(identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders    Assisted (identify by name or, if applicable, classify by party.)  1. Candidates (identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders    Assisted (identify by name or, if	1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  B. Opposed  B. Opposed  B. Opposed	1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  A. Supported  Rep. Mihaela Plesa State Represervation in the property of	1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  A. Supported  B. Opposed  B. Opposed  A. Supported  B. Opposed  A. Supported  Classify by party.)  B. Opposed  B. Opposed

### **SUBTOTALS - GPAC**

## FORM **GPAC**COVER SHEET PG 3

		4 of 72
17 COMMITTEE NAME Texas Nurse Practitioners PAC	<b>18</b> Filer ID 00070132	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE		SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 30,608.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	)R	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7. X SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$ 3,600.00
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 6,500.00
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I	RETURNED	\$

	MONET	ARY POLITICAL CONTR	IBUTION	IS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to comp	lete this for	m.	1	Total pages Schedule A1: Sch: 1/65 Rpt: 5/72	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	ı Filers)
4	Date 09/17/2024	<ul> <li>Full name of contributor  out-of-sta</li> <li>Adams, Deanna</li> <li>Contributor address; City; State; Zip Cod</li> </ul>			7	Amount of Contribution (\$)	\$75.00
_	Drivainal	Rusk, TX 75785	ام	Frankrija (Carakrija tra			
0	Nurse Practi	pation / Job title (See Instructions) ioner	J <sup>9</sup>	Employer (See Instructions	)		
	Date 09/09/2024	Aghimien, Amenze				Amount of Contribution (\$)	\$25.00
	Dringing agg	Richmond, TX 77407		Employer (Coo Instructions	_		
	Nurse Practi	pation / Job title (See Instructions) ioner		Employer (See Instructions	')		
	Date 09/17/2024	Full name of contributor out-of-state Ahmed, Samia Contributor address; City; State; Zip Cod	ate PAC (ID#:	)		Amount of Contribution (\$)	\$75.00
		McKinney, TX 75072					
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner		Employer (See Instructions	()		
	Date 07/20/2024	Alleman, Monica				Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	()		
	Date 08/20/2024	Alleman, Monica				Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	i)		
			L				

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/65 Rpt: 6/72	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 09/17/2024	<ul><li>5 Full name of contributor Alleman, Monica</li><li>6 Contributor address; City; S</li></ul>		_	7	Amount of Contribution (\$)	\$150.00
		Austin, TX 78748					
8	Principal occu Nurse Practi	pation / Job title (See Instructions tioner	5)	9 Employer (See Instructions	5)		
	Date 09/20/2024	Full name of contributor Alleman, Monica Contributor address; City; S		)		Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78748 pation / Job title (See Instructions	s)	Employer (See Instructions	 s)		
	Nurse Practitioner						
	Date 09/17/2024	Full name of contributor Arellano, Shaina Contributor address; City; S	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$75.00
		Arlington, TX 76012					
	Principal occu Nurse Practi	pation / Job title (See Instructions tioner	5)	Employer (See Instructions	5)		
	Date 09/17/2024	Full name of contributor Atkinson, Stephanie Contributor address; City; S Dallas, TX 75240				Amount of Contribution (\$)	\$75.00
	Principal occu Nurse Practi	pation / Job title (See Instructions tioner	s)	Employer (See Instructions	5)		
	Date 09/17/2024	Full name of contributor Baggett, Misty Contributor address; City; Si Lindale, TX 75771	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$75.00
	Principal occu Nurse Practi	pation / Job title (See Instructions tioner	s)	Employer (See Instructions	s)		
				1			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/65 Rpt: 7/72	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 09/06/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$50.00
_		Gilmer, TX 75645				
8	Principal occu Nurse Practi	· · · · · · · · · · · · · · · · · · ·	9 Employer (See Instructions	5)		
	Date 09/17/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$75.00
	Principal occu	Longview, TX 75605 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Nurse Practitioner					
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID#: Bautista, Betty  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$300.00
		Edinburg, TX 78539				
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$75.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner	Employer (See Instructions	)		
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner	Employer (See Instructions	)		
		I				

	MONET	ARY POLITICAL CONTRI	IBUTION	IS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to compl	ete this for	m.	1	Total pages Schedule A1: Sch: 4/65 Rpt: 8/72	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	ı Filers)
4	Date 09/07/2024	<ul> <li>Full name of contributor  out-of-sta</li> <li>Bildner, Monica</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$35.00
0	Principal occu	Irving, TX 75062 pation / Job title (See Instructions)	ام	Employer (See Instructions	.)		
0	Nurse Practi			Employer (See Instructions	')		
	Date 07/16/2024	Blanco, Christina				Amount of Contribution (\$)	\$65.00
		El Paso, TX 79912					
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 08/16/2024	Full name of contributor out-of-sta  Blanco, Christina  Contributor address; City; State; Zip Code	te PAC (ID#:	)		Amount of Contribution (\$)	\$65.00
		El Paso, TX 79912					
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 09/16/2024	Blanco, Christina				Amount of Contribution (\$)	\$65.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u>		
	Date 09/17/2024	Blanco, Christina		)		Amount of Contribution (\$)	\$75.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
			L				

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/65 Rpt: 9/72	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 09/06/2024	<ul><li>5 Full name of contributor Borgstedte, Leila</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$100.00
		Houston, TX 77096					
8	Principal occu Nurse Practi	pation / Job title (See Instructions cioner	s)	9 Employer (See Instructions	s) 		
	Date 09/06/2024	Full name of contributor Bowlin, Susan Contributor address; City; S		)	•	Amount of Contribution (\$)	\$75.00
	Principal occu	Flower Mound, TX 75028 pation / Job title (See Instructions	s)	Employer (See Instructions	 s)		
	Nurse Practi		•				
	Date 09/17/2024	Full name of contributor Bowlin, Susan Contributor address; City; S	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$75.00
		Flower Mound, TX 75028					
	Principal occu Nurse Practi	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date 09/17/2024	Full name of contributor Boyd, Sandra Renee Contributor address; City; S Bushland, TX 79012				Amount of Contribution (\$)	\$75.00
	Principal occu Nurse Practi	pation / Job title (See Instructions cioner	s)	Employer (See Instructions	5)		
	Date 09/06/2024	Full name of contributor Bricout, Christina  Contributor address; City; S  San Antonio, TX 78247	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$35.00
	Principal occu Nurse Practi	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	IS 		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to	o complete this for	m.	1	Total pages Schedule A1: Sch: 6/65 Rpt: 10/72	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 09/06/2024	<ul><li>Full name of contributor</li><li>Bridgeford, Heather</li><li>Contributor address; City; State</li></ul>	out-of-state PAC (ID#: e; Zip Code	)	7	Amount of Contribution (\$)	\$25.00
		San Antonio, TX 78254	<u></u>				
8	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner	9	Employer (See Instructions	5)		
	Date 09/17/2024	Full name of contributor Bridgeford, Heather  Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$75.00
	Principal occu	San Antonio, TX 78254 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Nurse Practitioner						
	Date 07/11/2024	Full name of contributor  Brooks, Vicki  Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code	)		Amount of Contribution (\$)	\$100.00
		Mineral Wells, TX 76067					
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner		Employer (See Instructions	5)		
	Date 08/11/2024	Full name of contributor Brooks, Vicki Contributor address; City; State Mineral Wells, TX 76067	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner		Employer (See Instructions	5)		
	Date 09/11/2024	Full name of contributor Brooks, Vicki Contributor address; City; State Mineral Wells, TX 76067	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/65 Rpt: 11/72	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 09/17/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$75.00
		Mineral Wells, TX 76067				
8	Principal occu Nurse Practi		9 Employer (See Instructions	5)		
	Date 09/17/2024	Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$75.00
	Principal occu	Galveston, TX 77551 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Nurse Practitioner		. , (	,		
	Date 09/08/2024	Full name of contributor  out-of-state PAC (ID#:_ Brozek, Vaughn  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$200.00
		Fort Worth, TX 76148				
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner	Employer (See Instructions	i)		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_Bullard, Lynn  Contributor address; City; State; Zip Code  Pleasanton, TX 78064	)		Amount of Contribution (\$)	\$75.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_ Burbage-Vieth, Jennifer  Contributor address; City; State; Zip Code  Wichita Falls, TX 76308			Amount of Contribution (\$)	\$75.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIB	UTION	NS		SCHEDULI	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 8/65 Rpt: 12/72	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	ı Filers)
4	Date 09/08/2024	<ul> <li>Full name of contributor</li></ul>	-	)	7	Amount of Contribution (\$)	\$35.00
8	Principal occu	Houston, TX 77047 pation / Job title (See Instructions)	l g	Employer (See Instructions	<u>s)</u>		
Ŭ	Nurse Practi			Employer (See instructions	,		
	Date 09/06/2024	Full name of contributor out-of-state Pa Byers, Linda Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$35.00
	Dringing age	San Marcos, TX 78666		Employer (See Instructions	<u></u>		
	Nurse Practi	pation / Job title (See Instructions) tioner		Employer (See Instructions Planned Parenthood	5)		
	Date 07/08/2024	Full name of contributor out-of-state Pacain, Patience  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$75.00
		San Antonio, TX 78230					
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner		Employer (See Instructions	s)		
	Date 08/08/2024	Full name of contributor out-of-state Pacain, Patience  Contributor address; City; State; Zip Code  San Antonio, TX 78230	-		•	Amount of Contribution (\$)	\$75.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner		Employer (See Instructions	5)		
	Date 09/08/2024	Full name of contributor out-of-state Paragraphy Cain, Patience  Contributor address; City; State; Zip Code  San Antonio, TX 78230				Amount of Contribution (\$)	\$75.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner		Employer (See Instructions	s)		
			L_				

	MONET	ARY POLITICAL CONTRIBU	JTIONS	į		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete	this form.		1	Total pages Schedule A1: Sch: 9/65 Rpt: 13/72	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 09/17/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$75.00
_	District	Wichita Falls, TX 76306	lo -				
8	Nurse Practi	pation / Job title (See Instructions) ioner	9 =	mployer (See Instructions	)		
	Date 09/08/2024	Full name of contributor out-of-state PAI Calloway, Susan Contributor address; City; State; Zip Code Austin, TX 78737				Amount of Contribution (\$)	\$400.00
	Principal occu	pation / Job title (See Instructions)	E	mployer (See Instructions	)		
	Nurse Practitioner						
	Date 09/17/2024	Full name of contributor out-of-state PAGE  Carson, Gay Lynne  Contributor address; City; State; Zip Code	C (ID#:	)		Amount of Contribution (\$)	\$75.00
		Kyle, TX 78640					
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner	E	mployer (See Instructions	)		
	Date 07/03/2024	Full name of contributor out-of-state PAGE Carter-Griffin, Essence  Contributor address; City; State; Zip Code  Arlington, TX 76005	-	)		Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)	E	mployer (See Instructions	)		
	Date 08/03/2024	Full name of contributor out-of-state PAR Carter-Griffin, Essence  Contributor address; City; State; Zip Code  Arlington, TX 76005				Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	E	mployer (See Instructions	)		
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTIO		<b>■ A1</b>		
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 10/65 Rpt: 14/72	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	Filers)
4	Date 09/03/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$50.00
_	Deignaignal	Arlington, TX 76005	2. Evanlavar (Can Instructions			
8	Nurse Practi		9 Employer (See Instructions	5)		
	Date 07/29/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Fair Oaks Ranch, TX 78015 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Nurse Practi	ioner				
	Date 08/29/2024	Full name of contributor out-of-state PAC (ID#: Carver, Lea Ann Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00
		Fair Oaks Ranch, TX 78015				
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_Carver, Lea Ann  Contributor address; City; State; Zip Code  Fair Oaks Ranch, TX 78015	)		Amount of Contribution (\$)	\$75.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#: Cerreta, Emily Contributor address; City; State; Zip Code  Katy, TX 77494			Amount of Contribution (\$)	\$75.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) cioner	Employer (See Instructions	i)		

	MONET	ARY POLITICAL C	SCHEDULE A1				
	The Instru	ction Guide explains how t	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 11/65 Rpt: 15/72	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	Filers)
4	Date 09/08/2024	<ul><li>5 Full name of contributor Chapa-Wilson, Lydia</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$35.00
		San Antonio, TX 78251	<b></b>				
8	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner	!	<b>9</b> Employer (See Instructions	s)		
	Date 09/17/2024	Full name of contributor Chapa-Wilson, Lydia Contributor address; City; Stat	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$75.00
		San Antonio, TX 78251 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Nurse Practi	tioner			_		
	Date 09/07/2024	Full name of contributor Chapman, Barbara Contributor address; City; Stat	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$50.00
		Richardson, TX 75082					
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner		Employer (See Instructions	5)		
	Date 09/17/2024	Full name of contributor Chapman, Barbara Contributor address; City; Stat Richardson, TX 75082	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$75.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner		Employer (See Instructions	5)		
	Date 09/17/2024	Full name of contributor  Christianson-Silva, Paula  Contributor address; City; Stat  San Antonio, TX 78210	out-of-state PAC (ID#: e; Zip Code	)		Amount of Contribution (\$)	\$75.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner		Employer (See Instructions	5)		
			I				

	MONET	ARY POLITICAL CONTRIBU		SCHEDUL	E <b>A1</b>		
	The Instru	ction Guide explains how to complete t	his fo	rm.	1	Total pages Schedule A1: Sch: 12/65 Rpt: 16/72	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 09/06/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$35.00
_	Drivainal	Grand Prairie, TX 75052	10	. Faralayay (Can Instructions			
8	Nurse Practi	pation / Job title (See Instructions) ioner	9	Employer (See Instructions	5)		
	Date 09/06/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$50.00
	Principal occu	Houston, TX 77004 Dation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Nurse Practitioner						
	Date 09/17/2024	Full name of contributor	C (ID#:	)		Amount of Contribution (\$)	\$75.00
		Houston, TX 77004					
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 09/06/2024	Full name of contributor out-of-state PAC Clark, Heather Contributor address; City; State; Zip Code Round Rock, TX 78665		)	•	Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 09/17/2024	Full name of contributor out-of-state PAC Clarke, Brenda Contributor address; City; State; Zip Code College Station, TX 77845				Amount of Contribution (\$)	\$75.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	s)		
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	MONET	ARY POLITICAL CON		E <b>A1</b>			
	The Instruc	ction Guide explains how to c	omplete this for	m.	1	Total pages Schedule A1: Sch: 13/65 Rpt: 17/72	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 07/30/2024	<ul><li>5 Full name of contributor  ou Claros, Editha</li><li>6 Contributor address; City; State; Zi</li></ul>	ut-of-state PAC (ID#: p Code		7	Amount of Contribution (\$)	\$50.00
_	Dringing Loon	El Paso, TX 79936	lo.	Employer (See Instructions			
0	Nurse Practi	pation / Job title (See Instructions) cioner	9	Employer (See Instructions	')		
	Date 07/07/2024	Clements, Kristine  Contributor address; City; State; Zi	p Code	)		Amount of Contribution (\$)	\$50.00
	Principal occu	Spring, TX 77373 pation / Job title (See Instructions)		Employer (See Instructions	) 		
	Nurse Practitioner				,		
	Date 08/07/2024	Full name of contributor ou clements, Kristine Contributor address; City; State; Zi	ut-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$50.00
		Spring, TX 77373					
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 09/07/2024	Full name of contributor ou Clements, Kristine Contributor address; City; State; Zi Spring, TX 77373	ut-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/06/2024	Full name of contributor ou Cline, Lara Contributor address; City; State; Zi Plano, TX 75025	p Code			Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) cioner		Employer (See Instructions	i)		
			<b>'</b>				

	MONET	ARY POLITICAL CONTRIB		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 14/65 Rpt: 18/72	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commissio 00070132	n Filers)
4	Date 09/17/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$75.00
_	Deignigal	Tyler, TX 75703		Franks on (Cook bathwatis no	_		
8	Nurse Practi	pation / Job title (See Instructions) ioner	g	Employer (See Instructions	5)		
	Date 09/17/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$75.00
	Principal occu	Austin, TX 78731  Dation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Nurse Practitioner						
	Date 07/26/2024	Full name of contributor  out-of-state P. Cook, Jeannie  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$100.00
		Plano, TX 75023					
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner		Employer (See Instructions	s)		
	Date 08/26/2024	Full name of contributor out-of-state P. Cook, Jeannie  Contributor address; City; State; Zip Code  Plano, TX 75023		)		Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 09/26/2024	Full name of contributor out-of-state P. Cook, Jeannie  Contributor address; City; State; Zip Code  Plano, TX 75023				Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	s)		
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	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 15/65 Rpt: 19/72	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	Filers)
4	Date 07/29/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$50.00
_	5	Freeport, TX 77541				
8	Nurse Practi	pation / Job title (See Instructions) ioner	9 Employer (See Instructions	5)		
	Date 08/29/2024	Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00
	Principal occu	Freeport, TX 77541 pation / Job title (See Instructions)	Employer (See Instructions	:)		
	Nurse Practitioner		,			
	Date 09/17/2024	Full name of contributor  out-of-state PAC (ID#:_ Crook, Debra Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$75.00
		Freeport, TX 77541				
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 09/08/2024	Full name of contributor out-of-state PAC (ID#:_ Cullers, Justin Contributor address; City; State; Zip Code  Austin, TX 78759	)		Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_ Curington, Teri Contributor address; City; State; Zip Code Gilmer, TX 75644			Amount of Contribution (\$)	\$75.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRI	SCHEDULE A				
	The Instruc	ction Guide explains how to compl	ete this for	m.	1	Total pages Schedule A1: Sch: 16/65 Rpt: 20/72	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	ı Filers)
4	Date 07/27/2024	<ul> <li>5 Full name of contributor  out-of-state  out-of-</li></ul>		)	7	Amount of Contribution (\$)	\$10.00
_	Deignaignal	Loving, TX 76460	lo.	Franks vou (Coo kartus etiene			
8	Nurse Practi	pation / Job title (See Instructions) ioner	9	Employer (See Instructions	)		
	Date 08/27/2024	Davidson, Carol		)		Amount of Contribution (\$)	\$10.00
		Loving, TX 76460					
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 09/06/2024	Full name of contributor out-of-state  Davis, Sheryl  Contributor address; City; State; Zip Code	te PAC (ID#:			Amount of Contribution (\$)	\$50.00
		Weston Lakes, TX 77441					
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	()		
	Date 09/17/2024	DeFreitas, Laura				Amount of Contribution (\$)	\$75.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u>		
	Date 09/07/2024	DeVries, Doris				Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	<u>;)</u>		

	MONET	ARY POLITICAL CONTRIBUTI		SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 17/65 Rpt: 21/72	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 09/06/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$25.00
	Dringing occur	Meyersville, TX 77974 pation / Job title (See Instructions)	0 Employer (See Instructional			
8	Nurse Practi		9 Employer (See Instructions	5)		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID Dean, Bridgett  Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$75.00
	Principal occur	Meyersville, TX 77974 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Nurse Practi		Employer (See instructions	3)		
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID Dean, Margaret  Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$50.00
		Lubbock, TX 79407				
	Principal occu Nurse Practit	oation / Job title (See Instructions) ioner	Employer (See Instructions	s)		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID Dell, Glenda  Contributor address; City; State; Zip Code  Bartlett, TX 76511	#:)	-	Amount of Contribution (\$)	\$75.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	s)		
	Date 07/22/2024	Full name of contributor out-of-state PAC (ID Deutschendorf, Danielle  Contributor address; City; State; Zip Code  Pflugerville, TX 78660	#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	s)		
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	MONET	ARY POLITICAL CONTRIBUT		SCHEDUL	E <b>A1</b>	
	The Instruc	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 18/65 Rpt: 22/72	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 08/22/2024	<ul> <li>Full name of contributor</li></ul>		7	7 Amount of Contribution (\$)	\$25.00
_	District	Pflugerville, TX 78660	0 Familia an (Can			
ð	Nurse Practi	pation / Job title (See Instructions) ioner	9 Employer (See	instructions)		
	Date 09/22/2024	Contributor address; City; State; Zip Code	#:		Amount of Contribution (\$)	\$25.00
	Principal occu	Pflugerville, TX 78660 pation / Job title (See Instructions)	Employer (See	Instructions)		
	Nurse Practi	ioner				
	Date 09/06/2024	Full name of contributor out-of-state PAC (IED) Dittman, Sean  Contributor address; City; State; Zip Code	)#:		Amount of Contribution (\$)	\$35.00
		Cibolo, TX 78108				
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See	Instructions)		
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID Doucette, Julianne Contributor address; City; State; Zip Code Parker, TX 75002	#:		Amount of Contribution (\$)	\$35.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See	Instructions)		
	Date 07/26/2024	Full name of contributor out-of-state PAC (IEDoyal, Michael  Contributor address; City; State; Zip Code  Amarillo, TX 79109	J#:	)	Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See	Instructions)		

	MONET	ARY POLITICAL CON	S 	SCHEDULE A1			
	The Instru	ction Guide explains how to co	omplete this forr	n.	1	Total pages Schedule A1: Sch: 19/65 Rpt: 23/72	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	Filers)
4	Date 08/26/2024	<ul><li>5 Full name of contributor out</li><li>Doyal, Michael</li><li>6 Contributor address; City; State; Zip</li></ul>	o Code	)	7	Amount of Contribution (\$)	\$25.00
		Amarillo, TX 79109					
8	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner	9	Employer (See Instructions	)		
	Date 09/17/2024	Doyal, Michael  Contributor address; City; State; Zip	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$75.00
	Principal occu	Amarillo, TX 79109 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Nurse Practi	ioner					
	Date 09/11/2024	Dukes, Karen	o Code			Amount of Contribution (\$)	\$10.00
		Killeen, TX 76542-5284					
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	)		
	Date 09/07/2024	Elizondo, Noelia	-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$35.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	)		
	Date 07/22/2024	Full name of contributor out Engelman, Kimberly Contributor address; City; State; Zip	o Code			Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	)		
			l				

	MONET	ARY POLITICAL CO		SCHEDULE A1			
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 20/65 Rpt: 24/72	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	Filers)
4	Date 08/22/2024	<ul><li>5 Full name of contributor Engelman, Kimberly</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#: ; Zip Code	)	7	Amount of Contribution (\$)	\$50.00
		San Antonio, TX 78249					
8	Principal occu Nurse Practi	pation / Job title (See Instructions) cioner	9	Employer (See Instructions	s)		
	Date 09/22/2024	Full name of contributor  Engelman, Kimberly  Contributor address; City; State	out-of-state PAC (ID#:; Zip Code	)	•	Amount of Contribution (\$)	\$50.00
		San Antonio, TX 78249 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Nurse Practi	ioner					
	Date 09/17/2024	Full name of contributor  Erwin, Chris  Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code	)		Amount of Contribution (\$)	\$75.00
		Mineral Wells, TX 76067					
	Principal occu Nurse Practi	pation / Job title (See Instructions) cioner		Employer (See Instructions	5)		
	Date 09/17/2024	Full name of contributor  Esquivel, Monica  Contributor address; City; State  Helotes, TX 78023	out-of-state PAC (ID#:; Zip Code	)	•	Amount of Contribution (\$)	\$75.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) cioner		Employer (See Instructions	5)		
	Date 09/06/2024	Full name of contributor Faner, Maria Luisa Contributor address; City; State El Paso, TX 79912	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$35.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) cioner		Employer (See Instructions	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 21/65 Rpt: 25/72	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 09/06/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$250.00
ρ	Principal occu	Huntsville, TX 77340 pation / Job title (See Instructions)	9 Employer (See Instructions			
•	Nurse Practi		2 Employer (See manucuons	')		
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID#: Fincher, Jillian  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00
	Dringing age	Dallas, TX 75238	Employer (Coo Instructions	_		
	Nurse Practi	pation / Job title (See Instructions) ioner	Employer (See Instructions	)		
	Date 07/04/2024	Full name of contributor out-of-state PAC (ID#: Flint, Juanita  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
		Plano, TX 75075				
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner	Employer (See Instructions	i)		
	Date 07/29/2024	Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$60.00
	Principal occu Nurse Practi	Plano, TX 75075  pation / Job title (See Instructions)  ioner	Employer (See Instructions	<u> </u>		
	Date 08/04/2024	Full name of contributor out-of-state PAC (ID#:_Flint, Juanita  Contributor address; City; State; Zip Code  Plano, TX 75075			Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner	Employer (See Instructions	()		
			1			

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDULE	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 22/65 Rpt: 26/72	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 08/29/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID# Flint, Juanita</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$60.00
_		Plano, TX 75075	T	Ĺ		
8	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner	9 Employer (See Instructions	s)		
	Date 09/04/2024	Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$25.00
	Principal occu	Plano, TX 75075  coation / Job title (See Instructions)	Employer (See Instructions	<u>                                     </u>		
	Nurse Practi	ioner				
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID# Flint, Juanita  Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$75.00
		Plano, TX 75075				
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#Ford, Cindy  Contributor address; City; State; Zip Code  Lubbock, TX 79416	:)	•	Amount of Contribution (\$)	\$75.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)		
	Date 07/11/2024	Full name of contributor out-of-state PAC (ID#Fox, Charlie  Contributor address; City; State; Zip Code  Horseshoe Bay, TX 78657	:)		Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			1			

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 23/65 Rpt: 27/72		
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)	
4	Date 09/08/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$200.00	
8	Principal occu	Bedias, TX 77831 pation / Job title (See Instructions)	9 Employer (See Instructions	s)			
Ü	Nurse Practi		2 Employer (See Instructions	3)			
	Date 09/17/2024	Full name of contributor out-of-state PAC (II Fuselier Ellis, Elizabeth  Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$75.00	
		Bedias, TX 77831	1	Ĺ			
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner	Employer (See Instructions	s)			
	Date 07/08/2024	Full name of contributor out-of-state PAC (II Garcia, Martha  Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$50.00	
		Harlingen, TX 78550					
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	s)			
	Date 08/08/2024	Full name of contributor out-of-state PAC (II Garcia, Martha Contributor address; City; State; Zip Code Harlingen, TX 78550	D#:)		Amount of Contribution (\$)	\$50.00	
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Date 09/08/2024	Full name of contributor out-of-state PAC (II Garcia, Martha Contributor address; City; State; Zip Code Harlingen, TX 78550	D#:)		Amount of Contribution (\$)	\$50.00	
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	s)			
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	MONET	ARY POLITICAL CONTRIE	BUTION	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to comple	te this for	m.	1	Total pages Schedule A1: Sch: 24/65 Rpt: 28/72	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	ı Filers)
4	Date 09/17/2024	<ul> <li>Full name of contributor</li></ul>	PAC (ID#:	)	7	Amount of Contribution (\$)	\$75.00
		Angleton, TX 77515-8668					
8	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner	9	Employer (See Instructions	5)		
	Date 09/06/2024	Gaudette, Lauren	PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions)		Employer (See Instructions	<u>                                      </u>		
	Nurse Practi	ioner					
	Date 09/07/2024	Full name of contributor out-of-state  Gaudette, Lauren  Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
		Nacogdoches, TX 75964-7810					
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 07/10/2024	Gigliotti, Elizabeth	PAC (ID#:	)		Amount of Contribution (\$)	\$60.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Date 08/10/2024	Full name of contributor out-of-state Gigliotti, Elizabeth  Contributor address; City; State; Zip Code  Katy, TX 77494		)		Amount of Contribution (\$)	\$60.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A		
	The Instruc	ction Guide explains how to complete th	is foi	rm.	1	Total pages Schedule A1: Sch: 25/65 Rpt: 29/72		
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)	
4	Date 09/10/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$60.00	
_	Dringing Loon	Katy, TX 77494	اما	Employer (Coo Instructions	<u></u>			
ð	Nurse Practi	pation / Job title (See Instructions) ioner	g	Employer (See Instructions	5)			
	Date 09/17/2024	Full name of contributor out-of-state PAC ( Ginapp, Lisa  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$75.00	
	Principal occu	League City, TX 77573 pation / Job title (See Instructions)		Employer (See Instructions	<u>.)</u>			
	Nurse Practi			p.0)0. (000000.00.00	,			
	Date 09/07/2024	Full name of contributor out-of-state PAC ( Gonzalez, Evy  Contributor address; City; State; Zip Code	(ID#:	)		Amount of Contribution (\$)	\$50.00	
		Weslaco, TX 78596						
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date 09/19/2024	Full name of contributor out-of-state PAC ( Gonzalez, John  Contributor address; City; State; Zip Code  Coppell, TX 75019		)		Amount of Contribution (\$)	\$400.00	
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date 09/17/2024	Full name of contributor out-of-state PAC ( Grace, Beth  Contributor address; City; State; Zip Code  College Station, TX 77845		)		Amount of Contribution (\$)	\$75.00	
	Principal occu nurse practit	oation / Job title (See Instructions) oner		Employer (See Instructions	5)			
	so praout							

	MONET	ARY POLITICAL C	CONTRIBUTIO	ONS		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 26/65 Rpt: 30/72	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	ı Filers)
4	Date 09/06/2024	<ul><li>5 Full name of contributor</li><li>Griffith, Lana</li><li>6 Contributor address; City; Sta</li></ul>			7	Amount of Contribution (\$)	\$50.00
		Orange, TX 77632					
8	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner		9 Employer (See Instructions	s)		
	Date 07/28/2024	Full name of contributor Gustafson, Jennifer Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code	)	•	Amount of Contribution (\$)	\$25.00
		Austin, TX 78734 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> S)		
	Nurse Practi				_		
	Date 08/28/2024	Full name of contributor Gustafson, Jennifer Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$25.00
		Austin, TX 78734					
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/06/2024	Full name of contributor Gwin, Mark Contributor address; City; Sta San Antonio, TX 78216	out-of-state PAC (ID#:_ ate; Zip Code		•	Amount of Contribution (\$)	\$35.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/08/2024	Full name of contributor Hardaway, Virginia Contributor address; City; Sta	out-of-state PAC (ID#:_ atte; Zip Code			Amount of Contribution (\$)	\$35.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CON	NTRIBUTION	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to o	complete this for	m.	1	Total pages Schedule A1: Sch: 27/65 Rpt: 31/72	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	Filers)
4	Date 09/17/2024	Hardaway, Virginia	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$75.00
_	5	Longview, TX 75602		5 1 (0 1 1 1			
8	Nurse Practi	pation / Job title (See Instructions) cioner	9	Employer (See Instructions	;)		
	Date 09/17/2024	Full name of contributor on the distributor of contributor address; City; State; Z				Amount of Contribution (\$)	\$75.00
	Dringing agg	Spring, TX 76082		Employer (See Instructions	_		
	Nurse Practi	pation / Job title (See Instructions) ioner		Employer (See Instructions	)		
	Date 09/06/2024	Full name of contributor on the distributor of contributor address; City; State; Z	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
		Corpus Christi, TX 78414					
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Date 09/17/2024	Full name of contributor of contributor of contributor address; City; State; Zity;				Amount of Contribution (\$)	\$75.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 07/29/2024	Hendrick, Blaine	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			I				

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 28/65 Rpt: 32/72		
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)	
4	Date 08/29/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$50.00	
_	Deignaignal	McAllen, TX 78504	C Franks on (Cookstructions	Ţ			
8	Nurse Practi	pation / Job title (See Instructions) ioner	9 Employer (See Instructions	5)			
	Date 09/06/2024	Contributor address; City; State; Zip Code	) #:)		Amount of Contribution (\$)	\$100.00	
	Principal occu	Santa Anna, TX 76878  Dation / Job title (See Instructions)	Employer (See Instructions	 s)			
	Nurse Practi	ioner					
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID Hext, Michelle Contributor address; City; State; Zip Code	)	•	Amount of Contribution (\$)	\$100.00	
		Lumberton, TX 77657	1				
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner	Employer (See Instructions	5)			
	Date 07/04/2024	Full name of contributor out-of-state PAC (IE Hicks, Tracy  Contributor address; City; State; Zip Code  Henderson, TX 75652	)		Amount of Contribution (\$)	\$100.00	
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)			
	Date 08/04/2024	Full name of contributor out-of-state PAC (IE Hicks, Tracy  Contributor address; City; State; Zip Code  Henderson, TX 75652	) #:)		Amount of Contribution (\$)	\$100.00	
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)			
			'				

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete thi	is form.	1	Total pages Schedule A1: Sch: 29/65 Rpt: 33/72		
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)	
4	Date 09/04/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$100.00	
_	District	Henderson, TX 75652	lo Francisco (Contrationalismo				
8	Nurse Practi	pation / Job title (See Instructions) ioner	9 Employer (See Instruction:	S)			
	Date 09/06/2024	Full name of contributor out-of-state PAC (I Hicks, Tracy Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$50.00	
	Principal occu	Henderson, TX 75652 pation / Job title (See Instructions)	Employer (See Instruction:	<u>s)</u>			
	Nurse Practi			<b>-</b> ,			
	Date 07/24/2024	Full name of contributor out-of-state PAC (I Hodge, Deborah  Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$50.00	
		Houston, TX 77077					
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instruction	s)			
	Date 08/24/2024	Full name of contributor out-of-state PAC (I Hodge, Deborah  Contributor address; City; State; Zip Code  Houston, TX 77077	D#:)		Amount of Contribution (\$)	\$50.00	
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instruction	s)			
	Date 09/17/2024	Full name of contributor out-of-state PAC (I Hodge, Deborah  Contributor address; City; State; Zip Code  Houston, TX 77077	D#:)		Amount of Contribution (\$)	\$75.00	
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner	Employer (See Instruction	s)			
			I				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 30/65 Rpt: 34/72			
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)		
4	Date 09/24/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$50.00		
_	Deinsinal	Houston, TX 77077	D. Faralana (On Instruction					
8	Nurse Practi	pation / Job title (See Instructions) ioner	9 Employer (See Instructions	S)				
	Date 09/07/2024	Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$300.00		
	Principal occu	Lubbock, TX 79423 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)				
	Nurse Practi	ioner						
	Date 09/08/2024	Full name of contributor	D#:)		Amount of Contribution (\$)	\$25.00		
		Ponder, TX 76259						
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	s)				
	Date 09/17/2024	Full name of contributor out-of-state PAC (II Holder, Amy  Contributor address; City; State; Zip Code  Ponder, TX 76259	D#:)		Amount of Contribution (\$)	\$75.00		
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions	s)				
	Date 09/17/2024	Full name of contributor out-of-state PAC (II Homan, Benjamin Contributor address; City; State; Zip Code Alvin, TX 77511	D#:)		Amount of Contribution (\$)	\$75.00		
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	s)				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 31/65 Rpt: 35/72		
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)	
4	Date 09/08/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$100.00	
_	5	San Antonio, TX 78209	10 5 1 10 1 1 11				
8	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner	9 Employer (See Instructions	5)			
	Date 09/07/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00	
	Principal occu	Deer Park, TX 77536 Dation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)			
	Nurse Practi	ioner					
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_ Ivins, Shawna Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$75.00	
		Deer Park, TX 77536					
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)			
	Date 09/08/2024	Full name of contributor out-of-state PAC (ID#: Jackson, Evelyn  Contributor address; City; State; Zip Code  Humble, TX 77346			Amount of Contribution (\$)	\$300.00	
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner	Employer (See Instructions	5)			
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#: Jeffreys, Holly Contributor address; City; State; Zip Code Amarillo, TX 79119			Amount of Contribution (\$)	\$75.00	
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions Family Care Clinic of Pa		andle		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 32/65 Rpt: 36/72		
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	on Filers)	
4	Date 07/08/2024	<ul> <li>Full name of contributor</li></ul>	_	7	Amount of Contribution (\$)	\$25.00	
_	5	Round Rock, TX 78665	10 = 1				
8	Nurse Practi	pation / Job title (See Instructions) ioner	9 Employer (See Instructions	5)			
	Date 08/08/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00	
	Principal occu	Round Rock, TX 78665 pation / Job title (See Instructions)	Employer (See Instructions	 ;)			
	Nurse Practi						
	Date 09/08/2024	Full name of contributor out-of-state PAC (ID#: Jessup, Anna  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00	
		Round Rock, TX 78665					
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)			
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID#: Jones, Verna  Contributor address; City; State; Zip Code  Sugarland, TX 77498	)		Amount of Contribution (\$)	\$25.00	
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)			
	Date 08/23/2024	Full name of contributor out-of-state PAC (ID#: Julian, Rose  Contributor address; City; State; Zip Code  Weatherford, TX 76085			Amount of Contribution (\$)	\$2,400.00	
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	s)			
			-				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A1	
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 33/65 Rpt: 37/72	=
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission Filers) 00070132	
4	Date 08/23/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$) \$2,400.00	)
0	Dringing Loon	Weatherford, TX 76085	• Employer (Coo Instructions			_
8	Nurse Practi		9 Employer (See Instructions	)		
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID#:_ Kayongo, Tuesday  Contributor address; City; State; Zip Code  Land O Lakes, TX 34638			Amount of Contribution (\$) \$25.00	)
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		-
	Nurse Practi	ioner				_
	Date 07/30/2024	Full name of contributor out-of-state PAC (ID#:_ Kelley, Cheryl  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$50.00	)
		Sweetwater, TX 79556				
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	)		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_Kelly, Miranda  Contributor address; City; State; Zip Code  Spring, TX 77386			Amount of Contribution (\$) \$75.00	)
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	)		_
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_ Kennedy, Andrea  Contributor address; City; State; Zip Code  Round Rock, TX 78681			Amount of Contribution (\$) \$75.00	)
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	)		
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	MONET	ARY POLITICAL CONTRIB	UTIOI	NS		SCHEDULI	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete	this fo	rm.	1	Total pages Schedule A1: Sch: 34/65 Rpt: 38/72	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	ı Filers)
4	Date 09/17/2024	<ul> <li>Full name of contributor  out-of-state PA Kooper, Lauretta</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$75.00
	Dringing con	Cypress, TX 77433	اما	Employer (See Instructions			
0	Nurse Practi	pation / Job title (See Instructions) ioner	9	Employer (See Instructions	)		
	Date 09/08/2024	Full name of contributor out-of-state PAKouzel, Jeannine  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$50.00
	Principal occu	San Antonio, TX 78232 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	Nurse Practi			Employer (See manuchons	,		
	Date 09/06/2024	Full name of contributor out-of-state PA Krahn, Sharon  Contributor address; City; State; Zip Code	AC (ID#:	)		Amount of Contribution (\$)	\$50.00
		Bluegrove, TX 75254					
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 07/27/2024	Full name of contributor out-of-state PAKrueger, Cindy  Contributor address; City; State; Zip Code  San Antonio, TX 78247				Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 08/27/2024	Full name of contributor out-of-state PA Krueger, Cindy  Contributor address; City; State; Zip Code  San Antonio, TX 78247		)		Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 35/65 Rpt: 39/72	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	ı Filers)
4	Date 07/04/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$72.00
8	Principal occu	Van Cleck, TX 77482 pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Nurse Practi	ioner				
	Date 08/04/2024	Full name of contributor out-of-state PAC (ID Kucera, Jennifer  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$72.00
		Van Cleck, TX 77482				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Nurse Practi	ioner				
	Date 09/04/2024	Full name of contributor out-of-state PAC (ID Kucera, Jennifer  Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$72.00
		Van Cleck, TX 77482				
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	s)		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID Larson, Shelagh  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$75.00
		Fort Worth, TX 76109				
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions UNT	s)		
	Date 08/18/2024	Full name of contributor out-of-state PAC (ID Lee, April  Contributor address; City; State; Zip Code  Spring, TX 77389	)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> s)		
	Nurse Practi			•		
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	MONET	ARY POLITICAL CONTRIBUT	IONS			SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete thi	s form.		1	Total pages Schedule A1: Sch: 36/65 Rpt: 40/72	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	ı Filers)
4	Date 09/17/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$75.00
_		Bryan, TX 77808	1				
8	Nurse Practi	pation / Job title (See Instructions) ioner	9 1	nployer (See Instructions	5)		
	Date 09/07/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$35.00
	Principal occu	San Antonio, TX 78261 Dation / Job title (See Instructions)	Eı	mployer (See Instructions	<u> </u>		
	Nurse Practi	ioner					
	Date 07/25/2024	Full name of contributor out-of-state PAC (IE Lord, Sarah  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
		Austin, TX 78745					
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner	Eı	mployer (See Instructions	()		
	Date 08/05/2024	Full name of contributor out-of-state PAC (IE Lord, Sarah  Contributor address; City; State; Zip Code  Austin, TX 78745				Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Eı	mployer (See Instructions	5)		
	Date 09/05/2024	Full name of contributor out-of-state PAC (IE Lord, Sarah  Contributor address; City; State; Zip Code  Austin, TX 78745				Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Eı	mployer (See Instructions	i)		
			·				

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 37/65 Rpt: 41/72	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 09/06/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID# Love, Tierra</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$50.00
_	5	Grand Prairie, TX 75054	1	Ĺ		
8	Nurse Practit	pation / Job title (See Instructions) ioner	9 Employer (See Instructions	S)		
	Date 07/08/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Kerrville, TX 78028 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Nurse Practi	ioner				
	Date 07/10/2024	Full name of contributor out-of-state PAC (ID# Lux, Cathy  Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75220				
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 08/10/2024	Full name of contributor out-of-state PAC (ID# Lux, Cathy  Contributor address; City; State; Zip Code  Dallas, TX 75220	÷)	•	Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID# Lux, Cathy  Contributor address; City; State; Zip Code  Dallas, TX 75220			Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practit	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
			'			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	)NS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 38/65 Rpt: 42/72	
2	FILER NAME Texas Nurse	e Practitioners PAC			3	Filer ID (Ethics Commission 00070132	Filers)
4	Date 09/17/2024	<ul><li>Full name of contributor Lux, Cathy</li><li>Contributor address; City; St</li></ul>	out-of-state PAC (ID#:_ ate; Zip Code		7	Amount of Contribution (\$)	\$75.00
	Dringing Loggy	Dallas, TX 75220	<u> </u>	6 Employer (Coo Instructions	<u></u>		
8	Nurse Practi	pation / Job title (See Instructions tioner	)	9 Employer (See Instructions	5)		
	Date 09/06/2024	Full name of contributor Lyons, Julie Contributor address; City; St				Amount of Contribution (\$)	\$50.00
	Deinsinal assu	Richardson, TX 75082	<u>,                                      </u>	Faralous (Coo lastausticas	<u></u>		
	Nurse Practi	pation / Job title (See Instructions tioner	)	Employer (See Instructions	5)		
	Date 09/06/2024	Full name of contributor  Maldonado, Juliana  Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$35.00
		Keene, TX 76031					
	Principal occu Nurse Practi	pation / Job title (See Instructions tioner	)	Employer (See Instructions	5)		
	Date 09/17/2024	Full name of contributor Marrah-Pierson, Alicia Contributor address; City; St Pflugerville, TX 78660	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$75.00
	Principal occu Nurse Practi	pation / Job title (See Instructions tioner	)	Employer (See Instructions	<u>1</u> S)		
	Date 09/17/2024	Full name of contributor  Martinez, Aylene  Contributor address; City; St  Bastrop, TX 78602	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$75.00
	Principal occu Nurse Practi	pation / Job title (See Instructions tioner	)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 39/65 Rpt: 43/72	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 09/17/2024	<ul><li>5 Full name of contributor Martinez, Lizeth</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$75.00
_		San Benito, TX 78586	-		L		
8	Principal occu Nurse Practi	pation / Job title (See Instructions tioner	)	9 Employer (See Instructions	s)		
	Date 09/06/2024	Full name of contributor  Martinez, Tania  Contributor address; City; St.		)		Amount of Contribution (\$)	\$35.00
	Principal occu	Houston, TX 77006 pation / Job title (See Instructions	) [	Employer (See Instructions	<u> </u> s)		
	Nurse Practi	tioner					
	Date 07/27/2024	Full name of contributor  McArthur, Kimberly  Contributor address; City; St.	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Bovina, TX 79009					
	Principal occu Nurse Practi	pation / Job title (See Instructions tioner	)	Employer (See Instructions	s)		
	Date 08/27/2024	Full name of contributor McArthur, Kimberly Contributor address; City; St. Bovina, TX 79009		)		Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practi	pation / Job title (See Instructions		Employer (See Instructions	5)		
	Date 09/17/2024	Full name of contributor McCoy, Sandy Contributor address; City; St				Amount of Contribution (\$)	\$75.00
	Principal occu Nurse Practi	pation / Job title (See Instructions		Employer (See Instructions Baylor University Medic		Center	
	THE SET TO LET			Daylor Offiverally Ividuit	ai (	Como	

	MONET	ARY POLITICAL CONTRI	BUTION	IS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to compl	ete this for	m.	1	Total pages Schedule A1: Sch: 40/65 Rpt: 44/72	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	ı Filers)
4	Date 07/21/2024	<ul> <li>Full name of contributor  out-of-stat  McDonald, Susan</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	San Antonio, TX 78240 pation / Job title (See Instructions)	9	Employer (See Instructions	()		
Ü	Nurse Practi		ľ	Employer (See instructions	')		
	Date 07/29/2024	McDonald, Susan		)		Amount of Contribution (\$)	\$25.00
	Dringing age	San Antonio, TX 78240	1	Employer (See Instructions	<u></u>		
	Nurse Practi	pation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state  McDonald, Susan  Contributor address; City; State; Zip Code	e PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
		San Antonio, TX 78240					
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 08/29/2024	McDonald, Susan		)		Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 09/21/2024	McDonald, Susan				Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	s)		
			L				

	MONET	ARY POLITICAL CO	NTRIBUTION	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 41/65 Rpt: 45/72	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	Filers)
4	Date 09/07/2024	McDonald, Toni	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$35.00
Ω	Principal occu	Crockett, TX 75835  pation / Job title (See Instructions)	la l	Employer (See Instructions			
0	Nurse Practi		9	Employer (See instructions	')		
	Date 07/08/2024	Full name of contributor McDougall, Debbie Contributor address; City; State;				Amount of Contribution (\$)	\$25.00
	Dringing aggr	Boyd, TX 76023		Employer (See Instructions	_		
	Nurse Practi	pation / Job title (See Instructions) ioner		Employer (See Instructions	)		
	Date 08/08/2024	Full name of contributor McDougall, Debbie Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
		Boyd, TX 76023					
	Principal occu Nurse Practi	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/08/2024	Full name of contributor McDougall, Debbie Contributor address; City; State; Boyd, TX 76023	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 09/17/2024	Full name of contributor  McDougall, Debbie  Contributor address; City; State;  Boyd, TX 76023	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$75.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner		Employer (See Instructions	5)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 42/65 Rpt: 46/72	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 07/11/2024	<ul><li>5 Full name of contributor [McManus, Heather</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
_	Deireitad	Fort Worth, TX 76132	1.				
8	Nurse Practi	pation / Job title (See Instructions) tioner		9 Employer (See Instructions	5)		
	Date 07/19/2024	Full name of contributor [ Metzger, Robert Contributor address; City; Sta		)		Amount of Contribution (\$)	\$200.00
	Principal occu	Dallas, TX 75229 pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	Nurse Practi				,		
	Date 08/19/2024	Full name of contributor [ Metzger, Robert  Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$200.00
		Dallas, TX 75229					
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner		Employer (See Instructions	5)		
	Date 09/19/2024	Full name of contributor  Metzger, Robert  Contributor address; City; Sta  Dallas, TX 75229		)	•	Amount of Contribution (\$)	\$200.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/17/2024	Full name of contributor Miller, Valerie Contributor address; City; Sta Abilene, TX 79606	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$75.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner		Employer (See Instructions	5)		
			L				

	MONET	ARY POLITICAL C	CONTRIBUTIO	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 43/65 Rpt: 47/72	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	on Filers)
4	Date 09/17/2024	<ul><li>5 Full name of contributor Mitchell, Alison</li><li>6 Contributor address; City; Sta</li></ul>		)	7	Amount of Contribution (\$)	\$75.00
		Houston, TX 77035					
8	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner		9 Employer (See Instructions	s)		
	Date 09/17/2024	Full name of contributor  Moore, Carole  Contributor address; City; Sta		)		Amount of Contribution (\$)	\$75.00
	Principal occu	College Station, TX 77845 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Nurse Practi				,		
	Date 09/17/2024	Full name of contributor Moore, Yohantis Contributor address; City; Sta	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$75.00
		McKinney, TX 75071					
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner		Employer (See Instructions	5)		
	Date 09/08/2024	Full name of contributor Morales, Rosalinda Contributor address; City; Sta La Marque, TX 77568			•	Amount of Contribution (\$)	\$1,200.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner		Employer (See Instructions	5)		
	Date 09/07/2024	Full name of contributor Morrow, Karla Contributor address; City; Sta Corsicana, TX 75110	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$35.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner		Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRI	BUTION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to comple	ete this for	m.	1	Total pages Schedule A1: Sch: 44/65 Rpt: 48/72	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 09/17/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$75.00
_	Deignaignal	Taylor, TX 76574	ام	Faralous (Coo la structura tiera	<u></u>		
8	Nurse Practi	pation / Job title (See Instructions) ioner	9	Employer (See Instructions	5)		
	Date 07/29/2024	Mosley, Margaret  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$416.00
	Principal occu	Willis, TX 77318  pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Nurse Practi	ioner					
	Date 08/29/2024	Full name of contributor	e PAC (ID#:	)		Amount of Contribution (\$)	\$416.00
		Willis, TX 77318					
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 09/07/2024	Nash, Angela		)		Amount of Contribution (\$)	\$20.00
	Principal occu Nurse Practi	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/06/2024	Nathan, Athena		)		Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	s)		
			'				

	MONET	ARY POLITICAL C	ONTRIBUTIO	)NS	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this fo	orm	1.	1	Total pages Schedule A1: Sch: 45/65 Rpt: 49/72	
2	FILER NAME Texas Nurse	Practitioners PAC				3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 09/17/2024	<ul><li>5 Full name of contributor Natividad, Pedro</li><li>6 Contributor address; City; States</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$75.00
		El Paso, TX 79904-2429						
8	Principal occu Nurse practit	pation / Job title (See Instructions tioner	)		Employer (See Instructions Thomas Medical/Wellme			
	Date 09/06/2024	Full name of contributor  Neretina, Larisa  Contributor address; City; Sta					Amount of Contribution (\$)	\$35.00
	Principal occu	Plano, TX 75024 pation / Job title (See Instructions)	)		Employer (See Instructions	<u> </u> ;)		
	Nurse Practi		,			,		
	Date 07/29/2024	Full name of contributor Newton, Lisa Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code		)		Amount of Contribution (\$)	\$25.00
		Spring Branch, TX 78070						
	Principal occu Nurse Practi	pation / Job title (See Instructions)	)	E	Employer (See Instructions	5)		
	Date 09/07/2024	Full name of contributor  Nguyen, Jennifer  Contributor address; City; Sta			)		Amount of Contribution (\$)	\$300.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)	)	E	Employer (See Instructions	<u> </u> 5)		
	Date 09/17/2024	Full name of contributor Nors, Christy  Contributor address; City; Sta  West, TX 76691	out-of-state PAC (ID#:ate; Zip Code		)		Amount of Contribution (\$)	\$75.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)	)	E	Employer (See Instructions	5)		
			I					

	MONET	ARY POLITICAL CONTR		SCHEDULE A1			
	The Instru	ction Guide explains how to comp	olete this for	m.	1	Total pages Schedule A1: Sch: 46/65 Rpt: 50/72	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	on Filers)
4	Date 09/06/2024	<ul> <li>Full name of contributor  out-of-st</li> <li>Old Hudec, Laurita</li> <li>Contributor address; City; State; Zip Cod</li> </ul>			7	Amount of Contribution (\$)	\$1,200.00
0	Dringing Loon	Boerne, TX 78006	lo.	Employer (Con Instructions			
ð	Nurse Practi	pation / Job title (See Instructions) ioner	9	Employer (See Instructions	)		
	Date 07/04/2024	Ostrander, Peggy  Contributor address; City; State; Zip Cod		)		Amount of Contribution (\$)	\$175.00
	Principal occu	Plano, TX 75074  Dation / Job title (See Instructions)		Employer (See Instructions	)		
	Nurse Practi	ioner					
	Date 08/04/2024	Full name of contributor out-of-st Ostrander, Peggy  Contributor address; City; State; Zip Cod	tate PAC (ID#:			Amount of Contribution (\$)	\$175.00
		Plano, TX 75074					
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner		Employer (See Instructions	)		
	Date 09/04/2024	Ostrander, Peggy				Amount of Contribution (\$)	\$175.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	)		
	Date 09/17/2024	Ostrander, Peggy		)		Amount of Contribution (\$)	\$75.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	)		
			•				

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDUL	E <b>A1</b>	
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 47/65 Rpt: 51/72	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 09/07/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$50.00
0	Dringing aggu	East Bernard, TX 77435-8414	• Employer (Con Instructions			
0	Nurse Practi		9 Employer (See Instructions	)		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#: Owens Horelica, Amy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$75.00
	Principal occu	East Bernard, TX 77435-8414 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Nurse Practi			,		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#: Paul, Jacob Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$75.00
		Austin, TX 78735				
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/14/2024	Full name of contributor out-of-state PAC (ID#:_Peck, Jessica  Contributor address; City; State; Zip Code  Friendswood, TX 77546			Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) cioner	Employer (See Instructions	)		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#: Perez, Erin  Contributor address; City; State; Zip Code  Live Oak, TX 78233			Amount of Contribution (\$)	\$75.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) cioner	Employer (See Instructions	)		
		,				

	MONET	ARY POLITICAL CONTRI		SCHEDULE A1			
	The Instru	ction Guide explains how to compl	ete this for	m.	1	Total pages Schedule A1: Sch: 48/65 Rpt: 52/72	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 09/11/2024	<ul> <li>Full name of contributor  out-of-state  out-o</li></ul>		)	7	Amount of Contribution (\$)	\$100.00
Ω	Dringinal occu	Greenville, TX 75401 pation / Job title (See Instructions)	ا	Employer (See Instructions			
0	Nurse Practi		3	Employer (See instructions	)		
	Date 09/07/2024	Poole, Christie		)		Amount of Contribution (\$)	\$50.00
	Deinsinal assu	Cypress, TX 77433		Franks var (Cas kastrustis ra	<u></u>		
	Nurse Practi	pation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 09/17/2024	Full name of contributor out-of-state  Posey, Kimberly  Contributor address; City; State; Zip Code	te PAC (ID#:	)		Amount of Contribution (\$)	\$75.00
		Trophy Club, TX 76262					
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 08/24/2024	Potter, Christie		)		Amount of Contribution (\$)	\$150.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 09/06/2024	Preston, Leann				Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
			· · · · · · · · · · · · · · · · · · ·				

	MONET	ARY POLITICAL CONTRIB	BUTION	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete	e this for	m.	1	Total pages Schedule A1: Sch: 49/65 Rpt: 53/72	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	ı Filers)
4	Date 07/19/2024	<ul> <li>Full name of contributor  out-of-state F</li> <li>Puente, Rosalba</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$10.00
0	Dringing coou	Pharr, TX 78577	ام	Employer (See Instructions			
0	Nurse Practi	pation / Job title (See Instructions) ioner	g	Employer (See Instructions	')		
	Date 07/08/2024	Full name of contributor out-of-state F Quigley, Sharon Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$50.00
	Delicalisation	San Antonio, TX 78256	1	Formula van (O. a. la atomatica e	_		
	Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 08/08/2024	Full name of contributor out-of-state F Quigley, Sharon Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$50.00
		San Antonio, TX 78256					
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	)		
	Date 09/08/2024	Full name of contributor out-of-state F Quigley, Sharon Contributor address; City; State; Zip Code San Antonio, TX 78256				Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 09/06/2024	Full name of contributor out-of-state F Reid, Lisa Contributor address; City; State; Zip Code Dallas, TX 75243				Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CO		SCHEDULE A1			
	The Instruc	ction Guide explains how to	complete this for	n.	1	Total pages Schedule A1: Sch: 50/65 Rpt: 54/72	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 09/17/2024	Reid, Lisa	out-of-state PAC (ID#: Zip Code	)	7	Amount of Contribution (\$)	\$75.00
_	Delicational	Dallas, TX 75243	- In	Formula con (Construction of			
8	Nurse Practit	pation / Job title (See Instructions) cioner	9	Employer (See Instructions	)		
	Date 09/07/2024	Reitan, Rachel  Contributor address; City; State; 2				Amount of Contribution (\$)	\$300.00
	Principal occu	Wichita Falls, TX 76310 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Nurse Practi			, ,, (	,		
	Date 09/17/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code	)		Amount of Contribution (\$)	\$75.00
		Desoto, TX 75115					
	Principal occu Nurse Practit	pation / Job title (See Instructions) cioner		Employer (See Instructions	)		
	Date 09/08/2024	Full name of contributor				Amount of Contribution (\$)	\$200.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 09/17/2024	Rijos, Lexa	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$75.00
	Principal occu Nurse Practit	pation / Job title (See Instructions) cioner		Employer (See Instructions	)		
			1				

	MONET	ARY POLITICAL CONTRIBU		SCHEDUL	SCHEDULE A1		
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 51/65 Rpt: 55/72	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 09/06/2024	<ul> <li>Full name of contributor  out-of-state PAR  oberts, Tara</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$100.00
_	<u> </u>	Round Rock, TX 78665	- 1-	5 1 (0 1 1 1			
8	Nurse Practi	pation / Job title (See Instructions) ioner	9	Employer (See Instructions	5)		
	Date 07/21/2024	Full name of contributor  out-of-state PA  Rodriguez, Delores  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$10.00
	Principal occu	Laredo, TX 78043 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	Nurse Practi			Employer (See manuchons	')		
	Date 08/21/2024	Full name of contributor	C (ID#:	)		Amount of Contribution (\$)	\$10.00
		Laredo, TX 78043					
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 09/21/2024	Full name of contributor out-of-state PAR Rodriguez, Delores  Contributor address; City; State; Zip Code  Laredo, TX 78043	-	)		Amount of Contribution (\$)	\$10.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 09/08/2024	Full name of contributor out-of-state PAR Rodriguez Acosta, Carmela  Contributor address; City; State; Zip Code  Houston, TX 77007	C (ID#:			Amount of Contribution (\$)	\$35.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
			I				

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 52/65 Rpt: 56/72	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 09/17/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID# Roth, Amber</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$75.00
_	5	Amarillo, TX 79124	10 5 1 (0 1 1 1	<u> </u>		
8	Nurse Practi	oation / Job title (See Instructions) ioner	9 Employer (See Instructions	5)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID# Ruemmele, Kelly  Contributor address; City; State; Zip Code	:		Amount of Contribution (\$)	\$35.00
	Principal occu	Houston, TX 77059 pation / Job title (See Instructions)	Employer (See Instructions	s) 		
	Nurse Practi		Zimpioyor (eee meadeanis	-,		
	Date 09/08/2024	Full name of contributor out-of-state PAC (ID# Salinas, Aaron  Contributor address; City; State; Zip Code	:)	•	Amount of Contribution (\$)	\$75.00
		Edinburg, TX 78541				
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID# Salinas, Aaron  Contributor address; City; State; Zip Code  Edinburg, TX 78541		•	Amount of Contribution (\$)	\$75.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID# Salinas, Martha  Contributor address; City; State; Zip Code  Laredo, TX 78041	:)		Amount of Contribution (\$)	\$10.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			1			

	MONET	ARY POLITICAL CONTRIBUTION		E <b>A1</b>		
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 53/65 Rpt: 57/72	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 09/07/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID# Scalora, Cheryl</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Nacogdoches, TX 75961 pation / Job title (See Instructions)	9 Employer (See Instructions	,, 		
0	Nurse Practi		9 Employer (See Instructions	·)		
	Date 09/17/2024	Contributor address; City; State; Zip Code	:)	•	Amount of Contribution (\$)	\$75.00
	Principal occu	Nacogdoches, TX 75961 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Nurse Practi			,		
	Date 09/07/2024	Full name of contributor out-of-state PAC (ID# Schmidt, Kathryn  Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$100.00
		Round Rock, TX 78665				
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID# Shipe, Angela  Contributor address; City; State; Zip Code  Georgetown, TX 78628	:)		Amount of Contribution (\$)	\$75.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID# Short, Tammi  Contributor address; City; State; Zip Code  Longview, TX 75604	:)		Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
			•			

	MONET	ARY POLITICAL CONTRI	BUTION	IS 		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to comple	ete this for	m.	1	Total pages Schedule A1: Sch: 54/65 Rpt: 58/72	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 09/10/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$50.00
		Longview, TX 75604					
8	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner	9	Employer (See Instructions	5)		
	Date 09/07/2024	Smith, Kathryn				Amount of Contribution (\$)	\$35.00
	Principal occu	Belton, TX 76513 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Nurse Practi	ioner					
	Date 09/17/2024	Smith, Kerry		)		Amount of Contribution (\$)	\$75.00
		Canyon Lake, TX 78133					
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 09/06/2024	Smith, Tracey		)		Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 09/17/2024	Spees, Jason				Amount of Contribution (\$)	\$75.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	;)		
			I				

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 55/65 Rpt: 59/72	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 08/02/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$300.00
		Lubbock, TX 79413				
8	Principal occu Nurse Practi		9 Employer (See Instructions	)		
	Date 08/02/2024	Full name of contributor  ut-of-state PAC (ID#:_ Spiegelberg, Jessica Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$300.00
	Principal occu	Lubbock, TX 79413 pation / Job title (See Instructions)	Employer (See Instructions			
	Nurse Practi		Employer (See instructions	)		
	Date 07/07/2024	Full name of contributor  out-of-state PAC (ID#:_ St. Pierre, Diane Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00
		North Richland Hills, TX 76182				
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 08/07/2024	Full name of contributor out-of-state PAC (ID#:_ St. Pierre, Diane Contributor address; City; State; Zip Code  North Richland Hills, TX 76182			Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/07/2024	Full name of contributor out-of-state PAC (ID#:_ St. Pierre, Diane Contributor address; City; State; Zip Code  North Richland Hills, TX 76182			Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 56/65 Rpt: 60/72	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	ı Filers)
4	Date 07/28/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID# Stewart, Dovie</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$50.00
_	Deignigal	Freer, TX 78357	D. Faralayar (Can Instructions			
8	Nurse Practi	pation / Job title (See Instructions) ioner	9 Employer (See Instructions	5)		
	Date 08/28/2024	Contributor address; City; State; Zip Code	:)	•	Amount of Contribution (\$)	\$50.00
	Principal occu	Freer, TX 78357 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Nurse Practi		, ,,, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
	Date 07/25/2024	Full name of contributor out-of-state PAC (ID# Taylor, Kate  Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$25.00
		Fort Worth, TX 76109				
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 08/25/2024	Full name of contributor out-of-state PAC (ID# Taylor, Kate  Contributor address; City; State; Zip Code  Fort Worth, TX 76109	:)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 09/25/2024	Full name of contributor out-of-state PAC (ID# Taylor, Kate  Contributor address; City; State; Zip Code  Fort Worth, TX 76109	:)		Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
			•			

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instru	ction Guide explains how to com	nplete this for	m.	1	Total pages Schedule A1: Sch: 57/65 Rpt: 61/72		
2	FILER NAME Texas Nurse Practitioners PAC				3	Filer ID (Ethics Commission 00070132	n Filers)	
4	Date 09/17/2024			7	Amount of Contribution (\$)	\$75.00		
_		Waxahachie, TX 75167						
8	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner	9	Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:)  09/17/2024 Taylor, Lisa  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$75.00			
	Principal occu	Waxahachie, TX 75167  Dation / Job title (See Instructions)		Employer (See Instructions	<u> </u>			
	Nurse Practi	ioner						
	Date Full name of contributor out-of-state PAC (ID#:)  O9/07/2024 Terrell, Suzanne  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$300.00			
		Quitman, TX 75783						
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	)			
	Date 09/17/2024	Terrell, Suzanne		)		Amount of Contribution (\$)	\$75.00	
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	)			
	Date 09/17/2024	Thiem, Tuyen	-state PAC (ID#:	)		Amount of Contribution (\$)	\$75.00	
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	i)			
			•					

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 58/65 Rpt: 62/72	
2	FILER NAME Texas Nurse Practitioners PAC				Filer ID (Ethics Commission 00070132	n Filers)
4	Date 09/08/2024			7	Amount of Contribution (\$)	\$50.00
_	Deignaignal	Lake Jackson, TX 77566	O Familia var (Cara Instructiona			
8	Nurse Practi	pation / Job title (See Instructions) ioner	9 Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  09/17/2024 Thompson, Krysta  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$75.00	
	Principal occu	Lake Jackson, TX 77566 pation / Job title (See Instructions)	Employer (See Instructions	) 		
	Nurse Practi		Employer (eee meadelene	,		
	Date Full name of contributor out-of-state PAC (ID#:)  09/17/2024 Tijerina, Erik  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$75.00	
		Gun Barrel City, TX 75156				
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner	Employer (See Instructions	i)		
	Date 07/19/2024	Full name of contributor out-of-state PAC (ID#:_ Tiller, Sonja Contributor address; City; State; Zip Code Troup, TX 75789	)		Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	)		
	Date 08/19/2024	Full name of contributor out-of-state PAC (ID#:_ Tiller, Sonja Contributor address; City; State; Zip Code Troup, TX 75789			Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how t	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 59/65 Rpt: 63/72		
2	FILER NAME Texas Nurse Practitioners PAC				3	Filer ID (Ethics Commission 00070132	n Filers)	
4	Date 09/19/2024			7	Amount of Contribution (\$)	\$100.00		
		Troup, TX 75789	· ·					
8	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner	9	Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:)  09/06/2024 Tomberlin, Stacy  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00			
	Principal occu	Richardson, TX 75080 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)			
	Nurse Practi	tioner						
	Date Full name of contributor out-of-state PAC (ID#:) 07/27/2024 Tompkins, Meredith  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00			
		Austin, TX 78703						
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner		Employer (See Instructions	5)			
	Date 08/27/2024	Full name of contributor Tompkins, Meredith Contributor address; City; State Austin, TX 78703				Amount of Contribution (\$)	\$25.00	
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)			
	Date 09/08/2024	Full name of contributor Tsegay, Eden Contributor address; City; State Richardson, TX 75082	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00	
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner		Employer (See Instructions	5)			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 60/65 Rpt: 64/72	
2	FILER NAME Texas Nurse Practitioners PAC			3	Filer ID (Ethics Commission 00070132	ı Filers)
4	Date 09/17/2024			7	Amount of Contribution (\$)	\$75.00
_		Corpus Christi, TX 78418				
8	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner	9 Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  09/17/2024 Turner, Diane  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$75.00	
	Principal occu	Seguin, TX 78155 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Nurse Practi	ioner				
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_ Uzzell, Jennifer Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$75.00
		Magnolia, TX 77354-3528				
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner	Employer (See Instructions	i)		
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID#:_Valle, Christina  Contributor address; City; State; Zip Code  El Paso, TX 79932			Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	)		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_Vallie-Porter, Cheryl  Contributor address; City; State; Zip Code  Midland, TX 79707			Amount of Contribution (\$)	\$75.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	()		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how t	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 61/65 Rpt: 65/72		
2	FILER NAME Texas Nurse Practitioners PAC			3	Filer ID (Ethics Commission 00070132	Filers)		
4	Date 09/06/2024			7	Amount of Contribution (\$)	\$35.00		
_	Driveries also	Bulverde, TX 78163	12	). Faralas as (Cara kasta atica)				
8	Nurse Practi	pation / Job title (See Instructions) ioner		Employer (See Instructions	5)			
	Date  O9/17/2024  Full name of contributor out-of-state PAC (ID#:)  Vazquez, Terri  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$75.00			
	Principal occu	Bulverde, TX 78163 pation / Job title (See Instructions)		Employer (See Instructions	:) 			
	Nurse Practi			Employer (dee mandenone	''			
	Date 09/06/2024	Full name of contributor  Voegeli, Crystal  Contributor address; City; Stat	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$35.00	
		Orange, TX 77630						
	Principal occu Nurse Practi	pation / Job title (See Instructions) cioner		Employer (See Instructions	5)			
	Date 07/29/2024	Full name of contributor Wahlenmaier, Victoria Contributor address; City; Stat Burleson, TX 76028				Amount of Contribution (\$)	\$40.00	
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date 08/29/2024	Full name of contributor Wahlenmaier, Victoria Contributor address; City; Stat Burleson, TX 76028	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$40.00	
	Principal occu Nurse Practi	pation / Job title (See Instructions) cioner		Employer (See Instructions	s)			
			<u> </u>					

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1			
	The Instruc	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 62/65 Rpt: 66/72			
2	FILER NAME Texas Nurse Practitioners PAC				3	Filer ID (Ethics Commissio 00070132	n Filers)		
4	Date 09/07/2024			7	Amount of Contribution (\$)	\$25.00			
0	Dringing coou	Abbott, TX 76621	lo.	Employer (See Instructions	_				
0	Nurse Practit	pation / Job title (See Instructions) ioner	g	Employer (See Instructions	)				
	Date Full name of contributor out-of-state PAC (ID#:)  09/17/2024 Washburn, Carrie  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$75.00				
	Principal occu	Wichita Falls, TX 76310 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>				
	Nurse Practi	ioner							
	Date 09/07/2024	Full name of contributor out-of-state PAC Wellborn, Jacqueline Contributor address; City; State; Zip Code	C (ID#:			Amount of Contribution (\$)	\$300.00		
		Iredell, TX 76649							
	Principal occu Nurse Practit	pation / Job title (See Instructions) ioner		Employer (See Instructions	5)				
	Date 07/04/2024	Full name of contributor out-of-state PAC Weston, Cindy Contributor address; City; State; Zip Code Bryan, TX 77807		)		Amount of Contribution (\$)	\$50.00		
	Principal occu Nurse Practit	oation / Job title (See Instructions) ioner		Employer (See Instructions	)				
	Date 08/04/2024	Full name of contributor out-of-state PAC Weston, Cindy  Contributor address; City; State; Zip Code  Bryan, TX 77807				Amount of Contribution (\$)	\$50.00		
	Principal occu Nurse Practit	oation / Job title (See Instructions) ioner		Employer (See Instructions	i)				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 63/65 Rpt: 67/72		
2	FILER NAME Texas Nurse Practitioners PAC			3	Filer ID (Ethics Commission 00070132	ı Filers)		
4	Date 09/04/2024			7	Amount of Contribution (\$)	\$50.00		
_	Deireitad	Bryan, TX 77807	1.	2. Faralas and Constitution				
8	Nurse Practi	pation / Job title (See Instructions) tioner	,	9 Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:)  09/17/2024 Weston, Cindy  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$75.00			
	Principal occu	Bryan, TX 77807 pation / Job title (See Instructions)		Employer (See Instructions	;) 			
	Nurse Practi			Employer (See instructions	P)			
	Date Full name of contributor out-of-state PAC (ID#:) 07/01/2024 Williams, Shelia Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00			
		Tyler, TX 75706						
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date 08/01/2024	Full name of contributor Williams, Shelia Contributor address; City; Sta Tyler, TX 75706		)		Amount of Contribution (\$)	\$25.00	
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)			
	Date 09/01/2024	Full name of contributor [ Williams, Shelia Contributor address; City; Sta  Tyler, TX 75706	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00	
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	5)			
		<u> </u>						

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to complete	this fo	rm.	1	Total pages Schedule A1: Sch: 64/65 Rpt: 68/72		
2	FILER NAME Texas Nurse Practitioners PAC			3	Filer ID (Ethics Commission 00070132	ı Filers)		
4	Date 09/17/2024			7	Amount of Contribution (\$)	\$75.00		
_	Deignigal	Cypress, TX 77429	10	- Frankrige (Cook potrostions				
8	Nurse Practi	pation / Job title (See Instructions) ioner	g	Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:)  09/17/2024 Wimberly, Patricia  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$75.00			
	Principal occu	San Antonio, TX 78250 pation / Job title (See Instructions)		Employer (See Instructions	·)			
	Nurse Practi			Employer (See Instructions	·)			
	Date 07/26/2024	Full name of contributor out-of-state PA Wines, Kendall Contributor address; City; State; Zip Code	AC (ID#:	)		Amount of Contribution (\$)	\$25.00	
		Lubbock, TX 79424						
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date 08/26/2024	Full name of contributor out-of-state PA Wines, Kendall Contributor address; City; State; Zip Code  Lubbock, TX 79424		)	•	Amount of Contribution (\$)	\$25.00	
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	<u>s)</u>			
	Date 09/26/2024	Full name of contributor out-of-state PA Wines, Kendall Contributor address; City; State; Zip Code Lubbock, TX 79424				Amount of Contribution (\$)	\$25.00	
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)			
			1					

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDUL	E <b>A1</b>
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 65/65 Rpt: 69/72	
2	FILER NAME Texas Nurse Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 09/17/2024  5 Full name of contributor out-of-state PAC (ID#:) Womack, Diane 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$75.00	
8		McKinney, TX 75072  pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 09/08/2024	Full name of contributor out-of-state PAC (ID# Wong, Belinda  Contributor address; City; State; Zip Code  San Antonio, TX 78238			Amount of Contribution (\$)	\$35.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID# Wong, Belinda  Contributor address; City; State; Zip Code  San Antonio, TX 78238		•	Amount of Contribution (\$)	\$75.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner	Employer (See Instructions	5)		

# NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

	The Instruction Guide explains how to complete this form.			1	1 Total pages Schedule C4: Sch: 1/1 Rpt: 70/72		
2		P	ractitioners PAC	3	Filer ID 00070132	(Ethics Commission Filers)	
4		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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	,
1 Total pages Schedule F1:	
Sch: 1/2 Rpt: 71/72	Texas Nurse Practitioners PAC 00070132
4 Date	5 Payee name
08/09/2024	Candy Noble Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	1105 E Main Street #223
φ300.00	1103 E Maiii Stieet #223
Expenditure from	
corporate funds	Allen, TX 75002
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Sponsorship for local fundraiser.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<b>⊣</b>
Date	Douge name
	Payee name
09/23/2024	Lulu Flores Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 40969
Expenditure from corporate funds	Austin, TX 78704
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder (Political Committee)  Check if Austin, TX, officeholder living expense
	Sponsorship for local fundraiser.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	· ·
Date	Payee name
08/09/2024	Plesa for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 796311
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Expenditure from	Dellas TV 75240
corporate funds	Dallas, TX 75248
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Sponsorship for local fundraiser.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

Candidate/Officeholder/Politica Credit Card Payment	cal Committee Legal Services Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
·	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)
Sch: 2/2 Rpt: 72/72	Texas Nurse Practitioners PAC	00070132
4 Date	5 Payee name	
09/20/2024	Texas House Republican Caucus PAC	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2,500.00		
Ψ2,000.00	1.0. BOX 10000	
Expenditure from corporate funds	Austin, TX 78711	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	de of Texas. Complete Schedule T.
LAPENDITORE		officeholder living expense
	Sponsorship for a	annual fundraiser and retreat.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought DH	Office held
Date	Payee name	
08/09/2024	Texas Legislative Black Caucus	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,500.00	1108 Lavaca Street, Suite 110, PMB 171	
Expenditure from		
corporate funds	Austin, TX 78701	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE		de of Texas. Complete Schedule T.
LAFENDITORE	Garrandato/ Giriodricidoi/i Giriodri Gorininteso	officeholder living expense
	Contribution for 7	ΓLBC annual fundraiser.
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought OH	Office held