#### 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** 10/28/2024 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) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 09/27/2024 10/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Other Runoff 11/05/2024 χ General Special **GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME	DMMITTEE NAME 13					
Texas Nurse Practition	ers PAC		00070132			
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Greg Abbott G	overnor			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00		
	2. TOTAL POLITICA  (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	5,038.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00		
	4. TOTAL POLITICA	L EXPENDITURES	\$	57,500.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	72,360.85		
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00		
16 AFFIDAVIT			<u>'</u>			
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.				
		Mrs. Emil	y S. Eastin			
		Signature of Car	mpaign Treasເ	ırer		
AFFIX NOTARY	STAMP / SEAL ABOVE					
		, th	nis the	day		
of	_, 20, to certify	which, witness my hand and seal of office.				
Signature of officer ad	lministering oath	Printed name of officer administering oath	Title of office	cer administering oath		

### FORM GPAC ADDENDUM

Page 3 of 30

MMITTEE NAME as Nurse Practitione  MMITTEE IVITY  ach lists on plain er to complete this ort if necessary.)	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		ed	The Honorable [	Dan Patrick Lieu	13 Filer ID 00070132 utenant Govern	(Ethics Commission Fi	ilers)
MMITTEE TIVITY  ach lists on plain er to complete this	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	B. Oppose A. Support	ed	The Honorable I	Dan Patrick Liet		or	
TIVITY  ach lists on plain er to complete this	(Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders	B. Oppose A. Support	ed	The Honorable [	Dan Patrick Lieu	I utenant Govern	or	
er to complete this	(Describe by date and location of election and nature of issue.)  3. Officeholders	A. Support	ted					
	(Describe by date and location of election and nature of issue.)  3. Officeholders							
		B. Oppose	ed					
	(Identify by name or, if applicable, classify by party.)							
COMMITTEE 1. Candidates			ted	Rep. Todd Hunt	er State Penres	sentative		
IVITY	(Identify by name or, if applicable, classify by party.)		lou	rep. rodu ridiit	or State Repres	serialive		
ach lists on plain er to complete this ort if necessary.)		B. Oppose	ed					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Support	ted					
		B. Oppose	ed					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)							
MMITTEE IVITY	Candidates  (Identify by name or, if	A. Support	ted	Rep. James Fra	nk State Repre	sentative		
ach lists on plain er to complete this ort if necessary.)		B. Oppose	ed					
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### FORM GPAC ADDENDUM

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13 Filer ID (Ethics Commission Filers)	AME	12 COMMITTEE NAME		
00070132	ractitioners PAC	Texas Nurse Practition		
supported Rep. Candy Noble State Representative	Candidates (Identify by name or, if applicable, classify by party.)  A. Supporter  A. Supporter	14 COMMITTEE ACTIVITY		
pposed	e this	(Attach lists on plain paper to complete this report if necessary.)		
upported	Measures     (Describe by date and location of election and nature of issue.)  A. Supporte			
pposed	B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
supported Rep. Gary VanDeaver State Representative	Candidates A. Supporte	COMMITTEE 1. Candidates		
	(Identify by name or, if applicable, classify by party.)	ACTIVITY		
pposed	e this	(Attach lists on plain paper to complete this report if necessary.)		
upported	2. Measures (Describe by date and location of election and nature of issue.)  A. Supported			
pposed	B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
upported Rep. Senfronia Thompson State Representative		COMMITTEE ACTIVITY		
pposed	e this	(Attach lists on plain paper to complete this report if necessary.)		
upported	Measures     (Describe by date and location of election and nature of issue.)  A. Supporter			
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	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
upported	B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supporte  B. Opposed	paper to complete this		

### FORM GPAC ADDENDUM

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)	
	Texas Nurse Practitione	ers PAC			00070132		
1. Candidates ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  A. Supported Rep. Lacey Hull State Representative							
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)					
	COMMITTEE	1. Candidates	A. Supported	Rep. Cody Harris State Represe	entative		
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Nopi Gody Hamo Glate Nopioes	STREET S		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Greg Bonnen State Repre	sentative		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)					

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MMITTEE NAME  as Nurse Practitione  MMITTEE  TIVITY  ach lists on plain er to complete this ort if necessary.)	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		Rep. Caroline Harris Davila Sta	13 Filer ID (Ethics Commission Filers) 00070132 te Representative
MMITTEE TIVITY  ach lists on plain er to complete this	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	B. Opposed  A. Supported	Rep. Caroline Harris Davila Sta	
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er to complete this	(Describe by date and location of election and nature of issue.)  3. Officeholders	A. Supported		
	(Describe by date and location of election and nature of issue.)  3. Officeholders			
		B. Opposed		
	Assisted (Identify by name or, if applicable, classify by party.)			
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ach lists on plain er to complete this ort if necessary.)		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.)			
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ach lists on plain er to complete this ort if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
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						1 ago 1 01 00	
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)	
	Texas Nurse Practitione	ers PAC			00070132		
1. Candidates ACTIVITY A. Supported Rep. Donna Howard State Representative A. Supported Rep. Donna Howard State Representative							
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)					
	COMMITTEE	1. Candidates	A. Supported	Rep. Dennis Paul State Repres	entative		
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Nop. Bonnie i dai Glate Nop. ee	omanvo		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Sen. Bryan Hughes State Sena	tor		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)					
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ers PAC			13 Filer ID	(Ethics Commission Filers)
are PAC				
13176			00070132	
1. Candidates (Identify by name or, if applicable, classify by party.)		Sen. Charles Perry State Senate	or	
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
Candidates     (Identify by name or, if applicable, classify by party.)		Sen. Carol Alvarado State Sena	tor	
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
Candidates     (Identify by name or, if	A. Supported	Sen. Kevin Sparks State Senato	or	
	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 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 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 applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  3. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Opposed  3. Opposed  3. Opposed  3. Opposed	(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  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.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  4. Supported Sen. Kevin Sparks State Senator (Describe by date and location of election and nature of issue.)  B. Opposed  5. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  6. Supported Sen. Kevin Sparks State Senator (Describe by date and location of election and nature of issue.)  B. Opposed	(dentity by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and nature of Issue.)  B. Opposed  3. Officeholders Assisted (Identity by name or, if applicable, classify by party.)  B. Opposed  A. Supported Sen. Carol Alvarado State Senator (Identity by name or, if applicable, classify by party.)  B. Opposed  A. Supported Sen. Carol Alvarado State Senator (Identity by name or, if applicable, classify by party.)  B. Opposed  A. Supported Sen. Carol Alvarado State Senator (Identity by name or, if applicable, classify by party.)  B. Opposed  A. Supported Sen. Kevin Sparks State Senator (Identity by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identity by name or, if applicable, classify by party.)  B. Opposed  A. Supported Sen. Kevin Sparks State Senator (Identity by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identity by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identity by name or, if applicable, classify by party.)  B. Opposed

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12 COMMITTE	E NAME					13 Filer ID	(Ethics Commission Filers)
Texas Nurs	se Practitione	ers PAC				00070132	
14 COMMITTE ACTIVITY	Ξ	Candidates (Identify by name or, if applicable, classify by party.)		Sen. Mayes Middleton	State Ser	nator	
(Attach lists paper to con report if nec	nplete this		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE 1. Candidates			A. Supported	Sen. Lois Kolkhorst Sta	ate Senato	or	
ACTIVITY		(Identify by name or, if applicable, classify by party.)					
(Attach lists paper to con report if nec	nplete this		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.)					
COMMITTE ACTIVITY	Ē	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Sen. Tan Parker State S	Senator		
(Attach lists paper to con report if neco	nplete this		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.)					

### **SUBTOTALS - GPAC**

# FORM **GPAC**COVER SHEET PG 3

					10 of 30
<b>17</b> CO	MMITTE	EE NAME	18 Filer ID	(Ethics Commi	ssion Filers)
Te	xas Nu	rse Practitioners PAC	00070132		,
10 SC	HEDIIII	E SUBTOTALS			
l		SCHEDULE		SUBTOTA	AL AMOUNT
IN/A	IVIL OI	SCHEDOLL			
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,838.00
				4	0,000.00
				1.	
2.	Ш	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
				-	
4.	П	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	)R	\$	
		ORGANIZATION		<u> </u>	
-	$\Box$	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR		
5.	Ш	LABOR ORGANIZATION		\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
				<del> </del>	
7.	X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	1,200.00
		ORGANIZATION		ļ -	•
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (			
0.	Ш	SCHEDOLE D. FLEDGED CONTRIBOTIONS FROM CORPORATION OR LABOR (	JRGANIZATION	\$	
9.	Ш	SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	57,500.00
11.	П	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
	Ш			۳	
- 10			2010		
12.	Ш	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
				-	
14.	П	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
	Ш				
15	$\Box$	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED		
15.	Ш	TO FILER		\$	
				<u> </u>	
l					

	MONET	ARY POLITICAL CONTRIB	UTION	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete	this for	rm.	1	Total pages Schedule A1: Sch: 1/11 Rpt: 11/30	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 10/09/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Richmond, TX 77407 pation / Job title (See Instructions)	١٩	Employer (See Instructions			
Ŭ	Nurse Practi			Employer (See mondelions	,		
	Date 10/20/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78748 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Nurse Practi			Employer (dee manuchorie	"		
	Date Full name of contributor out-of-state PAC (ID#:)  10/15/2024 Alvarez, Hector  Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$25.00	
		Brownsville, TX 78526					
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
Date 10/16/2024		Full name of contributor out-of-state PAC (ID#:)  Blanco, Christina  Contributor address; City; State; Zip Code  El Paso, TX 79912			Amount of Contribution (\$)	\$65.00	
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> s)		
	Date 10/11/2024	Full name of contributor out-of-state Parooks, Vicki  Contributor address; City; State; Zip Code  Mineral Wells, TX 76067		)		Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	s)		
			L_				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/11 Rpt: 12/30	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 10/08/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$200.00
8	Principal occur	Fort Worth, TX 76148 pation / Job title (See Instructions)	9 Employer (See Instructions	)		
Ŭ	Nurse Practit		Employer (See moductions	,		
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:_ Cain, Patience Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$75.00
	Principal occur	San Antonio, TX 78230 pation / Job title (See Instructions)	Employer (See Instructions			
	Nurse Practi		Employer (See manucuons	,		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$50.00
		Arlington, TX 76005				
	Principal occu Nurse Practit	oation / Job title (See Instructions) ioner	Employer (See Instructions	)		
	Date 09/29/2024	Full name of contributor out-of-state PAC (ID#:_Carver, Lea Ann  Contributor address; City; State; Zip Code  Fair Oaks Ranch, TX 78015			Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	)		
	Date 10/07/2024	Full name of contributor out-of-state PAC (ID#:_Chapman, Barbara  Contributor address; City; State; Zip Code  Richardson, TX 75082			Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how t	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/11 Rpt: 13/30	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	ı Filers)
4	Date 10/07/2024	<ul><li>5 Full name of contributor Clements, Kristine</li><li>6 Contributor address; City; State</li></ul>			7	Amount of Contribution (\$)	\$50.00
_	5	Spring, TX 77373	1.		_		
8	Nurse Practi	pation / Job title (See Instructions) tioner		9 Employer (See Instructions	5)		
	Date 09/29/2024	Full name of contributor  Crook, Debra  Contributor address; City; Stat				Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Nurse Practi	tioner					
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$50.00	
		Austin, TX 78759					
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner		Employer (See Instructions	5)		
	Date 09/27/2024	Full name of contributor  Davidson, Carol  Contributor address; City; Stat  Loving, TX 76460		)		Amount of Contribution (\$)	\$10.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	<u>I</u> S)		
	Date 10/06/2024	Full name of contributor  Dean, Bridgett  Contributor address; City; State  Meyersville, TX 77974				Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner		Employer (See Instructions	5)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 4/11 Rpt: 14/30	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	Filers)
4	Date 10/22/2024	<ul> <li>Full name of contributor</li></ul>	_	7	Amount of Contribution (\$)	\$25.00
_	Dringing Loon	Pflugerville, TX 78660	Employer (See Instructions			
8	Nurse Practi	pation / Job title (See Instructions) ioner	9 Employer (See Instructions	•)		
	Date 10/22/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	San Antonio, TX 78249  pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Nurse Practi	ioner				
	Date 09/29/2024	Full name of contributor out-of-state PAC (ID#: Flint, Juanita  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$60.00
		Plano, TX 75075				
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	()		
	Date 10/04/2024	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 Practit	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#: Garcia, Martha Contributor address; City; State; Zip Code Harlingen, TX 78550			Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	i)		
			1			

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 5/11 Rpt: 15/30	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 10/10/2024	<ul> <li>Full name of contributor  out-of-state PAC (         Gigliotti, Elizabeth</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$60.00
_	Deinsinal	Katy, TX 77494	D. Familian (Conduction			
8	Nurse Practi	pation / Job title (See Instructions) ioner	9 Employer (See Instructions	S)		
	Date 09/28/2024	Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78734 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
Nurse Practitioner						
	Date 09/29/2024	Full name of contributor out-of-state PAC ( Hendrick, Blaine  Contributor address; City; State; Zip Code	(ID#:)	•	Amount of Contribution (\$)	\$50.00
		McAllen, TX 78504				
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	s)		
	Date 10/04/2024	Full name of contributor out-of-state PAC (Hicks, Tracy  Contributor address; City; State; Zip Code  Henderson, TX 75652	(ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	s)		
	Date 10/24/2024	Full name of contributor out-of-state PAC ( Hodge, Deborah  Contributor address; City; State; Zip Code  Houston, TX 77077	(ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	s)		
			•			

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 6/11 Rpt: 16/30		
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 10/07/2024			7	Amount of Contribution (\$)	\$300.00	
_	5	Lubbock, TX 79423	, I		_		
8	Nurse Practi	pation / Job title (See Instructions tioner	)	9 Employer (See Instructions	5)		
	Date 10/08/2024	Full name of contributor Holder, Amy Contributor address; City; St		)		Amount of Contribution (\$)	\$25.00
	Principal occu	Ponder, TX 76259 pation / Job title (See Instructions	)	Employer (See Instructions	<u></u>		
Nurse Practitioner							
	Date 09/27/2024	Full name of contributor Krueger, Cindy Contributor address; City; St		)		Amount of Contribution (\$)	\$50.00
		San Antonio, TX 78247					
	Principal occu Nurse Practi	pation / Job title (See Instructions tioner	)	Employer (See Instructions	s)		
	Date 10/04/2024	Full name of contributor Kucera, Jennifer Contributor address; City; St Van Cleck, TX 77482				Amount of Contribution (\$)	\$72.00
	Principal occu Nurse Practi	pation / Job title (See Instructions	)	Employer (See Instructions	<u>I</u> S)		
	Date 10/05/2024	Full name of contributor Lord, Sarah Contributor address; City; St Austin, TX 78745	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	pation / Job title (See Instructions tioner	)	Employer (See Instructions	5)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E <b>A1</b>		
	The Instru	ction Guide explains how t	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 7/11 Rpt: 17/30	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 10/10/2024	<ul><li>5 Full name of contributor [Lux, Cathy</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#: te; Zip Code	)	7	Amount of Contribution (\$)	\$100.00
_	Deinsinal assu	Dallas, TX 75220	1,	. Familia de l'Oca la structiona	<u></u>		
8	Nurse Practi	pation / Job title (See Instructions) tioner		Employer (See Instructions	5)		
	Date 09/27/2024	Full name of contributor  McArthur, Kimberly  Contributor address; City; Stat				Amount of Contribution (\$)	\$100.00
	Principal occu	Bovina, TX 79009		Employer (See Instructions	·/_		
Principal occupation / Job title (See Instructions)  Nurse Practitioner  Employer (See Instructions)							
	Date 09/29/2024	Full name of contributor [ McDonald, Susan  Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$25.00
		San Antonio, TX 78240					
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner		Employer (See Instructions	5)		
	Date 10/21/2024	Full name of contributor  McDonald, Susan  Contributor address; City; Stat  San Antonio, TX 78240		)		Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner		Employer (See Instructions	5)		
	Date 10/19/2024	Full name of contributor  Metzger, Robert  Contributor address; City; Stat  Dallas, TX 75229	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$200.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner		Employer (See Instructions	s)		
			1				

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 8/11 Rpt: 18/30		
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 09/29/2024	Mosley, Margaret	f-state PAC (ID#:		7	Amount of Contribution (\$)	\$416.00
_	5	Willis, TX 77318		5 1 (0 1 : : :			
8	Nurse Practi	pation / Job title (See Instructions) ioner	9	Employer (See Instructions	5)		
	Date 10/07/2024	Full name of contributor out-o Nash, Angela Contributor address; City; State; Zip C		)		Amount of Contribution (\$)	\$20.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				<u>)</u>			
Nurse Practitioner				_			
	Date 10/04/2024	Full name of contributor out-or Ostrander, Peggy  Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$175.00
		Plano, TX 75074					
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 10/06/2024	Preston, Leann		)		Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 10/08/2024	Quigley, Sharon	f-state PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
			<b>'</b>				

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			n.	1	Total pages Schedule A1: Sch: 9/11 Rpt: 19/30	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 10/06/2024	Reid, Lisa	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$25.00
_	Deinsinal assu	Dallas, TX 75243	lo.	Franksian (Caa Instructions			
8	Nurse Practi	pation / Job title (See Instructions) cioner	9	Employer (See Instructions	)		
	Date 10/08/2024	Richburg, Melanie  Contributor address; City; State; 2				Amount of Contribution (\$)	\$200.00
	Principal occu	Lubbock, TX 79423 pation / Job title (See Instructions)		Employer (See Instructions	)		
Nurse Practitioner							
	Date 10/21/2024	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
		Laredo, TX 78043					
	Principal occu Nurse Practi	pation / Job title (See Instructions) cioner		Employer (See Instructions	)		
	Date 10/07/2024	Full name of contributor				Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 09/28/2024	Stewart, Dovie	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) cioner		Employer (See Instructions	)		

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS 		SCHEDULI	E A1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/11 Rpt: 20/30	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	ı Filers)
4	Date 10/08/2024	<ul><li>5 Full name of contributor Thompson, Krysta</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_ tate; Zip Code	,	7	Amount of Contribution (\$)	\$50.00
		Lake Jackson, TX 77566					
8	Principal occu Nurse Practi	pation / Job title (See Instruction: tioner	5)	9 Employer (See Instructions	s)		
	Date 09/27/2024	Full name of contributor Tompkins, Meredith  Contributor address; City; S			•	Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	Austin, TX 78703  pation / Job title (See Instruction:	5)	Employer (See Instructions	<u> </u> s)		
	Date 10/14/2024	Full name of contributor Turner, Robert Contributor address; City; S		)		Amount of Contribution (\$)	\$10.00
	Principal occu Nurse Practi	Fairview, OK 73737 pation / Job title (See Instruction: tioner	5)	Employer (See Instructions	<u> </u> s)		
	Date 09/29/2024	Full name of contributor Wahlenmaier, Victoria Contributor address; City; S Burleson, TX 76028				Amount of Contribution (\$)	\$40.00
	Principal occu Nurse Practi	pation / Job title (See Instruction: tioner	5)	Employer (See Instructions	5)		
	Date 10/07/2024	Full name of contributor Wallace, Ashley Contributor address; City; S Abbott, TX 76621	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	pation / Job title (See Instruction: tioner	5)	Employer (See Instructions	5)		
				1			

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE	<b>A1</b>
	The Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 11/11 Rpt: 21/30	
2	FILER NAME Texas Nurse Practitioners PAC	3	Filer ID (Ethics Commission F 00070132	ilers)
4	Date 10/07/2024  5 Full name of contributor out-of-state PAC (ID#:	7	Amount of Contribution (\$)	\$300.00
	Iredell, TX 76649  Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)	tructions)		
8	Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  Nurse Practitioner	iructions)		
	Date Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$50.00
	Bryan, TX 77807			
	Principal occupation / Job title (See Instructions)  Nurse Practitioner  Employer (See Instructions)	tructions)		
	Date Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$25.00
	Principal occupation / Job title (See Instructions)  Nurse Practitioner  Employer (See Instructions)	tructions)		

# NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 22/30 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Nurse Practitioners PAC 00070132 4 Date 5 Corporation / Labor Organization name 6 Amount (\$) 1,200.00 10/01/2024 **Texas Nurse Practitioners**

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/8 Rpt: 23/30	Texas Nurse Practitioners PAC 00070132
4 Date	5 Payee name
09/27/2024	Bryan Hughes for Texas Senate
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code PO Box 450
Expenditure from corporate funds	Mineola, TX 75773
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	General election campaign contribution.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/27/2024	Candy Noble Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1105 E Main Street #223
Expenditure from corporate funds	Allen, TX 75002
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	General election campaign contribution.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/27/2024	Carol Alvarado Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 230842
. ,	
Expenditure from corporate funds	Houston, TX 77223
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	General election campaign contribution.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

### 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

Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/8 Rpt: 24/30	Texas Nurse Practitioners PAC 00070132
4 Date	5 Payee name
09/27/2024	Caroline Harris Davila for State Repesentative
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 700
Expenditure from	
corporate funds	Round Rock, TX 78680
8 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 General election campaign contribution.
	General election campaign contribution.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	
Date 09/27/2024	Payee name Charles Parry Campaign
	Charles Perry Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	P.O. Box 94806
Expenditure from	
corporate funds	Lubbock, TX 79493
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	General election campaign contribution.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
09/27/2024	Cody Harris for State Representative
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	1007 N. Mallard St.
Ψ1,300.00	1007 N. Manara St.
Expenditure from corporate funds	Palestine, TX 75801
·	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	General election campaign contribution.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

### 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal marian Calcadida F1.	
Total pages Schedule F1: Sch: 3/8 Rpt: 25/30	2 FILER NAME Texas Nurse Practitioners PAC
4 Date	5 Payee name
09/27/2024	Cody Vasut Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 2724
Expenditure from	77516
corporate funds	Angleton, TX 77516
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	General election campaign contribution.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/27/2024	Dennis Paul Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 75190
·	
Expenditure from corporate funds	Houston, TX 77234
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	General election campaign contribution.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/27/2024	Donna Howard Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	PO Box 5375
Ψ1,500.00	1 O BOX 3313
Expenditure from	Avertica TV 70700
corporate funds	Austin, TX 78763
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	General election campaign contribution.
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
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### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 4/8 Rpt: 26/30	Texas Nurse Practitioners PAC 00070132
4 Date	5 Payee name
09/27/2024	Gary VanDeaver Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 866
Expenditure from corporate funds	New Boston, TX 75570
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8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	General election campaign contribution.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/27/2024	Greg Bonnen Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 1183
Expenditure from	
corporate funds	Friendswood, TX 77549
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVDENDITUDE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	General election campaign contribution.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	•
Date	Payee name
09/27/2024	James Frank Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1206 Hatton Road
Ψ1,000.00	1200 Hatton Noda
Expenditure from	
corporate funds	Wichita Falls, TX 76302
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	General election campaign contribution.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	•
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### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/8 Rpt: 27/30	Texas Nurse Practitioners PAC 00070132
4 Date	5 Payee name
09/27/2024	Kevin Sparks Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	2600 Mockingbird Ln.
Expenditure from corporate funds	Midland, TX 79705
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee General election campaign contribution.
	General election campaign contribution.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/27/2024	Lacey Hull Campaign
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Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 19231
Expenditure from corporate funds	Houston, TX 77224
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	General election campaign contribution.
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/27/2024	Lois Kolkhorst Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	P.O. Box 2546 Brenham
Expenditure from corporate funds	Brenham, TX 77834
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	General election campaign contribution.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<del>1</del>

### 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	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: 6/8 Rpt: 28/30	Texas Nurse Practitioners PAC 00070132
4 Date	5 Payee name
09/27/2024	Mary Gonzalez Campaign
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code PO Box 450
Expenditure from corporate funds	Clint, TX 79836
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
ZA ZHBITORZ	Candidate/Officeholder/Political Committee
	General election campaign contribution.
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/27/2024	Mayes Middleton for Texas Senate
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P.O Box 1526
Expenditure from corporate funds	Galveston, TX 77553
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
L/II LIIDII GILL	Candidate/Officeholder/Political Committee
	General election campaign contribution.
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/27/2024	Mexican-American Legislative Caucus
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1108 Lavaca Street, Suite 110-351
Expenditure from corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
ZA ZHBITORZ	Candidate/Officeholder/Political Committee
	Contribution for caucus event.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense Travel in District Travel Out of District

Solicitation/Fundraising Expense

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/8 Rpt: 29/30 Texas Nurse Practitioners PAC 00070132 4 Date Payee name Senfronia Thompson Campaign 09/27/2024 Amount (\$) Payee address; City; State; Zip Code \$1,000.00 4828 Loop Central Dr. #600 Expenditure from Houston, TX 77081 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee General election campaign contribution. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/01/2024 Tan Parker Campaign Amount (\$) Payee address; City; State; Zip Code \$1,000.00 P.O. Box 271741 Expenditure from Flower Mound, TX 75027-1741 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee General election campaign contribution. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/27/2024 Texans for Dan Patrick Amount (\$) Payee address: City: State; Zip Code \$10,000.00 PO Box 685085 Expenditure from corporate funds Austin, TX 78768 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee General election campaign contribution. Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Com

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 8/8 Rpt: 30/30	2 FILER NAME Texas Nurse Practitioners PAC  3 Filer ID (Ethics Commission Filers) 00070132
4 Date 09/27/2024 6 Amount (\$)	5 Payee name Texans for Greg Abbott 7 Payee address; City; State; Zip Code
\$10,000.00  Expenditure from corporate funds	P.O. BOX 308  Austin, TX 78767
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  General election campaign contribution.
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date 09/27/2024 Amount (\$)	Payee name Todd Hunter Campaign Payee address; City; State; Zip Code
\$1,500.00	445 Cape Henry Dr.
Expenditure from corporate funds	Corpus Christi, TX 78412
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  General election campaign contribution.
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held