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** 01/15/2025 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** 10/27/2024 12/31/2024 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		-	13 Filer ID	(Ethics Commission Filers)
Texas Nurse Practiti	oners PAC		00070132	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Sen. Sarah Eckhardt State Ser	nator	
(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.)			
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	10,452.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	5,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	34,349.23
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 inform under Title 15, Election Code.		
		Mrs. Emily	/ S. Eastin	
		Signature of Can	npaign Treasur	er
AFFIX NOTA	ARY STAMP / SEAL ABOVE			
		, th	is the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of office	r administering oath	Printed name of officer administering oath	Title of office	er administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 3 of 30

12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Nurse Practitione	ers PAC			00070132	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Mark Dorazio State Repres	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			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Sen. Adam Hinojosa State Sena	ator	
	(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 ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Erin Zwiener State Repres	entative	
	(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.)				

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

		4 of 30
17 COMMITTEE NAME Texas Nurse Practitioners PAC	18 Filer ID 00070132	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 8,052.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIB	UTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORA ORGANIZATION	TION OR LABOR	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FR	OM CORPORATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION O	R LABOR ORGANIZATION	\$
7. X SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION	ON OR LABOR	\$ 2,400.00
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION	IN OR LABOR ORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CO	ONTRIBUTIONS	\$ 5,500.00
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL	_ CONTRIBUTIONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL	. CONTRIBUTIONS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CON TO FILER	ITRIBUTIONS RETURNED	\$

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULI	SCHEDULE A1	
	The Instruc	tion Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 1/23 Rpt: 5/30	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 12/03/2024	 Full name of contributor out-of-state PAC (II Adell, Shekofeh Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$25.00
0	Dringing occur	Nacogdoches, TX 75965 pation / Job title (See Instructions)	Employer (See Instruction			
0	Nurse Practi		9 Employer (See Instructions	5)		
	Date 11/09/2024	Full name of contributor out-of-state PAC (II Aghimien, Amenze Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$25.00
	Principal occur	Richmond, TX 77407 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Nurse Practit		Employer (See mondedons	٥,		
	Date 12/09/2024	Full name of contributor out-of-state PAC (III Aghimien, Amenze Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$25.00
		Richmond, TX 77407				
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	s)		
	Date 11/20/2024	Full name of contributor out-of-state PAC (II Alleman, Monica Contributor address; City; State; Zip Code Austin, TX 78748	D#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practit	oation / Job title (See Instructions) ioner	Employer (See Instructions	s)		
	Date 12/20/2024	Full name of contributor out-of-state PAC (II Alleman, Monica Contributor address; City; State; Zip Code Austin, TX 78748	D#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practit	oation / Job title (See Instructions) ioner	Employer (See Instructions	s)		
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	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE A1		
	The Instru	ction Guide explains how to complete thi	is form.	1	Total pages Schedule A1: Sch: 2/23 Rpt: 6/30	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commissio 00070132	n Filers)
4	Date 11/16/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$65.00
_	Deignaignal	El Paso, TX 79912	O. Francisco (Coo Instruction			
8	Nurse Practi	pation / Job title (See Instructions) ioner	9 Employer (See Instruction:	S)		
	Date 12/16/2024	Full name of contributor out-of-state PAC (I Blanco, Christina Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$65.00
	Dringing agg	El Paso, TX 79912	Employer (See Instruction			
	Nurse Practi	pation / Job title (See Instructions) ioner	Employer (See Instructions	S)		
	Date 11/11/2024	Full name of contributor out-of-state PAC (I Brooks, Vicki Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$100.00
		Mineral Wells, TX 76067				
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner	Employer (See Instruction:	s)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (I Brooks, Vicki Contributor address; City; State; Zip Code Mineral Wells, TX 76067	D#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instruction:	s)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (I Brozek, Vaughn Contributor address; City; State; Zip Code Fort Worth, TX 76148	D#:)		Amount of Contribution (\$)	\$200.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instruction	s)		
			•			

	MONET	ARY POLITICAL CONTR		SCHEDULE A1			
	The Instruc	ction Guide explains how to compl	ete this for	m.	1	Total pages Schedule A1: Sch: 3/23 Rpt: 7/30	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 12/08/2024	 Full name of contributor out-of-star out-o)	7	Amount of Contribution (\$)	\$200.00
8	Principal occu	Fort Worth, TX 76148 pation / Job title (See Instructions)	9	Employer (See Instructions) 		
Ŭ	Nurse Practi			Employer (See mandedons	',		
	Date 11/08/2024	Cain, Patience				Amount of Contribution (\$)	\$75.00
	Deinsinal assu	San Antonio, TX 78230	-	Empleyer (Cook both satisfies	<u></u>		
	Nurse Practi	pation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 12/08/2024	Cain, Patience)		Amount of Contribution (\$)	\$75.00
		San Antonio, TX 78230					
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 11/03/2024	Carter-Griffin, Essence				Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 10/29/2024	Carver, Lea Ann				Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
			L				

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE	LE A1	
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/23 Rpt: 8/30	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	Filers)
4	Date 11/29/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
_		Fair Oaks Ranch, TX 78015				
8	Nurse Practi		9 Employer (See Instructions)		
	Date 12/29/2024	Full name of contributor out-of-state PAC (ID#:_ Carver, Lea Ann Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Nurse Practi	ioner				
	Date 11/05/2024	Full name of contributor out-of-state PAC (ID#: Cawi, Irene Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Midland, TX 79711				
	Principal occu Nurse Practi	pation / Job title (See Instructions) cioner	Employer (See Instructions)		
	Date 11/07/2024	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	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/07/2024	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	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CON		SCHEDUL	E A1		
	The Instruc	ction Guide explains how to co	omplete this for	m.	1	Total pages Schedule A1: Sch: 5/23 Rpt: 9/30	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 11/07/2024	 5 Full name of contributor out Clements, Kristine 6 Contributor address; City; State; Zip)	7	Amount of Contribution (\$)	\$50.00
_	5	Spring, TX 77373	- In		<u></u>		
8	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner	9	Employer (See Instructions	5)		
	Date 12/07/2024	Full name of contributor out Clements, Kristine Contributor address; City; State; Zip Spring, TX 77373	-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Nurse Practi	ioner					
	Date 11/26/2024	Full name of contributor out Cook, Jeannie Contributor address; City; State; Zip	-of-state PAC (ID#:) Code			Amount of Contribution (\$)	\$100.00
		Plano, TX 75023					
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 12/26/2024	Cook, Jeannie)		Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/29/2024	Crook, Debra	-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		

	MONET	MONETARY POLITICAL CONTRIBUTIONS					■ A1
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 6/23 Rpt: 10/30	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	ı Filers)
4	Date 11/29/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$50.00
_	Dringing Loon	Freeport, TX 77541	ام	Employer (Coo Instructions	<u></u>		
8	Nurse Practi	pation / Job title (See Instructions) ioner	l ⁹	Employer (See Instructions	5)		
	Date 12/29/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	Freeport, TX 77541 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Nurse Practi	ioner					
	Date 11/08/2024	Full name of contributor out-of-state PAG Cullers, Justin Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Austin, TX 78759					
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 12/08/2024	Full name of contributor out-of-state PAGE Cullers, Justin Contributor address; City; State; Zip Code Austin, TX 78759	-)		Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 11/06/2024	Full name of contributor out-of-state PAG Dean, Bridgett Contributor address; City; State; Zip Code Meyersville, TX 77974)		Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
			L				

	MONET	ARY POLITICAL CONTRIBUTI		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 7/23 Rpt: 11/30	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	ı Filers)
4	Date 12/06/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
_	Dringing Loon	Meyersville, TX 77974	Conference (Conference in the Conference in the	_		
8	Nurse Practi	pation / Job title (See Instructions) ioner	9 Employer (See Instructions	5)		
	Date 11/22/2024	Contributor address; City; State; Zip Code	<u>*:)</u>		Amount of Contribution (\$)	\$25.00
	Principal occu	Pflugerville, TX 78660 pation / Job title (See Instructions)	Employer (See Instructions	 ;)		
	Nurse Practi	ioner				
	Date 12/22/2024	Full name of contributor out-of-state PAC (ID# Deutschendorf, Danielle Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$25.00
		Pflugerville, TX 78660				
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 11/26/2024	Full name of contributor out-of-state PAC (ID# Doyal, Michael Contributor address; City; State; Zip Code Amarillo, TX 79109	#:) 		Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 12/26/2024	Full name of contributor out-of-state PAC (ID# Doyal, Michael Contributor address; City; State; Zip Code Amarillo, TX 79109	±:)		Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
			1			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/23 Rpt: 12/30	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	ı Filers)
4	Date 11/22/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
Ω	Principal occu	San Antonio, TX 78249 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Nurse Practi		5 Employer (See Instructions	')		
	Date 12/22/2024	Full name of contributor out-of-state PAC (ID#:_ Engelman, Kimberly Contributor address; City; State; Zip Code San Antonio, TX 78249)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Nurse Practi					
	Date 10/29/2024	Full name of contributor)		Amount of Contribution (\$)	\$60.00
		Plano, TX 75075				
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	i)		
	Date 11/04/2024	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)	Employer (See Instructions	5)		
	Date 11/29/2024	Full name of contributor out-of-state PAC (ID#:_Flint, Juanita Contributor address; City; State; Zip Code Plano, TX 75075			Amount of Contribution (\$)	\$60.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions)		

	MONET	ARY POLITICAL CO		SCHEDULE A1			
	The Instruc	ction Guide explains how to	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 9/23 Rpt: 13/30	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	Filers)
4	Date 12/04/2024	5 Full name of contributor Flint, Juanita6 Contributor address; City; State			7	Amount of Contribution (\$)	\$25.00
_	5	Plano, TX 75075	1.		_		
8	Nurse Practi	pation / Job title (See Instructions) ioner	[Employer (See Instructions	5)		
	Date 12/29/2024	Full name of contributor Flint, Juanita Contributor address; City; State			•	Amount of Contribution (\$)	\$60.00
	Principal occu	Plano, TX 75075 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Nurse Practi	ioner					
	Date 11/08/2024	Full name of contributor Garcia, Martha Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code		•	Amount of Contribution (\$)	\$50.00
		Harlingen, TX 78550					
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/08/2024	Full name of contributor Garcia, Martha Contributor address; City; State Harlingen, TX 78550	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/10/2024	Full name of contributor Gigliotti, Elizabeth Contributor address; City; State Katy, TX 77494	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$60.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) cioner		Employer (See Instructions	s)		
			<u>'</u>				

	MONET	MONETARY POLITICAL CONTRIBUTIONS					A1
	The Instruc	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 10/23 Rpt: 14/30	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	Filers)
4	Date 12/10/2024	Gigliotti, Elizabeth	out-of-state PAC (ID#: Zip Code		7	Amount of Contribution (\$)	\$60.00
	Dringing Loon	Katy, TX 77494	lo.	Employer (Con Instructions			
8	Nurse Practi	pation / Job title (See Instructions) ioner	9	Employer (See Instructions)		
	Date 10/28/2024	Full name of contributor Gustafson, Jennifer Contributor address; City; State;				Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78734 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	.)		
	Nurse Practi			Employer (See Institutions	')		
	Date 11/28/2024	Full name of contributor Gustafson, Jennifer Contributor address; City; State;	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$25.00
		Austin, TX 78734					
	Principal occu Nurse Practi	oation / Job title (See Instructions)		Employer (See Instructions	()		
	Date 12/28/2024	Full name of contributor Gustafson, Jennifer Contributor address; City; State; Austin, TX 78734				Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/10/2024	Full name of contributor Halopka, Dinah Contributor address; City; State; Schertz, TX 78154	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner		Employer (See Instructions	5)		

	MONET	MONETARY POLITICAL CONTRIBUTIONS					E A1
	The Instru	ction Guide explains how to complete	this fo	m.	1	Total pages Schedule A1: Sch: 11/23 Rpt: 15/30	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 10/29/2024	 Full name of contributor out-of-state PA Hendrick, Blaine Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$50.00
_	5	McAllen, TX 78504	- 1-		_		
8	Nurse Practi	pation / Job title (See Instructions) ioner	9	Employer (See Instructions	5)		
	Date 11/29/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00
	Principal occu	McAllen, TX 78504 Dation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Nurse Practi	ioner					
	Date 12/29/2024	Full name of contributor out-of-state PA Hendrick, Blaine Contributor address; City; State; Zip Code	AC (ID#:)	•	Amount of Contribution (\$)	\$50.00
		McAllen, TX 78504					
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 11/04/2024	Full name of contributor out-of-state PA 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)		Employer (See Instructions	5)		
	Date 12/04/2024	Full name of contributor out-of-state PAHicks, 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 CONTR		SCHEDUL	E A1		
	The Instruc	ction Guide explains how to comp	olete this for	m.	1	Total pages Schedule A1: Sch: 12/23 Rpt: 16/30	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 11/24/2024	 Full name of contributor out-of-s Hodge, Deborah Contributor address; City; State; Zip Co 			7	Amount of Contribution (\$)	\$50.00
_	Deignigal	Houston, TX 77077	lo.				
8	Nurse Practi	pation / Job title (See Instructions) ioner	9	Employer (See Instructions	5)		
	Date 12/24/2024	Full name of contributor out-of-s Hodge, Deborah Contributor address; City; State; Zip Co Houston, TX 77077)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Nurse Practi	ioner					
	Date 11/07/2024	Full name of contributor out-of-s Hogan, LaMicha Contributor address; City; State; Zip Co	tate PAC (ID#: de			Amount of Contribution (\$)	\$300.00
		Lubbock, TX 79423					
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 12/07/2024	Hogan, LaMicha)		Amount of Contribution (\$)	\$300.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 11/08/2024	Holder, Amy				Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
			I				

	MONET	ARY POLITICAL CONTRIE		SCHEDULE A1			
	The Instruc	ction Guide explains how to comple	te this fo	rm.	1	Total pages Schedule A1: Sch: 13/23 Rpt: 17/30	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	ı Filers)
4	Date 12/08/2024	 Full name of contributor out-of-state Holder, Amy Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
_	Deireitade	Ponder, TX 76259					
8	Nurse Practi	pation / Job title (See Instructions) ioner	9	Employer (See Instructions	5)		
	Date 11/04/2024	Kucera, Jennifer	PAC (ID#:)		Amount of Contribution (\$)	\$72.00
	Principal occur	Van Cleck, TX 77482 pation / Job title (See Instructions)		Employer (See Instructions			
	Nurse Practi			Employer (See manuchons	')		
	Date 12/04/2024	Full name of contributor out-of-state Kucera, Jennifer Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$72.00
		Van Cleck, TX 77482					
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner		Employer (See Instructions	()		
	Date 11/05/2024	Lord, Sarah	PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practit	oation / Job title (See Instructions) ioner		Employer (See Instructions	i)		
	Date 12/05/2024	Full name of contributor out-of-state Lord, Sarah Contributor address; City; State; Zip Code Austin, TX 78745				Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practit	oation / Job title (See Instructions) ioner		Employer (See Instructions	i)		
			,				

	MONET	ARY POLITICAL CO		SCHEDUL	: A1		
	The Instruc	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 14/23 Rpt: 18/30	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 11/10/2024	5 Full name of contributor Lux, Cathy6 Contributor address; City; State;	out-of-state PAC (ID#: ; Zip Code)	7	Amount of Contribution (\$)	\$100.00
_	Deignaignal	Dallas, TX 75220	To.	Familia var (Cala Instructions	<u></u>		
8	Nurse Practi	pation / Job title (See Instructions) tioner	9	Employer (See Instructions	5)		
	Date 12/10/2024	Full name of contributor Lux, Cathy Contributor address; City; State;)		Amount of Contribution (\$)	\$100.00
	Principal occu	Dallas, TX 75220 pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Nurse Practit			p.o) o. (000ou uou uou	,		
	Date 10/27/2024	Full name of contributor McArthur, Kimberly Contributor address; City; State;	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$100.00
		Bovina, TX 79009					
	Principal occu Nurse Practit	pation / Job title (See Instructions) tioner		Employer (See Instructions	5)		
	Date 11/27/2024	Full name of contributor McArthur, Kimberly Contributor address; City; State; Bovina, TX 79009)		Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practit	pation / Job title (See Instructions) tioner		Employer (See Instructions	5)		
	Date 12/27/2024	Full name of contributor McArthur, Kimberly Contributor address; City; State; Bovina, TX 79009				Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practit	pation / Job title (See Instructions) tioner		Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONT		SCHEDULE A1			
	The Instruc	ction Guide explains how to co	mplete this for	m.	1	Total pages Schedule A1: Sch: 15/23 Rpt: 19/30	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 11/21/2024	 Full name of contributor out-out-out-out-out-out-out-out-out-out-)	7	Amount of Contribution (\$)	\$25.00
_	5	San Antonio, TX 78240		5 1 (0 1 1 1			
8	Nurse Practi	pation / Job title (See Instructions) ioner	9	Employer (See Instructions	5)		
	Date 12/21/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Nurse Practi	ioner					
	Date 11/19/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#: Code			Amount of Contribution (\$)	\$200.00
		Dallas, TX 75229					
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 12/19/2024	Metzger, Robert				Amount of Contribution (\$)	\$200.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 10/29/2024	Mosley, Margaret	of-state PAC (ID#:)		Amount of Contribution (\$)	\$416.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	i)		
			'				

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/23 Rpt: 20/30		
2	FILER NAME Texas Nurse	e Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)	
4	Date 11/29/2024	 Full name of contributor out-of-state PAC (ID#:_ Mosley, Margaret Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$416.00	
_	Drivainal	Willis, TX 77318	O Franks or (Cas Instructions				
8	Nurse Practi	pation / Job title (See Instructions) tioner	9 Employer (See Instructions)			
	Date 12/29/2024	Full name of contributor out-of-state PAC (ID#:_ 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)			
	Nurse Practi						
	Date 11/07/2024	Full name of contributor out-of-state PAC (ID#:_ Nash, Angela Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00	
		Houston, TX 77045					
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner	Employer (See Instructions)			
	Date 12/07/2024	Full name of contributor out-of-state PAC (ID#:_Nash, Angela Contributor address; City; State; Zip Code Houston, TX 77045			Amount of Contribution (\$)	\$20.00	
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 11/04/2024	Full name of contributor out-of-state PAC (ID#:_Ostrander, Peggy Contributor address; City; State; Zip Code Plano, TX 75074)		Amount of Contribution (\$)	\$175.00	
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIBU		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete t	his fo	rm.	1	Total pages Schedule A1: Sch: 17/23 Rpt: 21/30	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 12/04/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$175.00
_	Dringing Loon	Plano, TX 75074		Employer (Coo Instructions	_		
8	Nurse Practi	pation / Job title (See Instructions) ioner	a	Employer (See Instructions	5)		
	Date 11/06/2024	Full name of contributor out-of-state PAC Preston, Leann Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Dringinal occu	Childress, TX 79201		Employer (See Instructions	·/-		
	Nurse Practi	pation / Job title (See Instructions) ioner		Employer (See Instructions)		
	Date 12/06/2024	Full name of contributor out-of-state PAC Preston, Leann Contributor address; City; State; Zip Code	: (ID#:			Amount of Contribution (\$)	\$50.00
		Childress, TX 79201					
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	s)		
	Date 11/08/2024	Full name of contributor out-of-state PAC Quigley, Sharon Contributor address; City; State; Zip Code San Antonio, TX 78256	`)		Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 12/08/2024	Full name of contributor out-of-state PAC Quigley, Sharon Contributor address; City; State; Zip Code San Antonio, TX 78256)		Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	s)		

	MONET	ARY POLITICAL C		SCHEDUL	E A1		
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 18/23 Rpt: 22/30	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 11/06/2024	5 Full name of contributor Reid, Lisa6 Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code		7	Amount of Contribution (\$)	\$25.00
_	<u> </u>	Dallas, TX 75243			<u></u>		
8	Nurse Practi	pation / Job title (See Instructions) tioner		9 Employer (See Instructions	5)		
	Date 12/06/2024	Full name of contributor Reid, Lisa Contributor address; City; Sta)		Amount of Contribution (\$)	\$25.00
	Principal occu	Dallas, TX 75243 pation / Job title (See Instructions)	,	Employer (See Instructions	s)		
	Nurse Practi				,		
	Date 11/08/2024	Full name of contributor Richburg, Melanie Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$200.00
		Lubbock, TX 79423					
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner		Employer (See Instructions	s)		
	Date 12/08/2024	Full name of contributor Richburg, Melanie Contributor address; City; Sta Lubbock, TX 79423)	-	Amount of Contribution (\$)	\$200.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner		Employer (See Instructions	5)		
	Date 11/22/2024	Full name of contributor Robinson, Suzanne Contributor address; City; Sta	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			'				

	MONET	ARY POLITICAL CONTRIBUTI	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 19/23 Rpt: 23/30	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	ı Filers)
4	Date 11/21/2024	 Full name of contributor out-of-state PAC (IDa Rodriguez, Delores Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$10.00
0	Dringing coou	Laredo, TX 78043 pation / Job title (See Instructions)	0 Employer (See Instructions	,, 		
0	Nurse Practi		9 Employer (See Instructions	·)		
	Date 12/21/2024	Full name of contributor out-of-state PAC (ID: Rodriguez, Delores Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$10.00
	Deinsinal assu	Laredo, TX 78043	Employer (Cool looks vetices			
	Nurse Practi	pation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 11/07/2024	Full name of contributor out-of-state PAC (ID: Scalora, Cheryl Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$50.00
		Nacogdoches, TX 75961				
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/07/2024	Full name of contributor out-of-state PAC (ID) Scalora, Cheryl Contributor address; City; State; Zip Code Nacogdoches, TX 75961	#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 10/28/2024	Full name of contributor out-of-state PAC (ID: Stewart, Dovie Contributor address; City; State; Zip Code Freer, TX 78357			Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	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: 20/23 Rpt: 24/30	
2	FILER NAME Texas Nurse	e Practitioners PAC		3	Filer ID (Ethics Commission 00070132	ı Filers)
4	Date 11/28/2024	5 Full name of contributor out-of-state PAC (ID#:_ Stewart, Dovie 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Freer, TX 78357 pation / Job title (See Instructions)	Employer (See Instructions			
•	Nurse Practi		S Employer (See Instructions)		
	Date 12/28/2024	Full name of contributor			Amount of Contribution (\$)	\$50.00
	Principal occu	Freer, TX 78357 pation / Job title (See Instructions)	Employer (See Instructions)		
	Nurse Practi					
	Date 11/28/2024	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	pation / Job title (See Instructions) tioner	Employer (See Instructions)		
	Date 12/28/2024	Full name of contributor			Amount of Contribution (\$)	\$25.00
	Principal occu	Fort Worth, TX 76109 pation / Job title (See Instructions)	Employer (See Instructions)		
	Nurse Practi			,		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Thompson, Krysta Contributor address; City; State; Zip Code Lake Jackson, TX 77566)		Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner	Employer (See Instructions)		

	MONET	ARY POLITICAL (SCHEDULE	SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 21/23 Rpt: 25/30	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	Filers)
4	Date 12/08/2024	5 Full name of contributor Thompson, Krysta6 Contributor address; City; St	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$50.00
Ω	Principal occu	Lake Jackson, TX 77566 pation / Job title (See Instructions	<u> </u>	9 Employer (See Instructions			
0	Nurse Practi)	5 Employer (See instructions	o)		
	Date 10/29/2024	Full name of contributor Wahlenmaier, Victoria Contributor address; City; St				Amount of Contribution (\$)	\$40.00
		Burleson, TX 76028					
	Principal occu Nurse Practi	pation / Job title (See Instructions tioner	·)	Employer (See Instructions	s)		
	Date 11/29/2024	Full name of contributor Wahlenmaier, Victoria Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$40.00
		Burleson, TX 76028					
	Principal occu Nurse Practi	pation / Job title (See Instructions tioner)	Employer (See Instructions	5)		
	Date 12/29/2024	Full name of contributor Wahlenmaier, Victoria Contributor address; City; St Burleson, TX 76028)	•	Amount of Contribution (\$)	\$40.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)		
	Date 11/07/2024	Full name of contributor Wallace, Ashley Contributor address; City; St Abbott, TX 76621)		Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	pation / Job title (See Instructions tioner)	Employer (See Instructions	5)		

	MONETARY POLITICAL CONTRIBUTIONS			IS		SCHEDULE A1	
	The Instruc	uction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 22/23 Rpt: 26/30	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	Filers)
4	Date 12/07/2024	5 Full name of contributor			7	Amount of Contribution (\$)	\$25.00
	Dringing Loon	Abbott, TX 76621	lo.	Employer (Con Instructions			
8	Nurse Practi	pation / Job title (See Instructions) ioner	9	Employer (See Instructions)		
	Date 11/04/2024	Full name of contributor out Weston, Cindy Contributor address; City; State; Zip)		Amount of Contribution (\$)	\$50.00
	Principal occu	Bryan, TX 77807 pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	Nurse Practi			p.o.yo. (000ououoo.	,		
Date 12/04/2024		Full name of contributor out Weston, Cindy Contributor address; City; State; Zip	-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		Bryan, TX 77807					
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Date Full name of contributor out-of-state PAC (ID#:) 11/01/2024 Williams, Shelia Contributor address; City; State; Zip Code Tyler, TX 75706			Amount of Contribution (\$)	\$25.00		
				Employer (See Instructions	<u>(</u>		
	Date Full name of contributor out-of-state PAC (ID#:) 12/01/2024 Williams, Shelia Contributor address; City; State; Zip Code Tyler, TX 75706				Amount of Contribution (\$)	\$25.00	
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
			<u>'</u>				

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1		
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 23/23 Rpt: 27/30		
2	FILER NAME Texas Nurse Practitioners PAC	3 Filer ID (Ethics Commission Filers) 00070132		
4	Date 11/26/2024 5 Full name of contributor out-of-state PAC (ID#:) Wines, Kendall 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$25.0		
	Lubbock, TX 79424			
8	Principal occupation / Job title (See Instructions) Nurse Practitioner 9 Employer (See Instructions)	ons)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/26/2024 Wines, Kendall Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$25.0		
	Lubbock, TX 79424			
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Nurse Practitioner	ons)		

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: 28/30		
2	Priler Name		3	Filer ID	(Ethics Commission Filers)	
	Texas Nurse Practitioners PAC			00070132		
4	Date	5 Corporation / Labor Organization name	6	Amount (\$)		
L	11/01/2024	Texas Nurse Practitioners			1,200.00	
Г	Date	Corporation / Labor Organization name		Amount (\$)		
	12/01/2024	Texas Nurse Practitioners			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 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

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: 1/2 Rpt: 29/30	Texas Nurse Practitioners PAC 00070132					
4 Date	5 Payee name					
12/12/2024	Adam Hinojosa Campaign					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$2,500.00	P.O. Box 18301					
Expenditure from corporate funds	Corpus Christi, TX 78480					
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.					
EXI ENDITORE	Candidate/Officeholder/Political Committee					
	Fundraiser sponsorship.					
• • • • • • • • • • • • • • • • • • • •						
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
12/13/2024	Erin Zwiener for Texas House					
Amount (\$)	Payee address; City; State; Zip Code					
\$500.00	PO Box 184					
Expenditure from corporate funds	Driftwood, TX 78619					
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. Check if travel outside of Texas. Complete Schedule T.					
	Candidate/Officeholder/Political Committee					
	i unuraiser sponsorsing.					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI	1					
Date	Payee name					
11/21/2024	Mark Dorazio Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$500.00	PO Box 461341					
Expenditure from corporate funds	San Antonio, TX 78246					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By					
	Candidate/Officeholder/Political Committee					
	Fundialset sponsorship.					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI						

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 Git/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)

Candidate/Officeholder/Politica Credit Card Payment	al 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: 30/30	Texas Nurse Practitioners PAC 00070132	
4 Date	5 Payee name	
11/21/2024	Sarah Eckhardt Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$1,000.00	PO Box 301586	
Ψ1,000.00	1 0 Bbx 301300	
Expenditure from corporate funds	Austin, TX 78703	
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.	
LAPENDITORE	Candidate/Officeholder/Political Committee	
	Fundraiser sponsorship.	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
12/12/2024	Texas Freedom Caucus	
Amount (\$)	Payee address; City; State; Zip Code	\neg
\$1,000.00	P.O. Box 806	
Expenditure from corporate funds	Austin, TX 78767	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
_/	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
	Caucus contribution.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
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