FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00070132 3 COMMITTEE NAME **OFFICE USE ONLY Texas Nurse Practitioners PAC** Date Received **ELECTRONICALLY FILED** 07/10/2025 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 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 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 291-6224 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day χ Primary Other Year Runoff 03/03/2026 General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 8	Filers)
A. Supported A. Supported A. Supported B. Opposed B. Opposed Complete this report in necessary.) B. Opposed Contribution	,
ACTIVITY [Attach lists on plain paper to complete this report if necessary.] 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identity by name or, If globelocity is party) 5. CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARRANTIES OF LOANS, OR CONTRIBUTIONS MOST ELECTRONICALLY) check here if this report qualifies for the higher itemization threshold 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARRANTEES OF LOANS) EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 5. TOTAL POLITICAL EXPENDITURES 6. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 6. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 6. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 6. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 6. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 6. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 6. TOTAL POLITICAL EXPENDITURES 6. TOTAL POLITICAL EXPENDITURES 7. TOTAL POLITICAL EXPENDITURES 8. TOTAL POLITICAL EXPENDITURES 8. TOTAL POLITICAL EXPENDITURES 9. TOTAL POLITICAL EXPENDITURES 9. TOTAL POLITICAL EXPENDITURES 9. TOTAL POLITICAL EXPENDITURES 9. TOTAL POLITICAL EXPENDITURES 1. TOTAL POLITICAL EXPENDITURES 2. TOTAL POLITICAL EXP	
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LOAN TOTALS LAST DAY OF THE REPORTING PERIOD \$ 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report	3,113.48
I swear, or affirm, under penalty of perjury, that the accompanying report	0.00
true and correct and includes all information required to be reported by nunder Title 15, Election Code.	
Mrs. Emily S. Eastin	
Signature of Campaign Treasurer	
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said, this theday	
of, 20, to certify which, witness my hand and seal of office.	
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath	

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

		3 of 73
17 COMMITTEE NAME Texas Nurse Practitioners PAC	18 Filer ID 00070132	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	<u> </u>	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 32,158.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	OR	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	GANIZATION	\$
7. X SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	?	\$ 7,200.00
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	IS	\$ 4,250.00
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	IONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

	MONET	ARY POLITICAL CONTRI	BUTION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to comple	ete this for	m.	1	Total pages Schedule A1: Sch: 1/68 Rpt: 4/73	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	Filers)
4	Date 01/09/2025	 Full name of contributor out-of-state Aghimien, Amenze Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
8	Principal occur	Richmond, TX 77407 pation / Job title (See Instructions)	l g	Employer (See Instructions	;) [
Ü	Nurse Practit		ľ	Employer (See instructions	')		
	Date 01/20/2025	Alleman, Monica Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78748 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Nurse Practit	ioner					
	Date 02/20/2025	Full name of contributor out-of-state Alleman, Monica Contributor address; City; State; Zip Code	e PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Austin, TX 78748					
	Principal occu Nurse Practit	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 03/20/2025	Alleman, Monica)		Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practit	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 04/20/2025	Alleman, Monica)		Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practit	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
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	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	E A1
	The Instruc	ction Guide explains how to compl	ete this for	m.	1	Total pages Schedule A1: Sch: 2/68 Rpt: 5/73	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 05/20/2025	 Full name of contributor out-of-state out-of-st)	7	Amount of Contribution (\$)	\$25.00
	Dringing age	Austin, TX 78748	10	Employer (See Instructions	<u></u>		
0	Nurse Practi	pation / Job title (See Instructions) ioner	9	Employer (See Instructions	·)		
	Date 03/26/2025	Arnold, Brianna Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	Lumberton, TX 77657 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Nurse Practi						
	Date 03/18/2025	Full name of contributor out-of-state Atkinson, Stephanie Contributor address; City; State; Zip Code	te PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Dallas, TX 75240					
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 03/18/2025	Ballard, Kenya				Amount of Contribution (\$)	\$89.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 06/17/2025	Barnhart, Terri)		Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
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	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE A1		
	The Instruc	etion Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 3/68 Rpt: 6/73	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 03/19/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$89.00
_	Dringing age	Midland, TX 79707-2615	O Employer (Con Instructions	<u></u>		
8	Nurse Practi	pation / Job title (See Instructions) ioner	9 Employer (See Instructions	5)		
	Date 03/18/2025	Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$300.00
	Principal occu	San Antonio, TX 78263 Dation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Nurse Practi	ioner				
	Date 01/16/2025	Full name of contributor out-of-state PAC (I Blanco, Christina Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$65.00
		El Paso, TX 79912				
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner	Employer (See Instructions	s)		
	Date 02/16/2025	Full name of contributor out-of-state PAC (I Blanco, Christina Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$65.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 03/16/2025	Full name of contributor out-of-state PAC (I Blanco, Christina Contributor address; City; State; Zip Code	D#:)	•	Amount of Contribution (\$)	\$65.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
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	MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete t	his form.	1	Total pages Schedule A1: Sch: 4/68 Rpt: 7/73	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 04/16/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$65.00
_	Deireitade	El Paso, TX 79912	Surlana (Octobration			
8	Nurse Practit	pation / Job title (See Instructions) ioner	9 Employer (See Instructions	S)		
	Date 05/16/2025	Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$65.00
	Principal occur	El Paso, TX 79912 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Nurse Practit			٠,		
	Date 06/16/2025	Full name of contributor out-of-state PAC Blanco, Christina Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$65.00
		El Paso, TX 79912				
	Principal occu Nurse Practit	oation / Job title (See Instructions) ioner	Employer (See Instructions	s)		
	Date 04/08/2025	Full name of contributor out-of-state PAC Blight, Eva Contributor address; City; State; Zip Code Arp, TX 75750	C (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practit	oation / Job title (See Instructions) ioner	Employer (See Instructions	s)		
	Date 04/11/2025	Full name of contributor out-of-state PAC Bridgeford, Heather Contributor address; City; State; Zip Code San Antonio, TX 78254	C (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occup	oation / Job title (See Instructions) ioner	Employer (See Instructions	s)		
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	MONEI	ARY POLITICAL CO	ONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how t	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/68 Rpt: 8/73	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 01/11/2025	5 Full name of contributor Brooks, Vicki6 Contributor address; City; State	out-of-state PAC (ID#:_ e; Zip Code		7	Amount of Contribution (\$)	\$100.00
8	Principal occu Nurse Practi	Mineral Wells, TX 76067 pation / Job title (See Instructions) tioner		9 Employer (See Instructions	<u> </u> s)		
	Date 02/11/2025	Full name of contributor Brooks, Vicki Contributor address; City; State Mineral Wells, TX 76067	out-of-state PAC (ID#:_ e; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner		Employer (See Instructions	5)		
	Date 03/11/2025	Full name of contributor Brooks, Vicki Contributor address; City; State	out-of-state PAC (ID#:_ e; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practi	Mineral Wells, TX 76067 pation / Job title (See Instructions) tioner		Employer (See Instructions	<u> </u> ;)		
	Date 04/11/2025	Full name of contributor Brooks, Vicki Contributor address; City; State Mineral Wells, TX 76067	out-of-state PAC (ID#:_ e; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 05/11/2025	Full name of contributor Brooks, Vicki Contributor address; City; State Mineral Wells, TX 76067	out-of-state PAC (ID#:_ e; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner		Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDUL	E A1	
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/68 Rpt: 9/73	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 06/11/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
_	5	Mineral Wells, TX 76067				
8	Nurse Practi		9 Employer (See Instructions	5)		
	Date 04/12/2025	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Friendswood, TX 77546 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Nurse Practi	ioner				
	Date 01/08/2025	Full name of contributor)		Amount of Contribution (\$)	\$200.00
		Fort Worth, TX 76148				
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	()		
	Date 02/08/2025	Full name of contributor out-of-state PAC (ID#:_Brozek, Vaughn Contributor address; City; State; Zip Code Fort Worth, TX 76148			Amount of Contribution (\$)	\$200.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 03/08/2025	Full name of contributor out-of-state PAC (ID#:_ Brozek, Vaughn Contributor address; City; State; Zip Code Fort Worth, TX 76148			Amount of Contribution (\$)	\$200.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	i)		

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULI	E A1	
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/68 Rpt: 10/73	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	ı Filers)
4	Date 04/08/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$200.00
0	Principal occur	Fort Worth, TX 76148 pation / Job title (See Instructions)	Employer (See Instructions			
0	Nurse Practi		e Employer (See instructions	,		
	Date 01/08/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$75.00
	Principal occu	San Antonio, TX 78230 pation / Job title (See Instructions)	Employer (See Instructions)		
	Nurse Practi			,		
	Date 02/08/2025	Full name of contributor out-of-state PAC (ID#: Cain, Patience Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$75.00
		San Antonio, TX 78230				
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions)		
	Date 03/08/2025	Full name of contributor out-of-state PAC (ID#:_Cain, Patience Contributor address; City; State; Zip Code San Antonio, TX 78230			Amount of Contribution (\$)	\$75.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions)		
	Date 04/08/2025	Full name of contributor out-of-state PAC (ID#:_Cain, Patience Contributor address; City; State; Zip Code San Antonio, TX 78230			Amount of Contribution (\$)	\$75.00
	Principal occu Nurse Practit	oation / Job title (See Instructions) ioner	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 8/68 Rpt: 11/73	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	Filers)
4	Date 05/08/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$75.00
_		San Antonio, TX 78230				
8	Principal occur Nurse Practif		Employer (See Instructions)		
	Date 06/08/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$75.00
	Principal occu	San Antonio, TX 78230 pation / Job title (See Instructions)	Employer (See Instructions)		
	Nurse Practi		. , ,	•		
	Date 03/20/2025	Full name of contributor out-of-state PAC (ID#: Campbell, Jill Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$89.00
		The Woodlands, TX 77382				
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions)		
	Date 01/29/2025	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	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/28/2025	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	pation / Job title (See Instructions) ioner	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 9/68 Rpt: 12/73	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 03/28/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
	Dringing Loon	Fair Oaks Ranch, TX 78015	- Employer (Co.c. Instructions			
8	Nurse Practi		Employer (See Instructions)		
	Date 04/28/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	Fair Oaks Ranch, TX 78015 Dation / Job title (See Instructions)	Employer (See Instructions)		
	Nurse Practi	ioner				
	Date 05/28/2025	Full name of contributor out-of-state PAC (ID#: Carver, Lea Ann Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Fair Oaks Ranch, TX 78015				
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner	Employer (See Instructions)		
	Date 06/28/2025	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 Practit	pation / Job title (See Instructions) ioner	Employer (See Instructions)		
	Date 03/17/2025	Full name of contributor out-of-state PAC (ID#:Cavender, Joe Contributor address; City; State; Zip Code Midlothian, TX 76065)		Amount of Contribution (\$)	\$300.00
	Principal occu Nurse Practit	oation / Job title (See Instructions) ioner	Employer (See Instructions)		
		<u>'</u>				

	MONET	ARY POLITICAL CON	TRIBUTION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to co	mplete this for	m.	1	Total pages Schedule A1: Sch: 10/68 Rpt: 13/73	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	Filers)
4	Date 01/07/2025	Chapman, Barbara	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
0	Dringinal acqu	Richardson, TX 75082	lo.	Employer (See Instructions	.)		
0	Nurse Practi	pation / Job title (See Instructions) ioner	l ⁹	Employer (See Instructions	')		
	Date 02/07/2025	Full name of contributor out- Chapman, Barbara Contributor address; City; State; Zip)		Amount of Contribution (\$)	\$50.00
	Principal occu	Richardson, TX 75082 pation / Job title (See Instructions)	1	Employer (See Instructions	_		
	Nurse Practi			Employer (See Instructions	')		
	Date 03/07/2025	Full name of contributor out- Chapman, Barbara Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Richardson, TX 75082					
	Principal occu Nurse Practi	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 04/07/2025	Chapman, Barbara	of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 05/07/2025	Chapman, Barbara	of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	;)		

	MONET	ARY POLITICAL CON	NTRIBUTION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to c	complete this for	m.	1	Total pages Schedule A1: Sch: 11/68 Rpt: 14/73	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	Filers)
4	Date 06/07/2025	Chapman, Barbara	ut-of-state PAC (ID#: ip Code		7	Amount of Contribution (\$)	\$50.00
	Dringing Loggy	Richardson, TX 75082	lo.	Employer (Coo Instructions			
8	Nurse Practi	pation / Job title (See Instructions) ioner	9	Employer (See Instructions)		
	Date 01/07/2025	Full name of contributor out Clements, Kristine Contributor address; City; State; Zi	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	Spring, TX 77373 pation / Job title (See Instructions)		Employer (See Instructions	<u>)</u>		
	Nurse Practi			, . ,	,		
	Date 02/07/2025	Full name of contributor outcoments, Kristine Contributor address; City; State; Zi	ut-of-state PAC (ID#: ip Code)		Amount of Contribution (\$)	\$50.00
		Spring, TX 77373					
	Principal occu Nurse Practi	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 03/07/2025	Full name of contributor on the contributor on the contributor address; City; State; Zity; Spring, TX 77373	ut-of-state PAC (ID#: ip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 04/07/2025	Full name of contributor on Clements, Kristine Contributor address; City; State; Zity; Spring, TX 77373	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBUT	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 12/68 Rpt: 15/73	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commissio 00070132	n Filers)
4	Date 05/07/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
_	Delicational	Spring, TX 77373	In Frankrick (One bester vision	<u></u>		
8	Nurse Practit	pation / Job title (See Instructions) ioner	9 Employer (See Instructions	S)		
	Date 06/07/2025	Contributor address; City; State; Zip Code	#:)	-	Amount of Contribution (\$)	\$50.00
	Principal occu	Spring, TX 77373 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Nurse Practi					
	Date 01/26/2025	Full name of contributor out-of-state PAC (ID Cook, Jeannie Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$100.00
		Plano, TX 75023				
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	s)		
	Date 02/26/2025	Full name of contributor out-of-state PAC (ID Cook, Jeannie Contributor address; City; State; Zip Code Plano, TX 75023	#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	s)		
	Date 03/26/2025	Full name of contributor out-of-state PAC (ID Cook, Jeannie Contributor address; City; State; Zip Code Plano, TX 75023	#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practit	oation / Job title (See Instructions) ioner	Employer (See Instructions	s)		
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	MONET	ARY POLITICAL CONTRIBU	SCHEDULE A1				
	The Instruc	ction Guide explains how to complete t	this fo	rm.	1	Total pages Schedule A1: Sch: 13/68 Rpt: 16/73	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 04/26/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$100.00
_	Deinsinal	Plano, TX 75023		. Empleyen (Coo Instructions			
ð	Nurse Practi	pation / Job title (See Instructions) ioner	la	Employer (See Instructions	5)		
	Date 05/26/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	Plano, TX 75023 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Nurse Practitioner						
	Date 06/26/2025	Full name of contributor out-of-state PAC Cook, Jeannie Contributor address; City; State; Zip Code	C (ID#:		•	Amount of Contribution (\$)	\$100.00
		Plano, TX 75023					
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 01/29/2025	Full name of contributor out-of-state PAC Crook, Debra Contributor address; City; State; Zip Code Freeport, TX 77541)		Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 02/28/2025	Full name of contributor out-of-state PAC Crook, Debra Contributor address; City; State; Zip Code Freeport, TX 77541				Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
			I				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 14/68 Rpt: 17/73	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	Filers)
4	Date 03/28/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
_	Deignaignal	Freeport, TX 77541	O Francisco (Coo Instructions			
8	Nurse Practit	pation / Job title (See Instructions) ioner	9 Employer (See Instructions	5)		
	Date 04/28/2025	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 05/28/2025	Full name of contributor out-of-state PAC (ID#:_ Crook, Debra Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Freeport, TX 77541				
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 06/28/2025	Full name of contributor out-of-state PAC (ID#:_ Crook, Debra Contributor address; City; State; Zip Code Freeport, TX 77541)		Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 01/08/2025	Full name of contributor out-of-state PAC (ID#:_ Cullers, Justin Contributor address; City; State; Zip Code Austin, TX 78759			Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΙ	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete th	is fo	rm.	1	Total pages Schedule A1: Sch: 15/68 Rpt: 18/73	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	ı Filers)
4	Date 02/08/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$50.00
_	<u> </u>	Austin, TX 78759					
8	Nurse Practi	pation / Job title (See Instructions) ioner	9	Employer (See Instructions	5)		
	Date 03/08/2025	Full name of contributor out-of-state PAC (Cullers, Justin Contributor address; City; State; Zip Code Austin, TX 78759)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Nurse Practi	ioner					
	Date 04/08/2025	Full name of contributor out-of-state PAC (Cullers, Justin Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00
		Austin, TX 78759					
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (Cullers, Justin Contributor address; City; State; Zip Code Austin, TX 78759)		Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	<u>I</u> S)		
	Date 06/08/2025	Full name of contributor out-of-state PAC (Cullers, Justin Contributor address; City; State; Zip Code Austin, TX 78759)		Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 16/68 Rpt: 19/73	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 03/17/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
•	Principal occur	New Braunfels, TX 78132 pation / Job title (See Instructions)	Employer (See Instructions			
0	Nurse Practi		Employer (See instructions)		
	Date 04/22/2025	Full name of contributor out-of-state PAC (ID#: Davila, Michael Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occur	New Braunfels, TX 78132 pation / Job title (See Instructions)	Employer (See Instructions) 		
	Nurse Practi		Employer (See manucuons	,		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		North Richland Hills, TX 76182				
	Principal occu Nurse Practit	oation / Job title (See Instructions) ioner	Employer (See Instructions)		
	Date 01/06/2025	Full name of contributor out-of-state PAC (ID#: 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)		
	Date 02/06/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practit	pation / Job title (See Instructions) ioner	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 17/68 Rpt: 20/73		
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)	
4	Date 03/29/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00	
_	5	Plano, TX 75023		_			
8	Nurse Practi		9 Employer (See Instructions	5)			
	Date 01/22/2025	Full name of contributor out-of-state PAC (ID#:_ Deutschendorf, Danielle Contributor address; City; State; Zip Code Pflugerville, TX 78660)		Amount of Contribution (\$)	\$25.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
	Nurse Practi	ioner					
	Date 02/22/2025	Full name of contributor			Amount of Contribution (\$)	\$25.00	
		Pflugerville, TX 78660					
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions)			
	Date 03/22/2025	Full name of contributor out-of-state PAC (ID#:_ Deutschendorf, Danielle Contributor address; City; State; Zip Code Pflugerville, TX 78660)		Amount of Contribution (\$)	\$25.00	
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
	Date 04/22/2025	Full name of contributor out-of-state PAC (ID#:_ Deutschendorf, Danielle Contributor address; City; State; Zip Code Pflugerville, TX 78660)		Amount of Contribution (\$)	\$25.00	
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)			

	MONET	ARY POLITICAL CONTRIBUTI	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 18/68 Rpt: 21/73	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 05/22/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
_		Pflugerville, TX 78660		<u></u>		
8	Nurse Practit	oation / Job title (See Instructions) ioner	9 Employer (See Instructions	5)		
	Date 06/22/2025	Full name of contributor out-of-state PAC (ID# Deutschendorf, Danielle Contributor address; City; State; Zip Code Pflugerville, TX 78660	*:)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Nurse Practit	ioner				
	Date 03/17/2025	Full name of contributor out-of-state PAC (ID# Dittman, Sean Contributor address; City; State; Zip Code	#:) 		Amount of Contribution (\$)	\$100.00
		Cibolo, TX 78108				
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	;)		
	Date 03/18/2025	Full name of contributor out-of-state PAC (ID# Dorris, Sabrina Contributor address; City; State; Zip Code Allen, TX 75013	<u>*</u> :)		Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 01/26/2025	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 Practit	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 19/68 Rpt: 22/73	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	Filers)
4	Date 02/26/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
Ω	Principal occur	Amarillo, TX 79109 pation / Job title (See Instructions)	9 Employer (See Instructions			
•	Nurse Practit	·	Employer (See Instructions)		
	Date 03/26/2025	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Dringing aggr	Amarillo, TX 79109	Employer (See Instructions			
	Nurse Practi	pation / Job title (See Instructions) ioner	Employer (See Instructions)		
	Date 04/26/2025	Full name of contributor out-of-state PAC (ID#: Doyal, Michael Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Amarillo, TX 79109				
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner	Employer (See Instructions)		
	Date 05/26/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner	Employer (See Instructions)		
		I				

	MONET	ARY POLITICAL CO	S 	SCHEDULE A1			
	The Instru	ction Guide explains how to	complete this forr	n.	1	Total pages Schedule A1: Sch: 20/68 Rpt: 23/73	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 03/18/2025	5 Full name of contributor			7	Amount of Contribution (\$)	\$150.00
		San Antonio, TX 78249					
8	Principal occu Nurse Practi	pation / Job title (See Instructions) cioner	9	Employer (See Instructions	5)		
	Date 01/22/2025	Engelman, Kimberly Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		San Antonio, TX 78249 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Nurse Practitioner						
	Date 02/22/2025	Full name of contributor Engelman, Kimberly Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		San Antonio, TX 78249					
	Principal occu Nurse Practi	pation / Job title (See Instructions) cioner		Employer (See Instructions	5)		
	Date 03/22/2025	Full name of contributor Engelman, Kimberly Contributor address; City; State; San Antonio, TX 78249	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) cioner		Employer (See Instructions	5)		
	Date 04/22/2025	Engelman, Kimberly	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			L_				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 21/68 Rpt: 24/73	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	Filers)
4	Date 05/22/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
_	Deignaignal	San Antonio, TX 78249	O Frankrija (Caa kastrustia ra			
8	Nurse Practi		9 Employer (See Instructions)		
	Date 01/04/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Plano, TX 75075 pation / Job title (See Instructions)	Employer (See Instructions)		
	Nurse Practit	ioner				
	Date 01/29/2025	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	pation / Job title (See Instructions) ioner	Employer (See Instructions)		
	Date 02/04/2025	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)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:Flint, Juanita Contributor address; City; State; Zip Code Plano, TX 75075)		Amount of Contribution (\$)	\$60.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTI		SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 22/68 Rpt: 25/73	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 02/04/2025	 Full name of contributor out-of-state PAC (ID: Flint, Juanita Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$25.00
_		Plano, TX 75075	10 5 1 (0 1 1 1	Ĺ		
8	Nurse Practi	oation / Job title (See Instructions) ioner	9 Employer (See Instructions	5)		
	Date 03/28/2025	Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$60.00
	Principal occu	Plano, TX 75075 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Nurse Practi	ioner				
	Date 04/04/2025	Full name of contributor out-of-state PAC (ID: Flint, Juanita Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$25.00
		Plano, TX 75075				
	Principal occu Nurse Practit	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 04/28/2025	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 Practit	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 		
	Date 05/04/2025	Full name of contributor out-of-state PAC (ID: Flint, Juanita Contributor address; City; State; Zip Code Plano, TX 75075			Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 23/68 Rpt: 26/73	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 05/28/2025	 Full name of contributor out-of-state PAC (ID# Flint, Juanita Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$60.00
_		Plano, TX 75075	1	<u></u>		
8	Principal occur Nurse Practif	pation / Job title (See Instructions) ioner	9 Employer (See Instructions	S)		
	Date 06/04/2025	Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$25.00
	Principal occu	Plano, TX 75075 Dation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Nurse Practitioner					
	Date 06/28/2025	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	5)		
	Date 04/15/2025	Full name of contributor out-of-state PAC (ID# Franks, Natalie Contributor address; City; State; Zip Code Flower Mound, TX 75028	:)		Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 01/08/2025	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 Practit	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBU	JTIOI	NS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete	this fo	rm.	1	Total pages Schedule A1: Sch: 24/68 Rpt: 27/73	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	r Filers)
4	Date 02/08/2025	 Full name of contributor out-of-state PAGarcia, Martha Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$50.00
_	5	Harlingen, TX 78550	- 1-				
8	Nurse Practi	pation / Job title (See Instructions) ioner	9	Employer (See Instructions	5)		
	Date 03/08/2025	Full name of contributor out-of-state PAGarcia, Martha Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00
	Principal occur	Harlingen, TX 78550 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Nurse Practitioner		Employer (dee mandenorie	,,			
	Date 04/08/2025	Full name of contributor out-of-state PA Garcia, Martha Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$50.00
		Harlingen, TX 78550					
	Principal occu Nurse Practit	oation / Job title (See Instructions)		Employer (See Instructions	<u>(</u> 5)		
	Date 05/08/2025	Full name of contributor out-of-state PA Garcia, Martha Contributor address; City; State; Zip Code Harlingen, TX 78550)		Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practit	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> 5)		
	Date 06/08/2025	Full name of contributor out-of-state PA Garcia, Martha Contributor address; City; State; Zip Code Harlingen, TX 78550)		Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practit	pation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
			L				

	MONET	ARY POLITICAL CO	NTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this for	rm.	1	Total pages Schedule A1: Sch: 25/68 Rpt: 28/73	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	ı Filers)
4	Date 01/10/2025	5 Full name of contributor Gigliotti, Elizabeth6 Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)	7	Amount of Contribution (\$)	\$60.00
8	Principal occur	Katy, TX 77494 pation / Job title (See Instructions)	l q	Employer (See Instructions	:) 		
Ü	Nurse Practi		ľ	Employer (See manuchons	')		
	Date 02/10/2025	Full name of contributor Gigliotti, Elizabeth Contributor address; City; State)		Amount of Contribution (\$)	\$60.00
	Principal occu	Katy, TX 77494 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Nurse Practit			p.oyo. (000ouo.uoo.	,		
	Date 03/10/2025	Full name of contributor Gigliotti, Elizabeth Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$60.00
		Katy, TX 77494					
	Principal occu Nurse Practit	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 04/10/2025	Full name of contributor Gigliotti, Elizabeth Contributor address; City; State Katy, TX 77494)		Amount of Contribution (\$)	\$60.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 05/10/2025	Full name of contributor Gigliotti, Elizabeth Contributor address; City; State Katy, TX 77494	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$60.00
	Principal occu Nurse Practit	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBU	SCHEDULE A1				
	The Instruc	ction Guide explains how to complete th	nis for	rm.	1	Total pages Schedule A1: Sch: 26/68 Rpt: 29/73	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 06/10/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$60.00
g	Principal occu	Katy, TX 77494 pation / Job title (See Instructions)	l _a	Employer (See Instructions	·/		
Ü	Nurse Practi		ا ا	Employer (See manuchons	')		
	Date 02/03/2025	Full name of contributor out-of-state PAC (Gonzalez, John Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$200.00
	D: : 1	Coppell, TX 75019		5 1 (0 1 : "	<u></u>		
	Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 03/03/2025	Full name of contributor out-of-state PAC (Gonzalez, John Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$200.00
		Coppell, TX 75019					
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 04/03/2025	Full name of contributor out-of-state PAC (Gonzalez, John Contributor address; City; State; Zip Code Coppell, TX 75019				Amount of Contribution (\$)	\$200.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 05/03/2025	Full name of contributor out-of-state PAC (Gonzalez, John Contributor address; City; State; Zip Code Coppell, TX 75019				Amount of Contribution (\$)	\$200.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBI	SCHEDULE A1				
	The Instruc	ction Guide explains how to complete	this fo	m.	1	Total pages Schedule A1: Sch: 27/68 Rpt: 30/73	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 06/03/2025	 Full name of contributor out-of-state PA Gonzalez, John Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$200.00
_	<u> </u>	Coppell, TX 75019			<u></u>		
8	Nurse Practi	pation / Job title (See Instructions) ioner	9	Employer (See Instructions	5)		
	Date 03/23/2025	Full name of contributor out-of-state PA Gonzalez, Leticia Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
	Dringing aggr	Burleson, TX 76028 pation / Job title (See Instructions)	1	Employer (See Instructions	<u>''</u>		
	Nurse Practitioner		·)				
	Date 03/17/2025	Full name of contributor out-of-state PA Grinnell, Ralph Contributor address; City; State; Zip Code	AC (ID#:		•	Amount of Contribution (\$)	\$100.00
		San Antonio, TX 78255					
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner		Employer (See Instructions	s)		
	Date 03/22/2025	Full name of contributor out-of-state PA Guevara, Henry Contributor address; City; State; Zip Code Georgetown, TX 78633)		Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 01/28/2025	Full name of contributor out-of-state PA Gustafson, Jennifer Contributor address; City; State; Zip Code Austin, TX 78734				Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTI	RIBUTION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to com	plete this for	m.	1	Total pages Schedule A1: Sch: 28/68 Rpt: 31/73	
2	FILER NAME Texas Nurse	Practitioners PAC			3	3 Filer ID (Ethics Commission Filers) 00070132	
4	Date 02/28/2025	Gustafson, Jennifer	state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Austin, TX 78734 pation / Job title (See Instructions)	9	Employer (See Instructions) ()		
•	Nurse Practi			Zimpioyor (Geo mondono	,		
	Date 03/28/2025	Full name of contributor out-of-s Gustafson, Jennifer Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$25.00
	Delinational	Austin, TX 78734		Frankrija (Cook kostrostions	_		
	Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 04/28/2025	Full name of contributor out-of-s Gustafson, Jennifer Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Austin, TX 78734					
	Principal occu Nurse Practi	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 05/28/2025	Gustafson, Jennifer)		Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/28/2025	Gustafson, Jennifer	state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
			l .				

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDULE A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 29/68 Rpt: 32/73
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission Filers) 00070132
4	Date 03/17/2025	 Full name of contributor		7	Amount of Contribution (\$) \$1,200.00
_		Arlington, TX 76013	1		
8	Principal occup Nurse Practif	oation / Job title (See Instructions) ioner	9 Employer (See Instructions	5)	
	Date 01/29/2025	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 Practitioner				
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID# Hendrick, Blaine Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$) \$50.00
		McAllen, TX 78504			
	Principal occu Nurse Practit	oation / Job title (See Instructions) ioner	Employer (See Instructions	i)	
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID# Hendrick, Blaine Contributor address; City; State; Zip Code McAllen, TX 78504	*:)		Amount of Contribution (\$) \$50.00
	Principal occu Nurse Practif	oation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 04/28/2025	Full name of contributor out-of-state PAC (ID# Hendrick, Blaine Contributor address; City; State; Zip Code McAllen, TX 78504	‡:)		Amount of Contribution (\$) \$50.00
	Principal occu Nurse Practit	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)	

	MONET	ARY POLITICAL CONTRIBI	UTION	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 30/68 Rpt: 33/73	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 05/28/2025	 Full name of contributor out-of-state PA Hendrick, Blaine Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$50.00
_		McAllen, TX 78504	10	5 1 (0 1 1 1			
8	Nurse Practit	pation / Job title (See Instructions) ioner	9	Employer (See Instructions	S)		
	Date 06/28/2025	Full name of contributor out-of-state PA Hendrick, Blaine Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occur	McAllen, TX 78504 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Nurse Practit			p.o) o. (000o. 000.00	-,		
	Date 03/18/2025	Full name of contributor out-of-state PA Hensley, Margaret Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$89.00
		Santa Anna, TX 76878					
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner		Employer (See Instructions	s)		
	Date 04/22/2025	Full name of contributor out-of-state PA Herrington, Barbara Contributor address; City; State; Zip Code Lake Jackson, TX 77566)		Amount of Contribution (\$)	\$20.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 01/04/2025	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) ioner		Employer (See Instructions	5)		
			<u>'</u>				

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A		
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 31/68 Rpt: 34/73	
2	FILER NAME Texas Nurse	Practitioners PAC		3	3 Filer ID (Ethics Commission Filers) 00070132	
4	Date 02/04/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
	Dringing Loon	Henderson, TX 75652	O Employer (Coa Instructions			
8	Nurse Practi		9 Employer (See Instructions)		
	Date 03/04/2025	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Henderson, TX 75652 pation / Job title (See Instructions)	Employer (See Instructions)		
	Nurse Practitioner					
	Date 04/04/2025	Full name of contributor uut-of-state PAC (ID#:_ Hicks, Tracy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Henderson, TX 75652				
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Hicks, Tracy Contributor address; City; State; Zip Code Henderson, TX 75652)		Amount of Contribution (\$)	\$89.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions)		
	Date 05/04/2025	Full name of contributor out-of-state PAC (ID#:_ Hicks, Tracy Contributor address; City; State; Zip Code Henderson, TX 75652			Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practit	pation / Job title (See Instructions) ioner	Employer (See Instructions)		
		•				

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 32/68 Rpt: 35/73	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 06/04/2025	 Full name of contributor out-of-state PAC (Hicks, Tracy Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$100.00
_	Delicalization	Henderson, TX 75652	<u> </u>	Faralana (On la trata tina	$\overline{\Gamma}$		
8	Nurse Practi	pation / Job title (See Instructions) ioner	9	Employer (See Instructions	5)		
	Date 01/24/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	Houston, TX 77077 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Nurse Practi	ioner					
	Date 02/24/2025	Full name of contributor out-of-state PAC (Hodge, Deborah Contributor address; City; State; Zip Code	ID#:)		Amount of Contribution (\$)	\$50.00
		Houston, TX 77077					
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 03/24/2025	Full name of contributor out-of-state PAC (Hodge, Deborah Contributor address; City; State; Zip Code Houston, TX 77077)		Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 04/24/2025	Full name of contributor out-of-state PAC (Hodge, Deborah Contributor address; City; State; Zip Code Houston, TX 77077				Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 33/68 Rpt: 36/73	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	Filers)
4	Date 05/24/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
0	Dringing occur	Houston, TX 77077	0 Employer (See Instructions			
0	Nurse Practit	pation / Job title (See Instructions) ioner	9 Employer (See Instructions)		
	Date 06/24/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	Houston, TX 77077 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Nurse Practitioner					
	Date 01/08/2025	Full name of contributor out-of-state PAC (ID#:_ Holder, Amy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Ponder, TX 76259				
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/08/2025	Full name of contributor out-of-state PAC (ID#:_ Holder, Amy Contributor address; City; State; Zip Code Ponder, TX 76259)		Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practit	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 03/08/2025	Full name of contributor out-of-state PAC (ID#:_Holder, Amy Contributor address; City; State; Zip Code Ponder, TX 76259			Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practit	oation / Job title (See Instructions) ioner	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 34/68 Rpt: 37/73	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	Filers)
4	Date 04/08/2025	 Full name of contributor	_	7	Amount of Contribution (\$)	\$25.00
_	Deignaignal	Ponder, TX 76259	C Franks on (Cooks and supplies			
8	Nurse Practi	pation / Job title (See Instructions) ioner	9 Employer (See Instructions)		
	Date 05/08/2025	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Ponder, TX 76259 pation / Job title (See Instructions)	Employer (See Instructions	<u></u>		
	Nurse Practi		Employer (eee meadeants	,		
	Date 06/08/2025	Full name of contributor out-of-state PAC (ID#: Holder, Amy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Ponder, TX 76259				
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#: Horton, Carmen Contributor address; City; State; Zip Code Irving, TX 75039)		Amount of Contribution (\$)	\$10.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 04/09/2025	Full name of contributor out-of-state PAC (ID#: Huff, Amy Contributor address; City; State; Zip Code Tyler, TX 75703			Amount of Contribution (\$)	\$89.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
			1			

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDUI	E A1
	The Instruc	etion Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 35/68 Rpt: 38/73	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	on Filers)
4	Date 04/17/2025	 Full name of contributor ut-of-state PAC (ID# Hyzak, Sr. Barbara Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$100.00
_		San Antonio, TX 78209	T	Ĺ		
8	Principal occu Nurse Practit	pation / Job title (See Instructions) ioner	9 Employer (See Instructions	5)		
	Date 03/18/2025	Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$100.00
	Principal occu	Southlake, TX 76092 Dation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Nurse Practi	ioner				
	Date 04/28/2025	Full name of contributor out-of-state PAC (ID# Johnson, Barbara Contributor address; City; State; Zip Code	t:)		Amount of Contribution (\$)	\$100.00
		Southlake, TX 76092				
	Principal occu Nurse Practit	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 05/26/2025	Full name of contributor out-of-state PAC (ID# Julian, Rose Contributor address; City; State; Zip Code Weatherford, TX 76085	<u>. </u>	•	Amount of Contribution (\$)	\$2,400.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 03/18/2025	Full name of contributor out-of-state PAC (ID# Knapp, James Contributor address; City; State; Zip Code Frisco, TX 75035	:)		Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practit	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
			•			

	MONET	ONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1
	The Instruc	ction Guide explains how to co	mplete this for	n.	1	Total pages Schedule A1: Sch: 36/68 Rpt: 39/73	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 03/31/2025	Knapp, James	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$150.00
_	5	Frisco, TX 75035	- la	5 1 (0 1 1 1			
8	Principal occu Nurse Practit	pation / Job title (See Instructions) ioner	9	Employer (See Instructions	5)		
	Date 01/04/2025	Kucera, Jennifer Contributor address; City; State; Zip				Amount of Contribution (\$)	\$72.00
	Principal occu	Van Cleck, TX 77482 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Nurse Practi			. , ,	,		
	Date 03/04/2025	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:)		Amount of Contribution (\$)	\$72.00
		Van Cleck, TX 77482					
	Principal occu Nurse Practit	oation / Job title (See Instructions)		Employer (See Instructions)		
	Date 04/04/2025	Kucera, Jennifer				Amount of Contribution (\$)	\$72.00
	Principal occu Nurse Practi	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 05/04/2025	Kucera, Jennifer	of-state PAC (ID#:			Amount of Contribution (\$)	\$72.00
	Principal occu Nurse Practit	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
			,				

	MONET	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instruc	ction Guide explains how to complete t	this fo	rm.	1	Total pages Schedule A1: Sch: 37/68 Rpt: 40/73	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 06/04/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$72.00
_	Dringing Loon	Van Cleck, TX 77482	l c	Contavar (Contactivations	<u></u>		
ð	Nurse Practi	pation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 03/18/2025	Full name of contributor out-of-state PAC Lister, JoAnn Contributor address; City; State; Zip Code Houston, TX 77079			•	Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Nurse Practi	ioner					
	Date 01/27/2025	Full name of contributor out-of-state PAC Logan, Stella Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Austin, TX 78733					
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 01/05/2025	Full name of contributor out-of-state PAC Lord, Sarah Contributor address; City; State; Zip Code Austin, TX 78745)		Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 02/05/2025	Full name of contributor out-of-state PAC Lord, Sarah Contributor address; City; State; Zip Code Austin, TX 78745				Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 38/68 Rpt: 41/73	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 03/05/2025	 Full name of contributor	_	7	Amount of Contribution (\$)	\$25.00
ρ	Principal occu	Austin, TX 78745 pation / Job title (See Instructions)	9 Employer (See Instructions	·)		
0	Nurse Practi		2 Employer (See instructions	,		
	Date 04/05/2025	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78745 Dation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Nurse Practi	ioner				
	Date 05/05/2025	Full name of contributor)		Amount of Contribution (\$)	\$25.00
		Austin, TX 78745				
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 06/05/2025	Full name of contributor out-of-state PAC (ID#: Lord, Sarah Contributor address; City; State; Zip Code Austin, TX 78745			Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 01/10/2025	Full name of contributor out-of-state PAC (ID#:_Lux, Cathy Contributor address; City; State; Zip Code Dallas, TX 75220			Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
			'			

	MONET	ONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	this fo	rm.	1	Total pages Schedule A1: Sch: 39/68 Rpt: 42/73	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 02/10/2025	 Full name of contributor out-of-state PA Lux, Cathy Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$100.00
8	Principal occur	Dallas, TX 75220 pation / Job title (See Instructions)	lo	Employer (See Instructions	;) 		
Ü	Nurse Practit		ا ا	Employer (See manuchons	,,		
	Date 03/10/2025	Full name of contributor out-of-state PA Lux, Cathy Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
	Principal occur	Dallas, TX 75220		Employer (See Instructions	·/		
	Nurse Practit	pation / Job title (See Instructions) ioner		Employer (See Instructions	·)		
	Date 04/10/2025	Full name of contributor out-of-state PA Lux, Cathy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75220					
	Principal occu Nurse Practit	pation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 05/10/2025	Full name of contributor out-of-state PA Lux, Cathy Contributor address; City; State; Zip Code Dallas, TX 75220				Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practi	oation / Job title (See Instructions)		Employer (See Instructions	<u>(</u>		
	Date 06/10/2025	Full name of contributor out-of-state PA Lux, Cathy Contributor address; City; State; Zip Code Dallas, TX 75220)		Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practit	oation / Job title (See Instructions) ioner		Employer (See Instructions	s)		

	MONET	ONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1
	The Instruc	ction Guide explains how to con	nplete this for	m.	1	Total pages Schedule A1: Sch: 40/68 Rpt: 43/73	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 03/22/2025	Lynch, Cynthia	-state PAC (ID#:		7	Amount of Contribution (\$)	\$89.00
_	Deignigal	Royse City, TX 75189	- lo	Franks van (Caa kastu etiana			
8	Nurse Practi	pation / Job title (See Instructions) ioner	9	Employer (See Instructions)		
	Date 01/27/2025	McArthur, Kimberly Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$100.00
	Principal occu	Bovina, TX 79009 pation / Job title (See Instructions)		Employer (See Instructions)		
	Nurse Practi						
	Date 02/27/2025	Full name of contributor out-of McArthur, Kimberly Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Bovina, TX 79009					
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner		Employer (See Instructions)		
	Date 03/27/2025	McArthur, Kimberly				Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions)		
	Date 04/27/2025	McArthur, Kimberly				Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions)		

	MONET	ONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1
	The Instruc	ction Guide explains how to comp	lete this for	m.	1	Total pages Schedule A1: Sch: 41/68 Rpt: 44/73	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 05/27/2025	McArthur, Kimberly	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
_	Deinsinal assu	Bovina, TX 79009	lo.	Frankrija (Carakrija tara	<u></u>		
8	Nurse Practit	pation / Job title (See Instructions) ioner	9	Employer (See Instructions	5)		
	Date 06/27/2025	McArthur, Kimberly				Amount of Contribution (\$)	\$100.00
	Dringing aggr	Bovina, TX 79009	-	Employer (See Instructions	·/		
	Nurse Practit	pation / Job title (See Instructions) ioner		Employer (See Instructions)		
	Date 01/21/2025	Full name of contributor out-of-sta McDonald, Susan Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		San Antonio, TX 78240					
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 02/21/2025	McDonald, Susan)		Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 03/21/2025	McDonald, Susan)		Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practit	oation / Job title (See Instructions) ioner		Employer (See Instructions	s)		
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	MONEI	NETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how to comp	lete this forr	n.	1	Total pages Schedule A1: Sch: 42/68 Rpt: 45/73	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Nurse	Practitioners PAC				00070132	
4	Date 04/21/2025	McDonald, Susan	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	San Antonio, TX 78240 pation / Job title (See Instructions)	9	Employer (See Instructions	(;		
-	Nurse Practi				,		
	Date 05/21/2025	McDonald, Susan Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		San Antonio, TX 78240			<u></u>		
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner		Employer (See Instructions	i)		
	Date 06/21/2025	Full name of contributor out-of-sta McDonald, Susan Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		San Antonio, TX 78240					
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 03/20/2025	Full name of contributor out-of-sta McDonald-Rocha, Chastity Contributor address; City; State; Zip Coo New Braunfels, TX 78130	ate PAC (ID#:			Amount of Contribution (\$)	\$600.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions)		
	Date 01/19/2025	Full name of contributor out-of-state Metzger, Robert Contributor address; City; State; Zip Coo Dallas, TX 75229	ate PAC (ID#:			Amount of Contribution (\$)	\$200.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	<u> </u>		

	MONET	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 43/68 Rpt: 46/73			
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)		
4	Date 02/19/2025	5 Full name of contributor [Metzger, Robert6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$200.00		
0	Dringing agg	Dallas, TX 75229	1	• Employer (See Instructions	·/				
0	Nurse Practi	pation / Job title (See Instructions) tioner		9 Employer (See Instructions	·)				
	Date 03/19/2025	Full name of contributor Metzger, Robert Contributor address; City; Sta)		Amount of Contribution (\$)	\$200.00		
	Principal occu	Dallas, TX 75229 pation / Job title (See Instructions)	T	Employer (See Instructions	<u> </u> ;)				
	Nurse Practi				,				
	Date 04/19/2025	Full name of contributor Metzger, Robert Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$200.00		
		Dallas, TX 75229							
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	5)				
	Date 05/19/2025	Full name of contributor Metzger, Robert Contributor address; City; Sta Dallas, TX 75229				Amount of Contribution (\$)	\$200.00		
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	5)				
	Date 06/19/2025	Full name of contributor Metzger, Robert Contributor address; City; Sta Dallas, TX 75229)		Amount of Contribution (\$)	\$200.00		
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner		Employer (See Instructions	s)				
			l						

	MONET	ONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1
	The Instruc	ction Guide explains how to c	complete this for	m.	1	Total pages Schedule A1: Sch: 44/68 Rpt: 47/73	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 03/17/2025	 Full name of contributor o o o o o o o o o o o o			7	Amount of Contribution (\$)	\$100.00
_	5	Ennis, TX 75119		5 1 (0 1 : 1			
8	Nurse Practit	pation / Job title (See Instructions) ioner	9	Employer (See Instructions	5)		
	Date 03/30/2025	Molina, Anais Contributor address; City; State; Z				Amount of Contribution (\$)	\$100.00
	Principal occu	Tahoka, TX 79373 Dation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Nurse Practi	ioner					
	Date 01/29/2025	Full name of contributor of one of the contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$416.00
		Willis, TX 77318					
	Principal occu Nurse Practit	oation / Job title (See Instructions) ioner		Employer (See Instructions	i)		
	Date 02/28/2025	Full name of contributor of contributor of contributor address; City; State; Z Willis, TX 77318				Amount of Contribution (\$)	\$416.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 03/28/2025	Mosley, Margaret				Amount of Contribution (\$)	\$416.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner		Employer (See Instructions	i)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instruc	etion Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 45/68 Rpt: 48/73	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 05/28/2025	 Full name of contributor	_	7	Amount of Contribution (\$)	\$416.00
_	Delicational	Willis, TX 77318	lo Evolució (Con tratación de	<u></u>		
8	Nurse Practit	pation / Job title (See Instructions) ioner	9 Employer (See Instructions	5)		
	Date 06/28/2025	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$416.00
	Principal occu	Willis, TX 77318 Dation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Nurse Practi	ioner				
	Date 04/28/2025	Full name of contributor)		Amount of Contribution (\$)	\$416.00
		Willis, TX 77318				
	Principal occu Nurse Practif	oation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 		
	Date 03/17/2025	Full name of contributor out-of-state PAC (ID#: Myers, Lisa Contributor address; City; State; Zip Code Houston, TX 77054			Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practit	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> 5)		
	Date 01/07/2025	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 Practit	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
			I			

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 46/68 Rpt: 49/73	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	Filers)
4	Date 02/07/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$20.00
_	Deinsinal assu	Houston, TX 77045	ام				
8	Nurse Practit	pation / Job title (See Instructions) ioner	9	Employer (See Instructions)		
	Date 03/07/2025	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
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Nurse Practit						
	Date 04/07/2025	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	oation / Job title (See Instructions) ioner		Employer (See Instructions)		
	Date 05/07/2025	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 Practif	oation / Job title (See Instructions) ioner		Employer (See Instructions)		
	Date 06/07/2025	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	oation / Job title (See Instructions) ioner		Employer (See Instructions)		

	MONET	ARY POLITICAL (CONTRIBUTIO	Ν	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 47/68 Rpt: 50/73	
2	FILER NAME Texas Nurse	Practitioners PAC				3	Filer ID (Ethics Commission 00070132	on Filers)
4	Date 03/12/2025	5 Full name of contributor Natividad, Pedro6 Contributor address; City; S	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$1,200.00
0	Dringing Loon	El Paso, TX 79904-2429	. T	_	Employer (Coo Instructions	<u></u>		
8	Nurse practit	pation / Job title (See Instructions tioner)	9	Employer (See Instructions Thomas Medical/Wellme			
	Date 04/12/2025	Full name of contributor Nguyen, Jennifer Contributor address; City; S)		Amount of Contribution (\$)	\$300.00
	Principal occu	Carrollton, TX 75006 pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u> ;)		
	Nurse Practi		,		. , ,			
	Date 03/28/2025	Full name of contributor Okolo, Emmanuel Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$90.00
		Arlington, TX 76001						
	Principal occu Nurse Practit	pation / Job title (See Instructions tioner	s) 		Employer (See Instructions	s)		
	Date 01/04/2025	Full name of contributor Ostrander, Peggy Contributor address; City; S Plano, TX 75074)		Amount of Contribution (\$)	\$175.00
	Principal occu Nurse Practit	pation / Job title (See Instructions tioner	s)		Employer (See Instructions	5)		
	Date 02/04/2025	Full name of contributor Ostrander, Peggy Contributor address; City; Si Plano, TX 75074					Amount of Contribution (\$)	\$175.00
	Principal occu Nurse Practi	pation / Job title (See Instructions tioner	5)		Employer (See Instructions	s)		
			,					

	MONET	ARY POLITICAL CONTR		SCHEDULE A1			
	The Instru	ction Guide explains how to comp	olete this for	m.	1	Total pages Schedule A1: Sch: 48/68 Rpt: 51/73	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 03/04/2025	Ostrander, Peggy	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$175.00
8	Principal occu	Plano, TX 75074 pation / Job title (See Instructions)	l q	Employer (See Instructions	(;)		
Ü	Nurse Practi		ľ	Employer (See Instructions	')		
	Date 04/04/2025	Ostrander, Peggy)		Amount of Contribution (\$)	\$175.00
	Principal occu	Plano, TX 75074 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	Nurse Practi			p.cyc. (6666. 4646	,		
	Date 05/04/2025	Full name of contributor out-of-st Ostrander, Peggy Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$)	\$175.00
		Plano, TX 75074					
	Principal occu Nurse Practi	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/04/2025	Ostrander, Peggy				Amount of Contribution (\$)	\$175.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u>		
	Date 04/11/2025	Paul, Beena				Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 49/68 Rpt: 52/73	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 03/30/2025	 Full name of contributor out-of-state PAC (ID Peck, Jessica Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$300.00
	Dringing Loon	Friendswood, TX 77546	Constant (Constant and	<u></u>		
0	Nurse Practi	pation / Job title (See Instructions) ioner	9 Employer (See Instructions	5)		
	Date 03/18/2025	Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	Zapata, TX 78076 Dation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Nurse Practi	ioner				
	Date 02/11/2025	Full name of contributor	#:)	•	Amount of Contribution (\$)	\$60.00
		Yukon, OK 73099				
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner	Employer (See Instructions	s)		
	Date 01/06/2025	Full name of contributor out-of-state PAC (ID Preston, Leann Contributor address; City; State; Zip Code Childress, TX 79201	#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	s)		
	Date 02/06/2025	Full name of contributor out-of-state PAC (ID Preston, Leann Contributor address; City; State; Zip Code Childress, TX 79201			Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	s)		
			•			

	MONET	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 50/68 Rpt: 53/73	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 03/06/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
0	Dringing occur	Childress, TX 79201	Employer (See Instructions			
ð	Nurse Practi	pation / Job title (See Instructions) ioner	9 Employer (See Instructions	5)		
	Date 04/06/2025	Full name of contributor out-of-state PAC (ID#:_ Preston, Leann Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Childress, TX 79201 pation / Job title (See Instructions)	Employer (See Instructions	;) 		
	Nurse Practit			,		
	Date 05/06/2025	Full name of contributor			Amount of Contribution (\$)	\$50.00
		Childress, TX 79201				
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 06/06/2025	Full name of contributor out-of-state PAC (ID#:_ Preston, Leann Contributor address; City; State; Zip Code Childress, TX 79201			Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 03/17/2025	Full name of contributor out-of-state PAC (ID#:_ Prince, Ernest Contributor address; City; State; Zip Code Boerne, TX 78015)		Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practif	oation / Job title (See Instructions) ioner	Employer (See Instructions University Health Syster		CMA	
			,,			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 51/68 Rpt: 54/73	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	ı Filers)
4	Date 01/08/2025	 Full name of contributor out-of-state PAC (ID#: Quigley, Sharon Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$50.00
_	District	San Antonio, TX 78256	D. Faralana (Carabatana)			
8	Nurse Practi	pation / Job title (See Instructions) ioner	9 Employer (See Instructions	5)		
	Date 02/08/2025	Full name of contributor		•	Amount of Contribution (\$)	\$50.00
	Deinsinal assu	San Antonio, TX 78256	Franks var (Caa kastu atiana	<u></u>		
	Nurse Practi	pation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 03/08/2025	Full name of contributor out-of-state PAC (ID#: Quigley, Sharon Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		San Antonio, TX 78256				
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 04/08/2025	Full name of contributor out-of-state PAC (ID#: Quigley, Sharon Contributor address; City; State; Zip Code San Antonio, TX 78256)		Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#: Quigley, Sharon Contributor address; City; State; Zip Code San Antonio, TX 78256			Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			1			

	MONET	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 52/68 Rpt: 55/73	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	Filers)
4	Date 06/08/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
	Dringing Loon	San Antonio, TX 78256	Employer (See Instructions	<u></u>		
8	Nurse Practit	pation / Job title (See Instructions) ioner	9 Employer (See Instructions	5)		
	Date 01/06/2025	Full name of contributor out-of-state PAC (ID#:_ Reid, Lisa Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occur	Dallas, TX 75243 pation / Job title (See Instructions)	Employer (See Instructions	-, 		
	Nurse Practi		Employer (See instructions	,		
	Date 02/06/2025	Full name of contributor out-of-state PAC (ID#:_Reid, Lisa Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Dallas, TX 75243				
	Principal occu Nurse Practit	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 03/06/2025	Full name of contributor out-of-state PAC (ID#:_ Reid, Lisa Contributor address; City; State; Zip Code Dallas, TX 75243			Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 04/06/2025	Full name of contributor out-of-state PAC (ID#:_Reid, Lisa Contributor address; City; State; Zip Code Dallas, TX 75243			Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practit	oation / Job title (See Instructions) ioner	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTR	SCHEDULE A1				
	The Instruc	ction Guide explains how to comp	lete this for	m.	1	Total pages Schedule A1: Sch: 53/68 Rpt: 56/73	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 05/06/2025	 Full name of contributor out-of-star Reid, Lisa Contributor address; City; State; Zip Coc 			7	Amount of Contribution (\$)	\$25.00
g	Principal occur	Dallas, TX 75243 pation / Job title (See Instructions)	la la	Employer (See Instructions	_		
Ü	Nurse Practi		ľ	Employer (See manucuons	')		
	Date 06/06/2025	Reid, Lisa Contributor address; City; State; Zip Cod)		Amount of Contribution (\$)	\$25.00
	Principal occur	Dallas, TX 75243 pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	Nurse Practi			Employer (See mourdene)	')		
	Date 03/18/2025	Full name of contributor out-of-stance. Reitan, Rachel Contributor address; City; State; Zip Coc	ate PAC (ID#:			Amount of Contribution (\$)	\$600.00
		Wichita Falls, TX 76310					
	Principal occu Nurse Practit	pation / Job title (See Instructions) ioner		Employer (See Instructions	i)		
	Date 03/18/2025	Respress, Brandon)		Amount of Contribution (\$)	\$300.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions)		
	Date 01/08/2025	Richburg, Melanie				Amount of Contribution (\$)	\$200.00
	Principal occu Nurse Practit	oation / Job title (See Instructions) ioner		Employer (See Instructions	i)		
			l .				

	MONET	ARY POLITICAL CO	SCHEDULE A1				
	The Instruc	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 54/68 Rpt: 57/73	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 02/08/2025	Full name of contributor Richburg, MelanieContributor address; City; State	out-of-state PAC (ID#: ; Zip Code		7	Amount of Contribution (\$)	\$200.00
0	Dringing agg	Lubbock, TX 79423	lo.	Employer (See Instructions	·/		
8	Nurse Practi	pation / Job title (See Instructions) ioner	9	Employer (See Instructions	5)		
	Date 03/08/2025	Full name of contributor Richburg, Melanie Contributor address; City; State				Amount of Contribution (\$)	\$200.00
	Delicalisation	Lubbock, TX 79423			<u></u>		
	Nurse Practi	pation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 04/08/2025	Full name of contributor Richburg, Melanie Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$200.00
		Lubbock, TX 79423					
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 05/08/2025	Full name of contributor Richburg, Melanie Contributor address; City; State Lubbock, TX 79423)		Amount of Contribution (\$)	\$200.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 06/08/2025	Full name of contributor Richburg, Melanie Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$200.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
			L				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 55/68 Rpt: 58/73	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 01/21/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
_		Laredo, TX 78043	la = 1 /0 1 1 1	Ĺ		
8	Nurse Practi	pation / Job title (See Instructions) ioner	9 Employer (See Instructions	5)		
	Date 03/18/2025	Full name of contributor out-of-state PAC (ID#:_Rounds, Linda Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$300.00
	Dringing aggr	Galveston, TX 77555 pation / Job title (See Instructions)	Employer (See Instructions	·/-		
			University of Texas Med		ıl Branch	
	Date 01/07/2025	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	T = 1 /2	<u> </u>		
	Nurse Practi	pation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 02/07/2025	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 03/07/2025	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 Practit	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONEI	ARY POLITICAL CONTRIBU	JIIONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete	this form.		tal pages Schedule A1: ch: 56/68 Rpt: 59/73	
2	FILER NAME	Dragtitioners DAC			er ID (Ethics Commission	r Filers)
_		Practitioners PAC			070132	
4	Date 04/07/2025	 Full name of contributor	C (ID#:) 7 An	nount of Contribution (\$)	\$50.00
Ω	Principal occu	Nacogdoches, TX 75961 pation / Job title (See Instructions)	9 Employer (See Instr	uctions)		
0	Nurse Practi		5 Employer (See msu	uctions)		
	Date 05/07/2025	Full name of contributor out-of-state PA Scalora, Cheryl Contributor address; City; State; Zip Code	C (ID#:) An	nount of Contribution (\$)	\$50.00
		Nacogdoches, TX 75961	į			
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner	Employer (See Instr	uctions)		
	Date 06/07/2025	Full name of contributor out-of-state PA Scalora, Cheryl Contributor address; City; State; Zip Code	C (ID#:) An	nount of Contribution (\$)	\$50.00
		Nacogdoches, TX 75961				
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instr	uctions)		
	Date 03/23/2025	Full name of contributor out-of-state PA Simmons, Helen Contributor address; City; State; Zip Code Port Neches, TX 77651	C (ID#:) An	nount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instr	uctions)		
	Date 01/28/2025	Full name of contributor out-of-state PA Stewart, Dovie Contributor address; City; State; Zip Code Freer, TX 78357	I C (ID#:) An	nount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instr	uctions)		

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULE	E A1
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 57/68 Rpt: 60/73	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	ı Filers)
4	Date 02/28/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$50.00
	Dringing Loon	Freer, TX 78357	lo.	Employer (Coo Instructions			
0	Nurse Practi	pation / Job title (See Instructions) ioner	9	Employer (See Instructions	')		
	Date 03/28/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	Freer, TX 78357 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Nurse Practit			, . , . (,		
	Date 04/28/2025	Full name of contributor out-of-state PAC (Stewart, Dovie Contributor address; City; State; Zip Code	ID#:			Amount of Contribution (\$)	\$50.00
		Freer, TX 78357					
	Principal occu Nurse Practif	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 05/28/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practit	Freer, TX 78357 pation / Job title (See Instructions) ioner		Employer (See Instructions	<u> </u>		
	Date 06/28/2025	Full name of contributor out-of-state PAC (Stewart, Dovie Contributor address; City; State; Zip Code Freer, TX 78357				Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practit	pation / Job title (See Instructions)		Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 58/68 Rpt: 61/73	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	Filers)
4	Date 01/28/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
_	5	Fort Worth, TX 76109				
8	Nurse Practi	•	9 Employer (See Instructions	5)		
	Date 02/28/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Fort Worth, TX 76109 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Nurse Practi	ioner				
	Date 03/28/2025	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) ioner	Employer (See Instructions	i)		
	Date 04/28/2025	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 05/28/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIB	UTION	NS		SCHEDULI	E A1
	The Instruc	etion Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 59/68 Rpt: 62/73	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	ı Filers)
4	Date 06/28/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
_	5	Fort Worth, TX 76109		-	<u></u>		
8	Nurse Practit	pation / Job title (See Instructions) ioner	9	Employer (See Instructions	5)		
	Date 04/22/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Leander, TX 78641 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Nurse Practi	ioner					
	Date 01/08/2025	Full name of contributor out-of-state P/ Thompson, Krysta Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$50.00
		Lake Jackson, TX 77566					
	Principal occu Nurse Practit	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 02/08/2025	Full name of contributor out-of-state Proceedings of the Procedure of the Procedu)		Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practit	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 03/08/2025	Full name of contributor out-of-state Properties of Contributor address; City; State; Zip Code Lake Jackson, TX 77566)		Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practit	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
			L				

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 60/68 Rpt: 63/73	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 04/08/2025	5 Full name of contributor Thompson, Krysta6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	7	Amount of Contribution (\$)	\$50.00
		Lake Jackson, TX 77566					
8	Principal occu Nurse Practi	pation / Job title (See Instructions tioner		9 Employer (See Instructions	5)		
	Date 05/08/2025	Full name of contributor Thompson, Krysta Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu	Lake Jackson, TX 77566 pation / Job title (See Instructions))	Employer (See Instructions	<u> </u> s)		
	Nurse Practi	tioner					
	Date 06/08/2025	Full name of contributor Thompson, Krysta Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
		Lake Jackson, TX 77566					
	Principal occu Nurse Practi	pation / Job title (See Instructions tioner		Employer (See Instructions	5)		
	Date 04/11/2025	Full name of contributor Tiller, Sonja Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practi	pation / Job title (See Instructions tioner		Employer (See Instructions	5)		
	Date 05/11/2025	Full name of contributor Tiller, Sonja Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practi	pation / Job title (See Instructions tioner)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CON	NTRIBUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to c	complete this for	m.	1	Total pages Schedule A1: Sch: 61/68 Rpt: 64/73	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 06/11/2025	Tiller, Sonja	ut-of-state PAC (ID#: ip Code		7	Amount of Contribution (\$)	\$100.00
_		Troup, TX 75789	1-				
8	Nurse Practit	pation / Job title (See Instructions) ioner	9	Employer (See Instructions	5)		
	Date 03/22/2025	Full name of contributor of Contributor of Contributor address; City; State; Zing Houston, TX 77018)		Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Nurse Practi						
	Date 01/29/2025	Full name of contributor ou ou wahlenmaier, Victoria Contributor address; City; State; Zi	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$40.00
		Burleson, TX 76028					
	Principal occu Nurse Practit	pation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 02/28/2025	Full name of contributor on the contributor of the contributor address; City; State; Zing Burleson, TX 76028				Amount of Contribution (\$)	\$40.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	()		
	Date 03/28/2025	Wahlenmaier, Victoria	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$40.00
	Principal occu Nurse Practit	oation / Job title (See Instructions) ioner		Employer (See Instructions	()		
			•				

	MONET	ARY POLITICAL CONTRIBU	JTIOI	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	this for	rm.	1	Total pages Schedule A1: Sch: 62/68 Rpt: 65/73	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 03/18/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
_		Round Rock, TX 78665		5 1 (0 1 1 1	<u></u>		
8	Nurse Practit	pation / Job title (See Instructions) ioner	9	Employer (See Instructions	5)		
	Date 01/07/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Abbott, TX 76621 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Nurse Practi	ioner					
	Date 02/07/2025	Full name of contributor out-of-state PAG Wallace, Ashley Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$25.00
		Abbott, TX 76621					
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 03/07/2025	Full name of contributor out-of-state PAG Wallace, Ashley Contributor address; City; State; Zip Code Abbott, TX 76621)		Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 04/07/2025	Full name of contributor out-of-state PAG Wallace, Ashley Contributor address; City; State; Zip Code Abbott, TX 76621)		Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
			l				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 63/68 Rpt: 66/73	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 05/07/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
g	Principal occu	Abbott, TX 76621 pation / Job title (See Instructions)	9 Employer (See Instructions	·/		
0	Nurse Practi		3 Employer (See instructions	·)		
	Date 06/07/2025	Full name of contributor out-of-state PAC (ID# Wallace, Ashley Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Abbott, TX 76621 pation / Job title (See Instructions)	Employer (See Instructions	·/		
	Nurse Practi		Employer (See instructions	·)		
	Date 03/24/2025	Full name of contributor out-of-state PAC (ID# Ware, Leigh Ann Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Pleasanton, TX 78064-0180				
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 01/04/2025	Full name of contributor out-of-state PAC (ID# Weston, Cindy Contributor address; City; State; Zip Code Bryan, TX 77807)		Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
	Date 02/04/2025	Full name of contributor out-of-state PAC (ID# Weston, Cindy Contributor address; City; State; Zip Code Bryan, TX 77807			Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions	5)		
			•			

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this t	orm.	1	Total pages Schedule A1: Sch: 64/68 Rpt: 67/73	
2	FILER NAME Texas Nurse	Practitioners PAC		3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 03/04/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
_		Bryan, TX 77807	I			
8	Nurse Practit	pation / Job title (See Instructions) ioner	9 Employer (See Instructions	5)		
	Date 03/17/2025	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Bryan, TX 77807 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Nurse Practi	ioner				
	Date 04/04/2025	Full name of contributor out-of-state PAC (ID#:_ Weston, Cindy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Bryan, TX 77807				
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner	Employer (See Instructions)		
	Date 05/04/2025	Full name of contributor out-of-state PAC (ID#:_ Weston, Cindy Contributor address; City; State; Zip Code Bryan, TX 77807			Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practit	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/04/2025	Full name of contributor out-of-state PAC (ID#:_Weston, Cindy Contributor address; City; State; Zip Code Bryan, TX 77807			Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practit	oation / Job title (See Instructions) ioner	Employer (See Instructions)		
			I			

	MONET	ARY POLITICAL CO	ONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 65/68 Rpt: 68/73	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	Filers)
4	Date 04/11/2025	5 Full name of contributor Williams, Ann6 Contributor address; City; State)	7	Amount of Contribution (\$)	\$50.00
_	5	Rosharon, TX 77583			<u></u>		
8	Nurse Practi	pation / Job title (See Instructions) cioner	9	Employer (See Instructions	5)		
	Date 01/01/2025	Full name of contributor Williams, Shelia Contributor address; City; State				Amount of Contribution (\$)	\$25.00
	Principal occu	Tyler, TX 75706 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Nurse Practi	ioner					
	Date 02/01/2025	Full name of contributor Williams, Shelia Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Tyler, TX 75706					
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 03/01/2025	Full name of contributor Williams, Shelia Contributor address; City; State Tyler, TX 75706	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 04/01/2025	Full name of contributor Williams, Shelia Contributor address; City; State Tyler, TX 75706	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) cioner		Employer (See Instructions	5)		
			L				

	MONET	ARY POLITICAL CO	NTRIBUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 66/68 Rpt: 69/73	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	n Filers)
4	Date 05/01/2025	Williams, Shelia	out-of-state PAC (ID#: Zip Code)	7	Amount of Contribution (\$)	\$25.00
_		Tyler, TX 75706					
8	Principal occu Nurse Practit	pation / Job title (See Instructions) ioner	9	Employer (See Instructions	5)		
	Date 06/01/2025	Williams, Shelia Contributor address; City; State; 2)		Amount of Contribution (\$)	\$25.00
	Principal occu	Tyler, TX 75706 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Nurse Practi	ioner					
	Date 03/23/2025	Full name of contributor	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$89.00
		Houston, TX 77009					
	Principal occu Nurse Practi	pation / Job title (See Instructions) ioner		Employer (See Instructions	<u>;</u>)		
	Date 04/10/2025	Full name of contributor)		Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	()		
	Date 01/26/2025	Wines, Kendall	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	()		
			1				

	MONET	ARY POLITICAL CONTRIBU	TIOI	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete t	his fo	rm.	1	Total pages Schedule A1: Sch: 67/68 Rpt: 70/73	
2	FILER NAME Texas Nurse	Practitioners PAC			3	Filer ID (Ethics Commission 00070132	ı Filers)
4	Date 02/26/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$25.00
0	Dringinal acqu	Lubbock, TX 79424 pation / Job title (See Instructions)	10	Employer (See Instructions	<u>''</u>		
0	Nurse Practi			Employer (See instructions	·)		
	Date 03/26/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Lubbock, TX 79424 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Nurse Practi			, ., . (- · · · · · · · · · · · · · · · · · ·	,		
	Date 04/26/2025	Full name of contributor out-of-state PAC Wines, Kendall Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$25.00
		Lubbock, TX 79424					
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 05/26/2025	Full name of contributor out-of-state PAC Wines, Kendall Contributor address; City; State; Zip Code Lubbock, TX 79424)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
	Date 06/26/2025	Full name of contributor out-of-state PAC Wines, Kendall Contributor address; City; State; Zip Code Lubbock, TX 79424				Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Practi	oation / Job title (See Instructions) ioner		Employer (See Instructions	5)		
			1				

	MONETAI	RY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instruction	on Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 68/68 Rpt: 71/73
2	FILER NAME Texas Nurse Pr	actitioners PAC		3	Filer ID (Ethics Commission Filers) 00070132
4	03/18/2025	Full name of contributor)	7	Amount of Contribution (\$) \$100.00
8	Principal occupati	McKinney, TX 75072 ion / Job title (See Instructions)	9 Employer (See Instructions	 s)	
	Nurse Practition		. , ,		

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

\vdash					
	The Instru	ction Guide explains how to complete this form.	1	Total pages S Sch: 1/1 Rp	Schedule C4: ot: 72/73
2	FILER NAME		3	Filer ID	(Ethics Commission Filers)
ı	Texas Nurse	Practitioners PAC		00070132	
4	Date	5 Corporation / Labor Organization name	6	Amount (\$)	
	01/01/2025	Texas Nurse Practitioners			1,200.00
Г	Date	Corporation / Labor Organization name		Amount (\$)	
L	02/01/2025	Texas Nurse Practitioners			1,200.00
	Date	Corporation / Labor Organization name		Amount (\$)	
	03/01/2025	Texas Nurse Practitioners			1,200.00
	Date	Corporation / Labor Organization name		Amount (\$)	
L	04/01/2025	Texas Nurse Practitioners			1,200.00
	Date	Corporation / Labor Organization name		Amount (\$)	
L	05/01/2025	Texas Nurse Practitioners			1,200.00
	Date	Corporation / Labor Organization name		Amount (\$)	
	06/01/2025	Texas Nurse Practitioners			1,200.00

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 73/73	Texas Nurse Practitioners PAC 00070132
4 Date	5 Payee name
02/04/2025	House Bible Study Group
6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code PO Box 806
Ψ130.00	1 O Box 600
Expenditure from corporate funds	Austin, TX 78767
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. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	prayer breaklast sportsorship
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/28/2025	Texas House of Representatives - Speaker's Reunion Day
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 2910
Expenditure from	Averting TV 70700
corporate funds	Austin, TX 78768
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
	sponsorship for Speaker's Reunion Day 2025
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/28/2025	Texas Southern University Foundation
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	PO Box 301074
Expenditure from corporate funds	Austin, TX 78703
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	ορεάκει ο Ισάοι οροποσιοτήμ Το προσταθού το Επισταστορία (Επισταστορία
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	